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 2000	190			Repo Filed			CANDI	DATE		COM	AITTEE	✓	LU	DDT	131	
Name of Filing C	Committee, Candid	ate or L	obbyist:		AFT P	A					-						
Street Address:																	
City:	PHILADELPHIA	A					s	tate:	PA			Zip Co	de: 1	9103	-000	00	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE-	- 2.		DAY MAR		POST-	3.		AMENDMENT Yes No REPORT?			No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		DAY CTI		POST-	6.		TERMIN. REPORT		Yes		No	\
report type)	ANNUAL REPORT	7.	Year 2015					METHO				PAPER		~	D	ISKET	TE
Name of Office S	- Sought by Candida	te:					D	ATE O	F ELE	CTIC	ON	District Number	Office Code	P	arty	Code	County
							N	10	DAY	Y	EAR		•	<u> </u>		•	
								11		3	2015		(SEE II	NSTRUC	TION	S FOR CO	DES)
	Receipts and	МО	DAY	YEAR			M	10	DAY	Y	EAR	FC	R OFFI	CE US	SE O	NLY	
Expenditures	from:		1 1	. 20	015	то		3		30	2015						
A. Amount Bro	ught Forward Fror	n Last R	eport		•		\$		•	12,	060.99						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$			15,	225.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			27,	285.99						
D. Total Expend	ditures (From Sch	edule II	I)				\$			11,	500.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			15,	785.99						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	/)			\$				0.00			•			
								TION									
	s a Committee rep) that this report, incl	-	_								_		f my kno	owledg	e an	d belief	, true
•	ete. scribed before me this	5									Cianatura	of Perso	n Guhmi	ttina D	onor		
	day of		_ 20							,	Signature	or Perso	III Subiiii	tung K	ероі		
	Signatu	re				_						Prin	ted Nam	ie			
My Commission Ex	·					_						Ema	il				
	МО		AY	YR						ea Co	de	Daytin	ne Telep	hone N	lumb	er	
	a report of a cand				•				_						100	- (-)	
No 320) as amende		ny Knowi	eage and bei	ier this	politic	ai com	ımıtt	ee nas n	ot viola	ted al	ny provis	ions or th	e act or .	June 3	,193	7 (P.L	
Sworn to and subsc	ribed before me this day of		20								S	ignature	of Candid	date			
						_						Printe	ed Name				-
My Commission Exp	Signature pires											Ema	il				-
	МО	D	AY	YR					Area	Code		D	aytime '	Teleph	one l	Number	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-							
Name of Filing Committee or Candidate	Reporting Period						
AFT PA	From:	1/1/201	<u>5</u> To:	<u>3/30/2015</u>			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting) Period	(1)	\$	3,725.00			
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)			\$	11,500.00			
All Other Contributions (Part D)			\$	0.00			
TOTAL for the Reporting) Period	(3)	\$	11,500.00			
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			\$	15,225.00			

PAGE TOTAL

0.00

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					
		F	rom:		То	:		
				DATE			AMOUNT	
Full Name of Contributing Committee			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.

9/16/2025 5:41:28 PM

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.

(Exclu	ide contributions fro	m political comm	itte	es rej	oorted	in Part	A)	
Name of Filing Committe	ee or Candidate		Rep	oorting P	eriod			
From: To							o :	
		I			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.

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 Per	riod				
AFT PA	From:	1/1/2015	То:	3/30/2015		
		DATE		AMOUNT		

DATE **Full Name of Contributing Committee** DAY мо YEAR PFT CSPE 11,500.00 **Mailing Address** 3 2015 11 City PHILA State Zip Code (Plus 4) PΑ 19103

 $\label{lem:constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.}$

PAGE TOTAL 11,500.00

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				Reporting Period					
			Fror	n:		To) :		
				D	ATE		А	MOUNT	
Full Name of Contributor				МО	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Plu	s 4)						
Employer Name		I		Occupa	tion	•			
Employer Mailing Address/Principal Place	e of Business	City		•	State		Zip Cod	ie (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Si	ummary Page	, Sectio	on 3.			P	PAGE TOTAL	
							\$	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 Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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>1/1/2015</u> To:	<u>3/30/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candi	Reporting Period						
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led 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	Reporting Period	
	From:	То:

				FIG	m:		10:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address							\$	0.00	
City	y State Zip Code(Plus 4)								
Employer of Contributor					Occup	ation		<u> </u>	
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zip	Code(Plus 4)	Descri	ption of	Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Ki	nd (Contributions D	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
AFT PA				1/2	L/2015	То:	<u>3/30/2015</u>	
				DATE		AMOUNT		
To Whom Paid			МО	DAY	YEAR			
FRIENDS OF HELEN GYM			1-10					
Mailing Address			3	9	2015	\$	11,500.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
			CONT					
							PAGE TOTAL	
Enter Grand Total of Expenditures	s on Page 1, Re	port Cover Page, Item D).			\$	11,500.00	