#### **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	0190			Repo Filed		' :	CANDI	DATE		COM	4ITTEE	✓	LOB	BYIST	
Name of Filing C	Committee, Candid	late or L	obbyist:		AFTP/	A CS	SPE									
Street Address:	1816 CHESTI	NUT STR	EET													
City:	PHILADELPHI	iΑ						State:	PA			Zip Cod	de: 19	9103		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY I PRIMARY	PRE-	2.		0 DA RIMA		POST-	3.		AMENDM REPORT		Yes	No	<b>&gt;</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5.		0 DA		POST-	6. <b>X</b>		TERMINA REPORT		Yes	No	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2015					IG METHO				PAPER		$\overline{}$	DISKE	TTE
Name of Office S	Sought by Candida	ite:	•					DATE 0	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	County Code
	· .							МО	DAY	Y	EAR	- rumber	Couc			Couc
								11		3	2015		(SEE IN	STRUCTI	ONS FOR O	ODES)
	Receipts and	МО	DAY YI	EAR				МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s trom:		10 20	20	)15	TC		11		23	2015					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			19,	473.21					
B. Total Moneta	ary Contributions	And Rec	eipts (From S	ched	dule I	)	\$				972.00					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			20,	445.21					
D. Total Expend	ditures (From Sch	edule II	I)				\$			2,	00.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			18,4	145.21					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II)		\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1		
			Α	\FF	IDΑ\	/IT	SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign hei	re. I	f this	is a	Can	didate re	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached sched	lules	filed o	n pa	aper o	or by elect	ronic m	ediun	ı, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me thi day of	S	20							:	Signature	of Perso	n Submit	ting Re <sub>l</sub>	oort	
	Signati	ıre										Prin	ted Name	е		
My Commission Ex	cpires											Ema	il			
	МО	D	AY	YR					Ar	ea Co	de	Daytim	e Telepi	none Nu	mber	
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee,	Cai	ndida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	politic	al c	ommi	ittee has n	ot viola	ted aı	ny provis	ions of th	e act of J	une 3,1	937 (P.L	1333,
Sworn to and subsc	ribed before me this day of	i	20								S	ignature o	of Candid	ate		
						_						Printe	d Name			
My Commission Exp	Signature					_						Ema	il			
,																
	МО	D	AY	YR					Area	Code		Da	aytime T	elephor	e Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Candidate Reporting Period							
AFTPA CSPE	From:	10/20/201	<u>5</u> To:	11/23/2015				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	g Period	(1)	\$	972.00				
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)			\$	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	g 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			\$	972.00				

#### **PART A**

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

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

### 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 Canadate				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	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.)

Name of Filing Committee or Candidate			Reporting Period					
		Fron	n:		То	То:		
			D/	<b>ATE</b>		АМ	OUNT	
			МО	DAY	YEAR			
						\$	0.00	
State	Zip Code (Plus	s <b>4</b> )						
			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		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
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. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z 5</i> 4a. <b>y</b> 1 4 <b>9</b> 0,	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 Peri	od	
AFTPA CSPE	From:	10/20/2015 <b>To:</b>	<u>11/23/2015</u>
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 Candid	ate		Reportin	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 Sun	nmary 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	eporting F	Period			
				Fr	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4	)					
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ee of Ci	ity	State	•	Zip 4)	Code(Plus	Descri	ption o	of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-l	Kind (	Contributions [	etail	led				PAGE TOTAL 0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee	e or Candidate		Reporting Period						
AFTPA CSPE			From	10/20	0/2015	То:	11/23/2015		
				AMOUNT					
<b>To Whom Paid</b> JAY COSTA FOR STATE S	SENATE		МО	DAY	YEAR				
Mailing Address			10	21	2015	\$	500.00		
City	<b>State</b> PA	Zip Code (Plus 4)		i otion of Exp IBUTION	penditure				
To Whom Paid CITIZENS FOR HUGHES			МО	DAY	YEAR				
Mailing Address			10	21	2015	\$	500.00		
City	<b>State</b> PA	Zip Code (Plus 4)		i otion of Exp IBUTION	penditure				
To Whom Paid THE NEW FRONTIER FUN	ID		мо	DAY	YEAR				
Mailing Address			11	5	2015	\$	1,000.00		
City	<b>State</b> PA	Zip Code (Plus 4)	1	otion of Exp IBUTION	penditure				
Enter Grand Total of E	xpenditures on Page 1, Rep	ort Cover Page Item I	,				PAGE TOTAL		
Enter Grand Total of Ex	xpenditures on Page 1, Kep	ort cover Page, Item L	<b>,</b> .			\$	2,000.00		