# **Campaign Finance Report**

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

Filer Identificat Number :	ion	20150	)159			Repor Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST	Γ	
Name of Filing (	Committee,	Candida	te or Lo	bbyist:			-	IA WOR	KING F	AMIL	LES PA	RTY IE (		ΈE			
Street Address:	108 S	60TH ST	Г														
City:	PHILAD	DELPHIA						State:	PA			Zip Co	<b>de:</b> 19	9139			
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE-	2. <b>X</b>	30 D/ PRIM		POST-	3.		AMENDMENT Yes REPORT?					
(place X to the right of	6TH TUESD PRE-ELECTI		4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D/ ELEC		POST-	6.		TERMIN REPORT		Yes	N	0	$\checkmark$
report type)	ANNUAL R	EPORT	7.	<b>Year</b> 2015				NG METH				PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	Sought by C	andidat	e:					DATE O	F ELE	CTIO	N	District Office Party Cod Number Code					nty e
								мо	DAY	YE	AR						
								11		3	2015	(SEE INSTRUCTIONS FOR CO					5)
Summary of		and	мо	DAY	YEAR			мо	DAY	YI	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:			3 31	20	015 <b>T</b>	0	5		4	2015						
A. Amount Bro	ught Forwa	ard From	Last Re	eport			\$				0.00						
B. Total Monetary Contributions And Receipts (From Schedule							\$	\$ 50,000.00									
C. Total Funds Available (Sum Of Lines A and B)							\$	5		50,0	00.00						
D. Total Expenditures (From Schedule III)							\$	;		25,0	00.00						
E. Ending Cash	Balance (S	Subtract	Line D	From Line	C)		\$	;		25,0	00.00	4					
F. Value Of In-	Kind Contri	ibutions	Receive	d (From S	chedul	le II)	\$				0.00						
G. Unpaid Deb	ts And Oblig	gations (	From S	chedule IV	')		\$				0.00						
					AFF	IDAVI	T SE	CTION									
PART I - If this i		-	•	-					• •			-					
I swear (or affirm correct and compl		port, inclu	laing the	attached sci	neaules	s filed on	paper	or by elect		eaium	, are to	the best o	т ту кпоч	vieage	and bei	ier, ti	rue
Sworn to and subs	day of	e me this		20						S	Signatur	e of Perso	n Submitt	ing Re	port		
		Signature	e				_					Prin	ted Name				_
My Commission E	xpires						_					Ema	il				
	M	0	DA	Y	YR				Ar	ea Coc	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report o	f a candi	idate's a	authorized	Comm	nittee, C	andid	late shall	sign h	ere.							
I swear (or affirm) No 320) as amend		best of m	y knowle	dge and beli	ef this	political	comm	nittee has n	ot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subso		me this									s	ignature	of Candida	ite			-
	day of 			20			_					Printe	ed Name				_
	-	gnature					-					En					_
My Commission Exp	pires											Ema					
		мо	DA	Y	YR		-		Area	Code		D	aytime Te	elepho	ne Num	ber	_

# SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

News of Filling Committee on Conditions	_			
Name of Filing Committee or Candidate	Reporting	g Period		
PENNSYLVANIA WORKING FAMILIES PARTY IE COMMITTEE	From:	<u>3/31/201</u>	<u>5</u> To:	<u>5/4/2015</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J Period	(1)	\$	0.00
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	J Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			•	
Contributions Received From Political Committees (Part C)			\$	50,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	50,000.00
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			\$	50,000.00

# 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 Candida	te		Re	porting	Period			
			Fro	om:		:		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	PAGE TOTAL

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

0.00

\$

Use this Part to ite \$5	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 Candidat	e			orting P	eriod	_					
From:						То:					
					DATE			AMOUNT			
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$	0.00			
ity State Zip Code (Plus 4)											
								PAGE TOTAL			
Enter Grand Total of Part A on S	Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00										

#### PAGE 5

# 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 Car	ndidate		Reporting	Period					
PENNSYLVANIA WORKING FAMI	LIES PARTY IE COMM	ITTEE	From:	<u>3/3</u>	<u>1/2015</u>	То:	<u>5/4/2015</u>		
	DATE						Α	MOUNT	
Full Name of Contributing Comn SEIU COPE	nittee			мо	DAY	YEAR			
Mailing Address 800 MASSAC	CHUSETTS AVENUE NV	V					\$	50,000.00	
City WASHINGTON State Zip Code (Plus 4)   DC 20036					24	2015			
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.								<b>PAGE TOTAL</b> 50,000.00	

## 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 I	Period	
	From:		То:
		DATE	AMOUNT

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

## 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			Report	ing Perio	d				
			From:			То:			
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$	5	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description						•	•		
nter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.								PAGE TO	TAL
		illi y i uge,	Section				\$		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 Po	eriod						
PENNSYLVANIA WORKING FAMILIES PARTY IE COMMITTEE	From:	<u>3/31/2015</u> <b>To:</b>	<u>5/4/2015</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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	TF)							
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, 3		\$	0.00					

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period				
			From:			То:		
				DATE		АМО	UNT	
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 Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL		
					4	6	0.00	

0.00

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

Name of Filing Committee or Candidate					Rep	porting P	eriod			
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	lus 4)						
Employer of Contributor						Occupat	tion	<u>.</u>		
Employer Mailing Address/Principal Plac Business	ce of	City		State	Zip Code(Plus 4) Description of Contri			of Contribution		
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	ed				PAGE TOTAL

Summary Page, Section 3.

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
PENNSYLVANIA WORKING FA	MILIES PARTY IE COMM	ITTEE	From	<u>3/3</u> :	1/2015	То:	<u>5/4/2015</u>
				DATE			AMOUNT
To Whom Paid Working Families Organization	мо	DAY	YEAR				
Mailing Address 1 Metrotec	h Center North, 11th Flo	oor	4	28	2015	\$	25,000.00
City Brooklyn	State	Zip Code (Plus 4)	Descrip	otion of Exp	oenditure		
·	NY	11201	Canvas Mayor	s Services	and Staf	f to Eleo	ct Jim Kenney for
					PAGE TOTAL		
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	25,000.00