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 :		Repo Filed		:	CAND	DATE		COMM	1ITTEE	✓	LOBBYIST						
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		AFT P	4		•					•				
Street Address:	C/O TREAS: J	ACK ST	EINBERG,1	816 C	HESTI	TUN	ST										
City:	PHILADELPHI/	A						State:	PA			Zip Cod	le: 19103-0000				
TYPE OF REPORT	6TH TUESDAY 1. 2ND FRIDAY PRE- PRE-PRIMARY 2. 30 DAY POST- PRIMARY PRIMARY 3.									AMENDM REPORT?	~						
(place X to the right of										TERMINA REPORT?	~						
report type)								G METH				PAPER		\	DISKE	TTE	
Name of Office S	Sought by Candida	te:	_					DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code	
								МО	DAY	ΥI	AR	Number	10000			Couc	
								11		4	2014		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		10 21	20	014	то		11		24	2014						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			9,0	075.24						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule I)	\$			4,	729.75						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			13,8	304.99						
D. Total Expend	ditures (From Scho	edule II	I)				\$			3,0	00.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)		4	\$			10,8	04.99						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	chedul	le II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			1			
				AFF	IDAV	IT S	SE	CTION									
	s a Committee rep	-	_								_						
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	nedules	filed o	n pap	er c	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true	
Sworn to and subs	cribed before me this day of	:	20							S	Signature	of Perso	n Submit	ting Rep	ort		
												Prin	ted Name	•			
My Commission Ex	Signatu pires	re										Emai	il				
	мо	D	AY	YR		_			Ar	ea Coo	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comm	ittee,	Can	dida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politica	al cor	mmi	ttee has r	ot viola	ted ar	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subscribed before me this Signature of Candidate																	
	day of					_						Printe	d Name				
	Signature					_											
My Commission Exp	-											Ema	il				
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	y Period		
AFT PA	From:	10/21/201	<u>.4</u> To:	11/24/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	4,729.25
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	y 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	4,729.25

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	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•	•		•	•		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 Filing Committee or Candidate					Reporting Period					
Fron						o:				
					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	date		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					
				Fror	n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 0.00

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		Report	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Peri	od	
AFT PA	From:	<u>10/21/2014</u> To:	11/24/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	R	
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	Reporting Period							
	Froi					From: To:					
				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					Re	porting l	Period				
					Fro	From:			То:		
							DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	•		•			Occupa	ntion		•		
Employer Mailing Address/Principal P Business	Place of	City		State		Zip 4)	Code(Plus	Desc	ript	ion of	Contribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detail Summary Page, Section 3.								0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
AFT PA			From	10/2	1/2014	То:	11/24/2014
				DATE			AMOUNT
To Whom Paid FRIENDS OF FRANK DERMODY	,		МО	DAY	YEAR		
Mailing Address			10	21	2014	\$	500.00
City	State	Zip Code (Plus 4)		otion of Exp	penditure		
To Whom Paid TOM WOLF FOR GOVERNOR			МО	DAY	YEAR		
Mailing Address			10	21	2014	\$	2,500.00
City	State	Zip Code (Plus 4)	1 -	otion of Exp	penditure		
							PAGE TOTAL
Enter Grand Total of Expend	aitures on Page 1, R	teport Cover Page, Item D).			\$	3,000.00