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 2015	50159				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Candid	ate or L	obbyist:		PEN	NNSY	LVAN	IA WORK	KING F	AMIL	IES PAI	RTY IE C	COMMIT	TEE			
Street Address:	276 S 60TH S	STREET															
City:	PHILADELPHI -	A						State:	PA			Zip Cod	le: 19	9139			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	Y PRE	≣-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No		/
report type)	ANNUAL REPORT	7. X	Year 2015					IG METHO				PAPER		\	DISKE	TTE	
Name of Office S	ought by Candida	te:						DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
	-							МО	DAY	YE	AR		*			•	
								11		3	2015	(SEE INSTRUCTIONS FOR CODE				ODES)	,
•	Receipts and	МО	DAY	YEAR	1			МО	DAY	YI	AR	FOR OFFICE USE ONLY					
Expenditures	from:		11 24	2	015	T (0	12	:	31	2015						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			50,	179.63						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$			50,1	179.63							
D. Total Expenditures (From Schedule III)								47,3	323.39								
E. Ending Cash Balance (Subtract Line D From Line C)								2,8	56.24								
F. Value Of In-	Kind Contribution	s Receiv	ed (From So	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$			2,4	47.51			1			
				AFF	·ID/	AVI	ΓSE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign l	nere.	If th	his is	a Can	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached sch	nedule	s file	ed on p	oaper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe'
Sworn to and subs	cribed before me thi day of	S	20							S	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	ire					-					Prin	ted Nam	e			-
My Commission Ex	cpires						_					Ema	il				_
l	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Telepi	hone Nu	mber		_
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	ee, Ca	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowle	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this day of		20								Si	ignature o	of Candid	late			-
							•					Printe	d Name				-
My Commission Exp	Signature						•					Ema	il				-
•																	_
	мо	D	AY	YR	ł				Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PENNSYLVANIA WORKING FAMILIES PARTY IE COMMITTEE	From:	11/24/20	<u>15</u> To:	12/31/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) 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	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)	\$	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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
		From:						
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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.

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			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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			Rep	orting Pe	riod			
			Fron	n:		To):	
				D	ATE		АМС	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(GE 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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						
PENNSYLVANIA WORKING FAMILIES PARTY IE COMMITTEE	From:	<u>11/24/2015</u> To:	12/31/2015					
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	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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
PENNSYLVANIA WORKING FAMILIES PARTY IE COMMITTEE	From	11/24/2015	То:	<u>12/31/2015</u>

				DATE			AMOUNT
To Whom Paid Community Labor Administrative Service, Inc.				DAY	YEAR		
Mailing Address One Metrotech Center North 11th Flr			12	16	2015	\$	47,323.39
City Brooklyn	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
·	NY	11201	office p		field canv	assers,	devices and
							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							47,323.39

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period					
PENNSYLVANIA WORKING FAMILIES PARTY IE COMMITTEE			From:	<u>11/24/2015</u> To:			12/31/2015	
					DATE			utstanding alance of Debt
Name of Creditor Atlas Direct Mail				мо	DAY	YEAR		
Mailing Address 41-12 38th Street				10	30	2015	\$	2,447.51
City Long Island City	State NY	Zip Code (P 11101	lus 4)	Description of Debt printing self-mailer literature				
	•	•						PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	2,447.51