Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat	tion 200	0190			Report Filed B		CANDI	DATE	СОМ	MITTEE	✓	LOBE	YIST	
Name of Filing	Committee, Candio	date or L	obbyist:		AFT PA	-								
Street Address:														
City: PHILADELPHIA State: PA Zip Code: 19103-0000									000					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE-	2.	30 D/ PRIM		POST-	3.	AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.				30 D/ ELEC		POST-	6.	TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2014				NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE
Name of Office Sought by Candidate:							DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR					51
							11		4 2014		(SEE INS	STRUCTIO	ONS FOR (CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditure	s from:		1 1	. 20	014 T	0	3	3	1 2014	ŀ				
A. Amount Bro	ought Forward Fro	m Last R	eport			\$			25,788.80					
B. Total Mone	tary Contributions	And Rec	eipts (Fron	n Scheo	dule I)	\$		2,999.50						
C. Total Funds	s Available (Sum O	f Lines A	and B)			\$			28,788.30					
D. Total Expe	nditures (From Sch	nedule II	I)			\$			3,000.00					
E. Ending Cas	h Balance (Subtra	t Line D	From Line	C)		\$:	25,788.30	4				
F. Value Of In	-Kind Contribution	s Receiv	ed (From S	chedul	e II)	\$			0.00	4				
G. Unpaid Deb	ots And Obligation	s (From S	Schedule I\	/)		\$			0.00					
				AFF:	IDAVI	T SE	CTION							
	is a Committee rep	•	-							-			and half	6 4444
correct and comp	n) that this report, ind lete.	cluding the	e attached sc	nequies	med on	paper	or by elect	ronic me	uium, are to	the best t	л ту кноч	vieage	and bein	er, true
Sworn to and sub	oscribed before me th day of	is				_			Signatur	e of Perso	on Submitt	ing Rep	ort	
	Signat	ure				-				Prir	nted Name			
My Commission I	Expires					_				Ema	ail			
	МО	D	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	nber	
Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.														
Sworn to and subs	cribed before me this day of	;	20						5	Signature	of Candida	ite		
						-				Printe	ed Name			
My Commission Ex	Signature					-				Ema	ail			
						_								
	мо	D	MO DAY YR Area Code Daytime Telephone Nu									e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>1/1/2014</u> **To:** <u>3/31/2014</u> AFT PA 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 2,999.50 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 2,999.50 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period						
				From: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee			м	10	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	•)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A)										
Name of Filing Committee or Candidate Reporting Period										
			From: To):				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00										

PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period					
				То:				
				DA	TE		A	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	0.00

PART D ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Reporting Period					
From:				om:			То:		
				D	ATE	АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL \$ 0.00		

PART E **OTHER RECEIPTS**

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC. Use this Part to report refunds received, interest earned, returned checks and

prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate			Reporting Period							
				om: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description						•	-			
						PAGE TOTAL			TAL	
Enter Grand Total of Part E on Sche	iule I, Detailed Su	immary Page,	Section	4.			\$		0.00	

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period									
AFT PA	From:	<u>1/1/2014</u> To:	<u>3/31/2014</u>							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	riod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)									
TOTAL for the Reporting Pe	riod (2)	\$	0.00							
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)										
TOTAL for the Reporting Pe	riod (3)	\$	0.00							
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00							

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period							
			From:			То:					
				DATE			AMOUNT				
Full Name of Contributor				DAY	YEAR						
Mailing Address] \$	0.0)0			
City	State	Zip Code (Plus 4)									
Description of Contribution:											
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, PAGE TOTAL Section 2.											
						\$	0.0	0			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
				From:						
					DATE	AMOUNT				
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Plac	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
AFT PA			From <u>1/1/2014</u>			То:	<u>3/31/2014</u>		
				DATE AMOUN					
To Whom Paid				DAY	YEAR				
FRIENDS TO ELECT CHRISTINE M TART	AGLIONE								
Mailing Address			1	15	2014	\$	2,500.00		
City State Zip Code (Plus 4)				tion of Exp	enditure				
			CONTRIBUTION						
To Whom Paid			мо	DAY	YEAR				
KANE FOR PA			MO						
Mailing Address			3	19	2014	\$	500.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
				CONTRIBUTION					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL		
						\$	3,000.00		