Campaign Finance Report

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

Filer Identification Number :	on 20150	0159			Repo Filed		:	CAI	NDI	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Candida	ite or Lo	obbyist:	Ī	PENNS	SYL	VAN	IA W	ORK	ING F	AMII	IES PAI	RTY IE C	OMMIT	TEE			
Street Address:	276 S 60TH ST	TREET																
City:	PHILADELPHIA -	1						State	e:	PA			Zip Cod	ie: 19	139			_
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.		0 DA RIMA		Р	POST-	3.		AMENDMENT REPORT?		Yes	✓ N	0	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		0 DA		Р	OST-	6. X		TERMINA REPORT		Yes	N)	\
report type)	ANNUAL REPORT	7.	Year 2015					IG ME CHEC						PAPER		DISK	TTE	
Name of Office S	ought by Candidat	e:				_		DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Pa	rty Code	Code	
								МО		DAY		EAR						
									11		3	2015		(SEE IN:	STRUCT	ONS FOR	CODES	·)
Summary of I Expenditures		МО	DAY	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	CE USE	ONLY		
		1	10 20	20	015	то			11	- 7	23	2015						
A. Amount Brou	ught Forward From	Last R	eport				\$				50,	179.63						
B. Total Monetary Contributions And Receipts (From Schedule I							\$			0.00								
C. Total Funds Available (Sum Of Lines A and B)					\$				50,	179.63								
D. Total Expenditures (From Schedule III)					\$					0.00								
E. Ending Cash Balance (Subtract Line D From Line C)					\$				50,	179.63								
F. Value Of In-l	Kind Contributions	Receive	ed (From S	chedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligations ((From S	Schedule IV	/)			\$				2,	447.51			'			_
				AFF:	IDAV	/IT	SE	CTIC	NC									
	a Committee repo	•	-							•		_						
I swear (or affirm) correct and comple	that this report, incluete.	uding the	attached sc	hedules	filed o	on pa	iper (or by e	electi	ronic m	ediun	n, are to t	he best o	f my knov	wledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me this day of		20									Signature	of Perso	n Submitt	ing Re	port		_
	Signatur	e											Prin	ted Name)			-
My Commission Ex	pires								•				Ema	il				_
	МО	DA	AY	YR						Are	ea Co	de	Daytim	e Teleph	one Nu	ımber		ᆜ
Part II- If this is	a report of a cand	idate's	authorized	Comm	ittee,	Can	ndida	ate sh	nall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of m	y knowle	edge and beli	ief this	politica	al co	ommi	ittee h	as n	ot viola	ted a	ny provis	ions of th	e act of J	une 3,1	.937 (P.	L. 133	3,
Sworn to and subsc	ribed before me this day of		20									s	ignature o	of Candida	ate			_
			-										Printe	d Name				-
My Commission Exp	Signature ires												Ema	il				-
	мо	D/	AY	YR						Area	Code		Da	aytime To	elepho	ne Numi	oer	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -							
Name of Filing Committee or Candidate	Reporting	g Period					
PENNSYLVANIA WORKING FAMILIES PARTY IE COMMITTEE	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)	\$	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)	All Other Contributions (Part B)						
TOTAL for the Reporting	\$	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	g 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 ar 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		Reporting Period					
		From:			То	:		
		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.

PAGE TOTAL\$ 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		AN	40UNT
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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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	me of Filing Committee or Candidate		Rep	orting Pe	riod				
			Fron	n:		То	То:		
				D	ATE		АМО	DUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address	Address						\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupat	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	ummary Page,	Section	on 3.			PAG	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	Candidate		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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 Perio	od							
PENNSYLVANIA WORKING FAMILIES PARTY IE COMMITTEE	From:	<u>10/20/2015</u> To:	11/23/2015						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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, 1		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	I Name of Contributor			Reporting 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 C	Candidate		Reporti				
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
Futou Curand Tatal of Funca	diament Daniel De						PAGE TOTAL
Enter Grand Total of Expen	altures on Page 1, Re	port Cover Page, Item D	, .			\$	0.00

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 Candid	ate		Reportir	ng Period				
PENNSYLVANIA WORKING FAMILIE	S PARTY IE COM	MITTEE	From:	<u>10</u>	/20/2015	То:	1	1/23/2015
			•		DATE			Outstanding Balance of Debt
Name of Creditor ATLAS DIRECT MAIL					DAY	YEAR		
Mailing Address 41-12 38TH S	FREET			10	30	2015	\$	2,447.51
City LONG ISLAND CITY	State NY	Zip Code (P 11101	lus 4)	· ·	otion of Del		ITER <i>A</i>	ATURE
		•						PAGE TOTAL
Enter Grand Total of Unpaid I	Debts on Page	1, Report Cover P	age, Item	G.			\$	2,447.51