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 2 | 00019 | 0 | | | Repor Filed E | | CANDI | DATE | | СОМІ | MITTEE | ✓ | LOBI | BYIST | |
| Name of Filing | Committee, Ca | ndidate | e or Lo | bbyist: | | PAFT (F | PA FEI | D TEACH) | COM | SUPT | | | | | | |
| Street Address: | Street Address: | | | | | | | | | | | | | | | |
| City: | PHILADEL | PHIA | | | | | | State: | PA | | | Zip Coo | le: 19 | 103 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | | 2ND FRIDA PRIMARY | Y PRE | - 2. | 30 DA PRIM | | POST- | 3. | | AMENDM REPORT | | Yes | Nc | Image: A start of the start of |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | | 2ND FRIDA ELECTION | Y PRI | <u>-</u> 5. | 30 DAY POST- ELECTION | | | 6. X | | TERMINA REPORT | | Yes | No | \checkmark |
| report type) | ANNUAL REP | ORT 7. | | Year 2002 | | | | FILING METHOD () CHECK ONE | | | | | | \checkmark | DISKE | TTE |
| Name of Office | Sought by Can | didate: | | | | | | DATE O | F ELE | СТІО | N | District Number | Office Code | Par | ty Code | County Code |
| | | | | | | | | мо | DAY | YE | AR | | | | | |
| | | | | | | | | 11 | | 5 | 2002 | | (SEE INS | TRUCTI | ONS FOR | CODES) |
| | Receipts an | d [№] | 10 | DAY | YEAF | 2 | | мо | DAY | YE | AR | FO | R OFFIC | E USE | ONLY | |
| Expenditure | s from: | | | 1 1 | | 1 T | 0 | 11 | 2 | 25 | 2002 | | | | | |
| A. Amount Bro | ought Forward | From L | ast Re | eport | | | \$ | | | 5,4 | 65.45 | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) \$ 190.00 | | | | | | | | | | | | | | | | |
| C. Total Funds | s Available (Su | n Of Liı | nes A a | and B) | | | \$ | 5 | | 5,6 | 55.45 | | | | | |
| D. Total Exper | nditures (From | Schedu | ule III |) | | | \$ | 5 | | 5 | 25.00 | | | | | |
| E. Ending Casl | h Balance (Sub | tract Li | ine D F | rom Line | C) | | \$ | 5 | | 5,1 | 30.45 | | | | | |
| F. Value Of In | -Kind Contribu | tions Re | eceive | d (From S | chedu | le II) | \$ | 5 | | | 0.00 | | | | | |
| G. Unpaid Deb | ots And Obligat | ions (Fi | rom So | chedule I\ | /) | | \$ | | | | 0.00 | | | | | |
| | | | | | AFF | IDAVI | T SE | CTION | | | | | | | | |
| PART I - If this | | - | | - | | | | | • • | | - | - | 6 I.m.a | dadaa | | -f . huu - |
| I swear (or affirm correct and comp | | , incluai | ing the | attached sc | nequie | s filed on | paper | or by elect | ronic me | earum, | are to | the best o | г ту клоч | neage | and ben | er, true |
| Sworn to and sub | scribed before m day of | e this | | 20 | | | | | | Si | ignature | e of Perso | n Submitt | ing Rep | oort | |
| | Sig | nature | | | | | _ | | | | | Prin | ted Name | | | |
| My Commission E | xpires | | | | | | _ | | | | | Ema | il | | | |
| | мо | | DA | Y | YR | | | | Are | ea Cod | e | Daytim | e Teleph | one Nu | mber | |
| Part II- If this is | a report of a | candida | ate's a | authorized | Comm | nittee, C | andid | late shall | sign he | ere. | | | | | | |
| I swear (or affirm No 320) as amend | | t of my k | knowled | dge and beli | ief this | political | comm | nittee has n | ot violat | ted any | y provis | ions of th | e act of Ju | ine 3,1 | 937 (P.L | 1333, |
| Sworn to and subs | | this | | | | | | | | | s | ignature o | of Candida | te | | |
| | day of | | | 20 | | | _ | | | | | Printe | d Name | | | |
| | Signat | ure | | | | | - | | | | | | | | | |
| My Commission Ex | pires | | | | | | | | | | | Ema | il | | | |
| | мс |) | DA | Y | YR | 1 | - | | Area | Code | | Da | aytime Te | lephor | e Numb | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PAFT (PA FED TEACH) COM SUPT From: To: 11/25/2002 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 36.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 154.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 154.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 190.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 | | | | | |
|---|--------------------|----------------------------------|----|------------------|------|------|----|-------------------|--|
| PAFT (PA FED TEACH) COM SUPT | | | | From: T | | | | <u>11/25/2002</u> | |
| | | | | | DATE | | | AMOUNT | |
| Full Name of Contributing Comm NEW CASTLE AREA SCHOOL DI | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | 10 | 31 | 2002 | \$ | 154.00 | |
| City NEW CASTLE | State PA | Zip Code (Plus 4 16101 | 4) | 10 | 5 | 2002 | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part A o | \$ | 154.00 | | | | | | | |

| 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. (Exclude contributions from political committees reported in Part A) | | | | | | | | | | |
|---|-------|------------------|------|-----------|------|------|----|------------|--|--|
| Name of Filing Committee or Candidate Reporting Period | | | | | | | | | | |
| | | | Fror | From: To: | | | | | | |
| | | | | | 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 | \$ | 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 | Reporting Period | | | | | |
|---|-------|---------|------------|------------------|-----|------|----|------------|--|
| | | | From: | То: | | | | | |
| | | | | DA | TE | | A | AMOUNT | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | 0.00 | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Cod | e (Plus 4) | | | | | | |
| | | | | | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section | | | | | | | \$ | 0.00 | |

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 | | | | porting Period | | | | |
|--|----------------|--------------|-------|----------------|-------|------|----------|--------------------------|
| From | | | | n: | : To: | | | |
| | | | | DATE AMOUNT | | | | IOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | | |
| City | State | Zip Code (Pl | ıs 4) | | | | | |
| Employer Name | | | | Occupation | | | | |
| Employer Mailing Address/Principal Plac | ce of Business | City | | • | State | | Zip Code | e (Plus 4) |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | | | | | | | P# | AGE TOTAL 0.00 |

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 | Reporting Period | | | | | | |
|---------------------------------------|----------------------|------------|---------|------------------|-----|------|----|---------|------|--|
| | | | From: | n: To: | | | | | | |
| | | | | D | ATE | | | AMOUNT | | |
| Full Name | | | | мо | DAY | YEAR | \$ | | 0.00 | |
| Mailing Address | | | | | | | | | | |
| City | State | Zip Code (| Plus 4) | | | | | | | |
| Receipt Description | · | • | | | | | • | | | |
| | | _ | | | | | | PAGE TO | TAL | |
| Enter Grand Total of Part E on Sched | ule 1, Detailed Sumn | nary Page, | Section | 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 | | |
|---|-------------------------|-----|-------------------|
| PAFT (PA FED TEACH) COM SUPT | From: | То: | <u>11/25/2002</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | riod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T F) | | |
| TOTAL for the Reporting Pe | riod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | riod (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, 1 | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reporting | Period | | | | | | | | |
|--|-------|-------------------|-----------|--------|------|-----------|--------|--|--|--|--|--|
| | | | From: | | | То: | | | | | | |
| | | | | DATE | | | AMOUNT | | | | | |
| Full Name of Contributor | | | | 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, 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 | | | | | |
|--|-------|------------------|-------|------------------|----------|---------------------------|----------------|--|--|
| | | | | m: | | То: | | | |
| | | | | | DATE AMO | | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | - | | | | \$ 0.00 | | |
| City | State | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | • | | Occupa | ation | | | | |
| Employer Mailing Address/Principal Plac | City | State | e Zip | Code(Plus 4) | Descri | ption of Contribution | | | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | PAGE TOTAL 0.00 | | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|---------------------------------------|---------------------|-------------------|------------|------------------|----------|-----|-------------------|--|--|--|
| PAFT (PA FED TEACH) COM SUPT | | | | | | То: | <u>11/25/2002</u> | | | |
| | | | | DATE AMOU | | | | | | |
| To Whom Paid | | | | DAY | YEAR | | | | | |
| COMMITTEE TO ELECT TOM TIGUE | | | мо | | | | | | | |
| Mailing Address | | | | 22 | 2002 | \$ | 225.00 | | | |
| City State Zip Code (Plus 4) | | | | tion of Exp | enditure | | | | | |
| | | | CONT | | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | | |
| FRIENDS OF JESS STAIRS | | | MO | | | | | | | |
| Mailing Address | | | 10 | 30 | 2002 | \$ | 300.00 | | | |
| City | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | • | | | | |
| | | CONT | | | | | | | | |
| | | | | | | | PAGE TOTAL | | | |
| Enter Grand Total of Expenditures o | on Page 1, Report C | over Page, Item I |) . | | | \$ | 525.00 | | | |