### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                           | on                      | 20001       | 189       |                     |            |        | port<br>ed B |        | CAI     | NDII   | DATE     |             | COMN        | MITTEE             | <b>✓</b>       | LOB     | BYIST    |           |              |
|--|-------------------------|-------------|-----------|---------------------|------------|--------|--------------|--------|---------|--------|----------|-------------|-------------|--------------------|----------------|---------|----------|-----------|--------------|
| Name of Filing C   | ommittee,               | Candida     | ite or Lo | obbyist:            |            | PHI    | LA F         | ED TE  | ACH     | (PF    | T) CON   | 4 SU        | JP          |                    |                |         |          |           |              |
| Street Address:  | C/O TF                  | REAS: JA    | ACK STI   | INBERG              | ,1816 (    | CHES   | STNU         | JT ST  |         |        |          |             |             |                    |                |         |          |           |              |
| City:  | PHILAI                  | DELPHIA     |           |                     |            |        |              |        | State   | e:     | PA       |             |             | Zip Cod            | le: 19         | 103-0   | 0000     |           |              |
| TYPE OF<br>REPORT  | 6TH TUESD<br>PRE-PRIMA  |             | 1.        | 2ND FRII<br>PRIMARY |            | -      | 2.           | 30 DA  |         | Р      | OST-     | 3.          |             | AMENDM<br>REPORT?  |                | Yes     | N        | lo        | <b>/</b>     |
| (place X to<br>the right of                              | 6TH TUESD<br>PRE-ELECT  |             | 4.        | 2ND FRII<br>ELECTIO |            | E-     | 5.           | 30 DA  |         | Р      | OST-     | 6. <b>X</b> | (           | TERMINA<br>REPORT? |                | Yes     | N        | lo        | <b>\</b>     |
| report type)   | ANNUAL R                | EPORT       | 7.        | Year 201            | .4         |        |              |        | NG ME   |        |          |             |             | PAPER              | <b>\</b>       | DISK    | ETTE     |           |              |
| Name of Office S   | ought by C              | Candidate   | e:        |                     |            |        |              |        | DAT     | E O    | F ELE    | CTIC        | ON          | District<br>Number | Office<br>Code | Pa      | rty Cod  | e Cour    |              |
|  |                         |             |           |                     |            |        |              |        | МО      |        | DAY      | Υ           | EAR         |                    | 10000          |         |          | 1000      |              |
|  |                         |             |           |                     |            |        |              |        |         | 11     |          | 4           | 2014        |                    | (SEE IN        | STRUCT  | IONS FOI | R CODES   | )            |
| Summary of   |                         | and         | МО        | DAY                 | YEAF       | ₹      |              |        | МО      |        | DAY      | Y           | 'EAR        | FO                 | R OFFI         | CE USI  | ONLY     | 7         |              |
| Expenditures   | from:                   |             | 1         | .0 2                | 21 2       | 014    | T            | 0      |         | 11     | 7        | 24          | 2014        |                    |                |         |          |           |              |
| A. Amount Brought Forward From Last Report \$ 661,450.39 |                         |             |           |                     |            |        |              | 450.39 |         |        |          |             |             |                    |                |         |          |           |              |
| B. Total Moneta  | ary Contrib             | utions A    | nd Rec    | eipts (Fro          | m Sche     | edule  | e I)         | \$     |         |        |          | 50,         | 925.31      |                    |                |         |          |           |              |
| C. Total Funds   | Available (             | Sum Of      | Lines A   | and B)              |            |        |              | \$     |         |        |          | 712,        | 375.70      |                    |                |         |          |           |              |
| D. Total Expend  | ditures (Fr             | om Sche     | dule II   | [)                  |            |        |              | \$     |         |        |          | 32,         | 600.00      |                    |                |         |          |           |              |
| E. Ending Cash   | Balance (S              | Subtract    | Line D    | From Lin            | e C)       |        |              | \$     |         |        | 6        | 579,        | 775.70      |                    |                |         |          |           |              |
| F. Value Of In-  | Kind Contri             | ibutions    | Receive   | ed (From            | Schedu     | ıle II | I)           | \$     |         |        |          |             | 0.00        |                    |                |         |          |           |              |
| G. Unpaid Debt   | s And Obli              | gations (   | (From S   | chedule             | IV)        |        |              | \$     |         |        |          |             | 0.00        |                    |                |         |          |           |              |
|  |                         |             |           |                     | AFF        | FIDA   | AVI          | ΓSE    | CTIC    | N      |          |             |             |                    |                |         |          |           |              |
| PART I - If this is                                      |                         | -           | •         | _                   |            |        |              |        |         |        |          |             | _           |                    |                |         |          |           |              |
| I swear (or affirm)<br>correct and comple                |                         | port, inclu | iding the | attached            | schedule   | s file | d on         | paper  | or by e | electr | onic me  | ediun       | n, are to t | the best of        | my knov        | wledge  | and be   | lief , tr | ue           |
| Sworn to and subs  | cribed before<br>day of | e me this   |           | 20                  |            |        |              |        |         | •      |          |             | Signature   | of Persoi          | n Submit       | ting Re | port     |           |              |
| -  |                         | Signature   | e         | -                   |            |        |              | -<br>- |         |        |          |             |             | Print              | ted Name       | •       |          |           |              |
| My Commission Ex   | pires                   |             |           |                     |            |        |              |        |         | •      |          |             |             | Emai               | il .           |         |          |           | -            |
|  | М                       | o           | DA        | ΛΥ                  | YR         |        |              |        |         |        | Are      | ea Co       | de          | Daytim             | e Teleph       | one N   | ımber    |           |              |
| Part II- If this is                                      | a report o              | f a candi   | idate's   | authorize           | ed Comr    | nitte  | ee, Ca       | andid  | ate sh  | nall s | sign he  | ere.        |             |                    |                |         |          |           |              |
| I swear (or affirm)<br>No 320) as amende                 |                         | best of m   | y knowle  | dge and b           | elief this | s poli | tical        | comm   | ittee h | as no  | ot viola | ted a       | ny provisi  | ions of the        | e act of J     | une 3,1 | 1937 (P  | .L. 133   | 3,           |
| Sworn to and subsc                                       |                         | me this     |           |                     |            |        |              |        |         |        |          |             | Si          | ignature o         | f Candid       | ate     |          |           | - $ $        |
|  | day of<br>— —           |             |           | - —                 |            |        |              | -      |         |        |          |             |             | Printe             | d Name         |         |          |           | -            |
|  | Sig                     | gnature     |           |                     |            |        |              | -      |         |        |          |             |             |                    |                |         |          |           | _            |
| My Commission Exp  | _                       |             |           |                     |            |        |              |        |         |        |          |             |             | Emai               | il             |         |          |           |              |
|  |                         | мо          | DA        | λΥ                  | YF         | ₹      |              | •      |         |        | Area     | Code        | 1           | Da                 | ytime T        | elepho  | ne Num   | ber       | <sup>-</sup> |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |           |              |            |
|--|-----------|-----------|--------------|------------|
| Name of Filing Committee or Candidate  | Reporting | g Period  |              |            |
| PHILA FED TEACH (PFT) COM SUP  | 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  | ) Period  | (1)       | \$           | 50,545.50  |
| 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)       | \$           | 379.81     |
| 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 |           |           | \$           | 50,925.31  |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                                       | this Part to itemize only with an aggregate valu |                  |                  |     |      |      |               |            |  |
|---------------------------------------|--|------------------|------------------|-----|------|------|---------------|------------|--|
| 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 Filling Committee of Candidate |       |                   | Rep<br>Fro |    |      |      |    |        |
|--|-------|-------------------|------------|----|------|------|----|--------|
|  |       |                   |            |    | DATE |      |    | AMOUNT |
| Full Name of Contributor               |       |                   |            | МО | DAY  | YEAR |    |        |
| Mailing Address                        |       |                   |            |    |      |      | \$ | 0.00   |
| City                                   | State | Zip Code (Plus 4) | ١          |    |      |      |    |        |

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 Candidate |                       |          | Reporting   | Period |     |      |    |            |
|---------------------------------------|-----------------------|----------|-------------|--------|-----|------|----|------------|
|                                       |                       |          | From:       |        |     | То:  |    |            |
|                                       |                       |          |             | DA     | TE  |      | А  | MOUNT      |
| Full Name of Contributing Committee   |                       |          |             | мо     | DAY | YEAR |    |            |
| Mailing Address                       |                       |          |             |        |     |      | \$ | 0.00       |
| City                                  | State                 | Zip Cod  | e (Plus 4)  |        |     |      |    |            |
|                                       |                       |          |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on Scho   | edule I, Detailed Sun | nmary 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.)

| Name of Filing Committee or Candidate               |                    |               | Rep       | orting Pe | riod  |      |            |                    |
|---|--------------------|---------------|-----------|-----------|-------|------|------------|--------------------|
|   |                    |               | Fror      | n:        |       | To   | <b>)</b> : |                    |
|   |                    |               |           | D         | ATE   |      | А          | MOUNT              |
| Full Name of Contributor                            |                    |               |           | мо        | DAY   | YEAR |            |                    |
| Mailing<br>Address                                  |                    |               |           |           |       |      | \$         | 0.00               |
| City  | State              | Zip Code (Plu | s 4)      |           |       |      |            |                    |
| Employer Name                                       |                    | •             |           | Occupa    | tion  |      | •          |                    |
| Employer Mailing Address/Principal Plac<br>Business | e of               | City          |           |           | State |      | Zip Coo    | de (Plus 4)        |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed S | ummary Page   | Section . | on 3.     |       |      | \$         | PAGE TOTAL<br>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  | ing Perio | d         |              |      |        |
|---------------------------------------|-------|------------|---------|-----------|-----------|--------------|------|--------|
| PHILA FED TEACH (PFT) COM SUP         |       |            | From:   |           | 10/21/201 | <u>4</u> To: | 11/2 | 4/2014 |
|                                       |       |            |         | D         | ATE       |              | АМО  | UNT    |
| Full Name                             |       |            |         | мо        | DAY       | YEAR         |      |        |
| FIRSTRUST                             |       |            |         |           |           |              |      |        |
| Mailing Address                       |       |            |         |           |           |              | \$   | 190.78 |
|                                       | State | Zip Code ( | Dlue 4) | 9         | 30        | 2014         |      |        |
| City                                  | State | Lip code ( | 1103 47 |           |           |              |      |        |
|                                       |       |            |         |           |           |              |      |        |
| Receipt Description INT SEPT          |       |            |         |           |           |              |      |        |
| Full Name                             |       |            |         | мо        | DAY       | YEAR         |      |        |
| FIRSTRUST                             |       |            |         | МО        | DAT       | TEAR         |      |        |
| Mailing Address                       |       |            |         |           |           |              | \$   | 189.03 |
|                                       | State | <b> </b>   | Diva 4) | 10        | 31        | 2014         |      |        |
| City                                  | State | Zip Code ( | Plus 4) |           |           |              |      |        |
|                                       |       |            |         |           |           |              |      |        |
| Receipt Description INT OCT           |       |            |         |           |           |              |      |        |
|                                       |       |            |         |           |           |              | PAGE | TOTAL  |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

\$ 379.81

#### **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                           |            |
|--|----------------|------------------------------|------------|
| PHILA FED TEACH (PFT) COM SUP  | From:          | <u>10/21/2014</u> <b>To:</b> | 11/24/2014 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTO  | 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 Candid | ate                |                       | Reporting | g Period |      |           |            |
|------------------------------------|--------------------|-----------------------|-----------|----------|------|-----------|------------|
|                                    |                    |                       | From:     |          |      | To:       |            |
|                                    |                    |                       |           | DATE     |      |           | AMOUNT     |
| Full Name of Contributor           |                    |                       | МО        | DAY      | YEAR |           |            |
| Mailing Address                    |                    |                       |           |          |      | <b>\$</b> | 0.00       |
| City                               | State              | Zip Code (Plus 4)     |           |          |      |           |            |
| Description of Contribution:       |                    |                       |           |          |      |           |            |
| Enter Grand Total of Part F on S   | chedule II, In-Kir | nd Contributions Deta | iled Sum  | mary Pag | ge,  |           | PAGE TOTAL |
| Section 2.                         |                    |                       |           |          |      | \$        | 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    | om:       |           | To:   |        |                        |
|  |             |         |            |         | •      |           | 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 Plac<br>Business            | ce of       | City    |            | State   |        | Zip<br>4) | Code(Plus | Descr | iption | of Contribution        |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De  | etaile | ed        |           |       |        | <b>PAGE TOTAL</b> 0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candi   | date    |                   | Reporti                                   | ng Period                       |                             |     |                      |  |
|---|---------|-------------------|---|---------------------------------|-----------------------------|-----|----------------------|--|
| PHILA FED TEACH (PFT) COM SUP   |         |                   | From                                      | 10/2                            | 1/2014                      | То: | 11/24/2014           |  |
|   |         |                   |   | DATE                            |                             |     | AMOUNT               |  |
| To Whom Paid DEMOCRATIC CAMPAIGN COMM O   | F PHILA |                   | мо  | DAY                             | YEAR                        |     |                      |  |
| Mailing Address   |         |                   | 9   | 23                              | 2014                        | \$  | 600.00               |  |
| City State Zip Code (Plus 4)  |         |                   | <b>Descrip</b> CONT                       | Description of Expenditure CONT |                             |     |                      |  |
| To Whom Paid FRIENDS OF DARRELL CLARKE  |         |                   | МО  | DAY                             | YEAR                        |     |                      |  |
| Mailing Address   |         |                   | 9   | 23                              | 2014                        | \$  | 2,000.00             |  |
| City  | State   | Zip Code (Plus 4) | Description of Expenditure CONT           |                                 |                             |     |                      |  |
|   |         |                   |   |                                 |                             |     |                      |  |
| To Whom Paid<br>THE H TEAM  |         |                   | мо  | DAY                             | YEAR                        |     |                      |  |
|   |         |                   | <b>MO</b> 9                               | <b>DAY</b> 23                   | <b>YEAR</b> 2014            | \$  | 1,000.00             |  |
| THE H TEAM  | State   | Zip Code (Plus 4) | 9   |                                 | 2014                        |     | 1,000.00             |  |
| THE H TEAM  Mailing Address   |         | Zip Code (Plus 4) | 9<br>Descrip                              | 23                              | 2014                        |     | 1,000.00             |  |
| THE H TEAM  Mailing Address  City  To Whom Paid   |         | Zip Code (Plus 4) | 9  Descrip CONT                           | 23                              | 2014<br>penditure           |     | 1,000.00<br>5,000.00 |  |
| THE H TEAM  Mailing Address  City  To Whom Paid  BUILDING A BETTER PENNSYLVAN                                     |         | Zip Code (Plus 4) | 9  Descrip CONT  MO                       | 23 Potion of Exp                | 2014  Penditure  YEAR  2014 | \$  |                      |  |
| THE H TEAM  Mailing Address  City  To Whom Paid BUILDING A BETTER PENNSYLVAN  Mailing Address                     | IA FUND |                   | 9  Descrip CONT  MO  10  Descrip          | DAY                             | 2014  Penditure  YEAR  2014 | \$  |                      |  |
| THE H TEAM  Mailing Address  City  To Whom Paid BUILDING A BETTER PENNSYLVAN  Mailing Address  City  To Whom Paid | IA FUND |                   | 9  Description  MO  10  Description  CONT | DAY  24  ption of Exp           | 2014  YEAR  2014  penditure | \$  |                      |  |

CONT

|  |   |                   |                        |                   |                |        | 17.02 12   |
|--|---|-------------------|------------------------|-------------------|----------------|--------|------------|
| To Whom Paid<br>FRIENDS OF CHERELLE L PAI                            | RKER  |                   | МО                     | DAY               | YEAR           |        |            |
| Mailing Address  |   |                   | 10                     | 24                | 2014           | \$     | 5,000.00   |
| City   | State   | Zip Code (Plus 4) | <b>Descrip</b> CONT    | otion of Exp      | enditure       |        |            |
| To Whom Paid COMMITTEE TO RE-ELECT JO                                | DHN SABATINA JR   | ·                 | МО                     | DAY               | YEAR           |        |            |
| Mailing Address  |   |                   | 10                     | 24                | 2014           | \$     | 1,000.00   |
| City State Zip Code (Plus 4)   |   |                   | <b>Descrip</b> CONT    |                   |                |        |            |
| To Whom Paid VOTE VINCE PA   |   |                   |                        | DAY               | YEAR           |        |            |
| Mailing Address  |   |                   |                        | 24                | 2014           | \$     | 1,000.00   |
| City State Zip Code (Plus 4)   |   |                   | <b>Descrip</b> CONT    | tion of Exp       | l<br>penditure | 1      |            |
| To Whom Paid COMMITTEE TO ELECT LEAN                                 | NE KRUEGER-BRANEKY  |                   | МО                     | DAY               | YEAR           |        |            |
| Mailing Address  |   |                   | 10                     | 24                | 2014           | \$     | 1,000.00   |
| City   | State   | Zip Code (Plus 4) | <b>Descrip</b><br>CONT | otion of Exp      | penditure      |        |            |
| To Whom Paid  JOHN KANE FOR STATE SEN                                | ATE   | ·                 | МО                     | DAY               | YEAR           |        |            |
| Mailing Address  |   |                   | 10                     | 27                | 2014           | \$     | 5,000.00   |
| City   | State   | Zip Code (Plus 4) | <b>Descrip</b> CONT    | otion of Exp      | l<br>penditure | 1      |            |
| To Whom Paid<br>FRIENDS OF COUNCILMAN C                              | CURTIS JONES JR   |                   | МО                     | DAY               | YEAR           |        |            |
| Mailing Address  |   |                   | 11                     | 20                | 2014           | \$     | 1,000.00   |
| City State Zip Code (Plus 4)   |   |                   | Descrip                | l<br>otion of Exp | l<br>penditure | l<br>: |            |
| Enter Grand Total of Evnenditures on Page 1 Penert Cover Page Thom D |   |                   |                        |                   |                |        | PAGE TOTAL |
| Enter Grand Total Of Expe  | nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D |                   |                        |                   |                | \$     | 32,600.00  |
|  |   |                   |                        |                   |                |        |            |