LOBBYIST

Campaign Finance Report

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

Filer Identificati Number :	on 20	00019	90				Repo Filed	_		CAI	IIDI	DATE		СОММ	1ITTEE	√	LOB	BYIST		
Name of Filing C	Committee, Can	ıdidat	te or Lo	bbyis	t:	1	AFT P	Α						-						
Street Address:	C/O TREAS	5: JA	CK STE	INBE	RG,18	816 CI	HESTI	NU	T ST											
City:	PHILADELF	PHIA								State	:	PA			Zip Cod	le: 19	9103-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	1.	2ND F PRIMA		/ PRE-	2.		30 DA PRIMA		POST- 3. AMENDMENT REPORT?						Yes	No)	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4	1.	2ND F		/ PRE-	- 5.2	X	30 DA							Yes	No)	√	
report type)	ANNUAL REPO	RT 7	⁷ .	Year	2014					IG ME					PAPER		V	DISKE	TTE	
Name of Office S	ought by Cand	lidate						-		DAT	E O	F ELE	CTIC	DN .	District Number	Office Code	Pai	ty Code	Cour	
										МО		DAY	Υ	EAR	Number	Code			Couc	
									11				4	2014		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of		t	МО	DA	Y	YEAR				МО		DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:			9	16	20)14	T	0		10	2	20	2014						
A. Amount Bro	ught Forward F	From	Last Re	eport					\$				9,	075.24						
B. Total Moneta	ary Contributio	ns Ar	nd Rece	eipts (From	Sched	lule I)	\$				1,	129.50						
C. Total Funds	Available (Sum	າ Of L	ines A	and B	3)				\$				10,	204.74						
D. Total Expend	ditures (From S	5ched	lule III	(1)					\$					0.00						
E. Ending Cash	Balance (Subt	ract L	Line D I	From	Line (:)			\$				10,2	204.74						
F. Value Of In-	Kind Contribut	ions F	Receive	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligation	ons (I	From S	chedu	ıle IV)			\$					0.00						
						AFFI	[DA\	/I7	SE	CTIC	N									
PART I - If this is		-	•		_									_						
I swear (or affirm) correct and comple		includ	ding the	attach	ed sch	edules	filed o	n p	paper	or by e	lectr	onic m	ediun	ı, are to t	he best of	my kno	wledge	and beli	ef , tr	ue
Sworn to and subs	cribed before me day of	this		20							•		:	Signature	of Persor	Submit	ting Re	oort		_
		nature		-					-		•				Print	ed Name	•			_
My Commission Ex	_										-				Emai	I				-
	мо		DA	Υ		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a c	candid	date's a	autho	rized	Comm	ittee,	Ca	ndid	ate sh	alls	sign he	ere.							
I swear (or affirm) No 320) as amende		of my	knowle	dge an	d belie	ef this	politic	al	comm	ittee h	as no	ot viola	ted aı	ny provisi	ions of the	act of J	une 3,1	937 (P.I	133	3,
Sworn to and subsc	ribed before me t	this		20										Si	ignature o	f Candid	ate			-
				-											Printe	d Name				-
My Commission Exp	Signatu	ıre							•		-				Emai	il .				-
																				_
	МО		DA	¥Υ		YR						Area	Code		Da	ytime T	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
AFT PA	From:	9/16/201	<u>4</u> To:	10/20/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	1,129.50
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,129.50

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu											
Name of Filing Comm	Name of Filing Committee or Candidate					Reporting Period						
			Fre	om:		То	:					
		<u> </u>			DATE			AMOUNT				
Full Name of Contributi	ing Committee			МО	DAY	YEAR						
Mailing Address							\$	0.00				
City	State	Zip Code (Plus 4)									
	•	·			•	•	$\overline{}$	DACE TOTAL				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$0.00

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 Fining Committee of Candidate					Reporting Period From: To:					
			l		DATE			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)								

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL \$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 Candi	e of Filing Committee or Candidate			Reporting Period							
			From:			То:					
				DA	TE		Α	MOUNT			
Full Name of Contributing Commit	tee			мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Cod	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00			

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.)

lame of Filing Committee or Candidate					Reporting Period						
		Fron	n:		То	То:					
			D/	ATE		АМ	OUNT				
			МО	DAY	YEAR						
Mailing Address						\$	0.00				
State	Zip Code (Plus	s 4)									
			Occupat	ion							
e of	City			State		Zip Code	(Plus 4)				
dule I, Detailed Su	ımmary Page,	Section	on 3.				0.00				
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code				

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		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМС	DUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		•		•	•	•	•	
Enter Grand Total of Part E	on Schedule T. Detailer	d Summary Page	Section	4			PAG	E TOTAL
	on concadio 1, betanet	a cammur, ruge,	200.011	••			\$	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	l	
AFT PA	From:	<u>9/16/2014</u> To:	10/20/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate					porting	Period				
					Fro	om:		To:	То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									- \$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupa	ition				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	ame of Filing Committee or Candidate						
	From			То:			
		•		DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure		
Forting Council Total of Forman distance					PAGE TOTAL		
Enter Grand Total of Expenditure	s on Page 1, Ro	eport Cover Page, Item D	·-			\$	0.00