# **Campaign Finance Report**

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

| Filer Identificati<br>Number :                                 | i <b>on</b> 2000                | )190       |                      |          | Repo<br>Filed |       | :            | CANDI       | DATE   |       | СОМІ       | MITTEE            | ✓             | LOB          | BYIST   |          |              |
|--|---------------------------------|------------|----------------------|----------|---------------|-------|--------------|-------------|--|-------|------------|-------------------|---------------|--------------|---------|----------|--------------|
| Name of Filing C   | Committee, Candid               | late or Lo | obbyist:             |          | PAFT (        | (PA   | FED          | TEACH)      | COMS   | SUPT  |            |                   |               |              |         |          |              |
| Street Address:  | 1816 CHEST                      | NUT ST     |                      |          |               |       |              |             |  |       |            |                   |               |              |         |          |              |
| City:  | PHILADELPHI                     | A          |                      |          |               |       |              | State:      | PA   |       |            | Zip Co            | <b>de:</b> 19 | 103          |         |          |              |
| TYPE OF<br>REPORT  | 6TH TUESDAY<br>PRE-PRIMARY      | 1.         | 2ND FRIDA<br>PRIMARY | Y PRE    | - 2.          |       | 0 DA<br>RIMA |             | POST-  | 3.    |            | AMENDN<br>REPORT  |               | Yes          | N       | D        | $\checkmark$ |
| (place X to<br>the right of                                    | 6TH TUESDAY<br>PRE-ELECTION     | 4.         |                      |          |               |       | 0 DA         |             | POST-  | 6.    |            | TERMIN/<br>REPORT |               | Yes          | N       | D        | $\checkmark$ |
| report type)   | ANNUAL REPORT                   | 7.         | <b>Year</b> 2003     |          |               |       |              | IG METHO    |  |       |            | PAPER             |               | $\checkmark$ | DISK    | TTE      |              |
| Name of Office S   | L<br>Sought by Candida          | te:        |                      |          |               |       |              | DATE O      | OF ELECTION District Office Party Code County<br>Number Code |       |            |                   |               |              |         |          |              |
|  |                                 |            |                      |          |               |       | мо           | DAY         | YE   | AR    | Number     | Code              |               |              | Teone   | -        |              |
|  |                                 |            |                      |          |               |       |              | 11          |  | 4     | 2003       | j                 | (SEE INS      | TRUCTI       | ONS FOR | CODES    | 5)           |
|  | Receipts and                    | мо         | DAY                  | YEAR     | 2             |       |              | мо          | DAY  | YI    | EAR        | FC                | OR OFFIC      | e use        | ONLY    |          |              |
| Expenditures   | s from:                         |            | 1 1                  |          | 1             | то    | )            | 10          | 2  | 20    | 2003       |                   |               |              |         |          |              |
| A. Amount Bro  | ught Forward Fro                | m Last R   | eport                |          |               |       | \$           |             |  | 6,4   | 458.42     |                   |               |              |         |          |              |
| B. Total Monetary Contributions And Receipts (From Schedule I) |                                 |            |                      |          |               |       | \$           |             |  | 1     | 160.00     |                   |               |              |         |          |              |
| C. Total Funds Available (Sum Of Lines A and B)                |                                 |            |                      |          |               |       | \$           |             |  | 6,6   | 518.42     |                   |               |              |         |          |              |
| D. Total Expen   | ditures (From Sch               | edule II   | [)                   |          |               |       | \$           |             |  | 1,2   | 250.00     |                   |               |              |         |          |              |
| E. Ending Cash Balance (Subtract Line D From Line C)           |                                 |            |                      |          |               |       | \$           |             |  | 5,3   | 68.42      |                   |               |              |         |          |              |
| F. Value Of In-  | Kind Contribution               | s Receive  | ed (From S           | chedu    | le II)        |       | \$           |             |  |       | 0.00       | -                 |               |              |         |          |              |
| G. Unpaid Deb  | ts And Obligations              | (From S    | chedule IV           | /)       |               |       | \$           |             |  |       | 0.00       |                   |               |              |         |          |              |
|  |                                 |            |                      | AFF      | IDAV          | ΊT    | SE           | CTION       |  |       |            |                   |               |              |         |          |              |
| PART I - If this is  | s a Committee rep               | ort, trea  | surer sign           | here.    | If this       | is a  | Can          | didate re   | eport, c   | andi  | date sig   | gn here.          |               |              |         |          |              |
| I swear (or affirm)<br>correct and comple                      | ) that this report, inc<br>ete. | luding the | attached sc          | hedule   | s filed o     | n pa  | aper o       | or by elect | ronic me   | dium  | , are to t | the best o        | f my knov     | /ledge       | and bel | ief , tr | ue <u></u>   |
| Sworn to and subs  | cribed before me thi<br>day of  | S          | 20                   |          |               |       |              |             |  | S     | ignature   | e of Perso        | n Submitt     | ing Rep      | oort    |          | _            |
|  | Signatu                         | ıre        |                      |          |               | _     |              |             |  |       |            | Prin              | ted Name      |              |         |          | -            |
| My Commission Ex   | xpires                          |            |                      |          |               |       |              |             |  |       |            | Ema               | il            |              |         |          |              |
|  | мо                              | DA         | AY                   | YR       |               |       |              |             | Are  | a Coc | le         | Daytin            | ne Teleph     | one Nu       | mber    |          |              |
| Part II- If this is  | a report of a can               | didate's   | authorized           | Comn     | nittee,       | Car   | ndida        | ate shall   | sign he  | re.   |            |                   |               |              |         |          |              |
| I swear (or affirm)<br>No 320) as amende                       | that to the best of ı<br>ed.    | ny knowle  | dge and beli         | ief this | o politica    | al co | ommi         | ittee has n | ot violat  | ed an | y provis   | ions of th        | e act of Ju   | ine 3,1      | 937 (P. | L. 133   | з,           |
| Sworn to and subso   | ribed before me this            |            |                      |          |               |       |              |             |  |       | s          | ignature (        | of Candida    | te           |         |          | -            |
|  | day of                          |            |                      |          |               |       |              |             |  |       |            | Printe            | ed Name       |              |         |          | -            |
|  | Signature                       |            |                      |          |               |       |              |             |  |       |            |                   |               |              |         |          | _            |
| My Commission Exp  | bires                           |            |                      |          |               |       |              |             |  |       |            | Ema               |               |              |         |          |              |
|  | мо                              | D/         | AY                   | YR       | 1             |       |              |             | Area (   | Code  |            | D                 | aytime Te     | lephor       | e Numl  | per      | -            |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PAFT (PA FED TEACH) COM SUPT From: To: 10/20/2003 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 20.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 140.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 140.00 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 \$ 160.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

# 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 R   |                    |                                  |     | Reporting Period |      |        |                   |            |  |  |
|---|--------------------|----------------------------------|-----|------------------|------|--------|-------------------|------------|--|--|
| PAFT (PA FED TEACH) COM SUPT Fro  |                    |                                  |     |                  |      |        | <u>10/20/2003</u> |            |  |  |
|   |                    |                                  |     |                  | DATE |        |                   | AMOUNT     |  |  |
| Full Name of Contributing CommitteeNEW CASTLE AREA SCHOOL DISTRICTMailing Address420 FERN STREE |                    | мо                               | DAY | YEAR             | \$   | 140.00 |                   |            |  |  |
| City NEW CASTLE   | <b>State</b><br>PA | <b>Zip Code (Plus</b> 4<br>16101 | 4)  | 9                | 22   | 2003   |                   |            |  |  |
|   |                    |                                  |     |                  |      |        | Γ                 | PAGE TOTAL |  |  |
| Enter Grand Total of Part A on Sche   | \$                 | 140.00                           |     |                  |      |        |                   |            |  |  |

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |       |                  |          |    |      |           |    |            |  |  |
|---|-------|------------------|----------|----|------|-----------|----|------------|--|--|
| Name of Filing Committee or Candidate Reporting Period  |       |                  |          |    |      |           |    |            |  |  |
|   |       |                  | From: To |    |      | <b>D:</b> |    |            |  |  |
|   |       |                  |          |    | 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 Schedule I, Detailed Summary Page, Section 2. \$   |       |                  |          |    |      |           |    |            |  |  |

# 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 |     |      |      |            |  |  |
|--|-------|---------|------------|------------------|-----|------|------|------------|--|--|
|  |       |         |            | То:              |     |      |      |            |  |  |
|  |       |         |            | DA               | TE  |      | A    | MOUNT      |  |  |
| Full Name of Contributing Committee  |       |         |            | мо               | DAY | YEAR |      | 0.0        |  |  |
| Mailing Address  |       |         |            |                  |     |      | - \$ | 0.0        |  |  |
| City   | State | Zip Cod | e (Plus 4) |                  |     |      |      |            |  |  |
|  |       |         |            |                  |     |      |      |            |  |  |
|  |       |         |            |                  |     |      |      | PAGE TOTAL |  |  |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. |       |         |            |                  |     |      | \$   | 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  |                         |   |  | Reporting Period   |  |  |   |  |  |  |
|--|-------------------------|---|--|--|--|--|---|--|--|--|
| From:  |                         |   |  |  | m: To:   |  |   |  |  |  |
|  |                         |   |  | DATE AMOUNT  |  |  |   |  |  |  |
| Full Name of Contributor   |                         |   |  |  | YEAR   | \$   | 0.00  |  |  |  |
|  |                         |   |  |  |  |  |   |  |  |  |
| State  | Zip Code (Plu           | s 4)  |  |  |  |  |   |  |  |  |
| •  |                         |   | Occupation                                     |  |  |  |   |  |  |  |
| Employer Name Employer Mailing Address/Principal Place of Business City      |                         |   |  |  |  | Zip Code   | (Plus 4)  |  |  |  |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. |                         |   |  |  |  |  | <b>PAGE TOTAL</b><br>\$ 0.00  |  |  |  |
|  | State<br>ce of Business | State Zip Code (Plus<br>ce of Business City | State Zip Code (Plus 4)<br>ce of Business City | From:<br>DA<br>DA<br>From:<br>DA<br>MO<br>State Zip Code (Plus 4)<br>Coccupat<br>ce of Business City | From:<br>DATE<br>DATE<br>DATE<br>State Zip Code (Plus 4)<br>City Occupation<br>Ce of Business City State | From:     To       DATE       MO     DAY     YEAR       State     Zip Code (Plus 4)     Image: Comparison of the second | From: To:<br>DATE AM<br>MO DAY YEAR \$<br>State Zip Code (Plus 4)<br>Occupation<br>ce of Business City State Zip Code |  |  |  |

## 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                                       |       |            | Reporting Period |          |     |      |    |         |      |  |
|---|-------|------------|------------------|----------|-----|------|----|---------|------|--|
|   |       |            |                  | rom: To: |     |      |    |         |      |  |
|   |       |            |                  | D        | ATE |      |    | AMOUNT  |      |  |
| Full Name   |       |            |                  | мо       | DAY | YEAR | \$ |         | 0.00 |  |
| Mailing Address   |       |            |                  |          |     |      |    |         |      |  |
| City  | State | Zip Code ( | Plus 4)          |          |     |      |    |         |      |  |
| Receipt Description   | ·     | •          |                  |          |     |      | •  |         |      |  |
|   |       |            |                  |          |     |      |    | PAGE TO | TAL  |  |
| nter Grand Total of Part E on Schedule I, Detailed Summary 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   | <b>Reporting Period</b> |     |                   |  |  |  |  |  |  |  |
|---|-------------------------|-----|-------------------|--|--|--|--|--|--|--|
| PAFT (PA FED TEACH) COM SUPT  | From:                   | То: | <u>10/20/2003</u> |  |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR   |                         |     |                   |  |  |  |  |  |  |  |
| TOTAL for the Reporting Period (1) \$   |                         |     |                   |  |  |  |  |  |  |  |
| 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 (<br>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 |  |        |             |     |    |
|--|-------|-------------------|------------------|--|--------|-------------|-----|----|
| F  |       |                   |                  |  |        | То:         |     |    |
|  |       | DATE              |                  |  | AMOUNT |             |     |    |
| Full Name of Contributor                           | мо    | DAY               | YEAR             |  |        |             |     |    |
| Mailing Address                                    |       |                   |                  |  |        | <b>]</b> \$ | 0.0 | )0 |
| City   | State | Zip Code (Plus 4) |                  |  |        |             |     |    |
| Description of Contribution:                       |       |                   |                  |  |        |             |     |    |
| Enter Grand Total of Part F on Sched<br>Section 2. | le,   | PAGE TOTAL        |                  |  |        |             |     |    |
|  |       |                   |                  |  |        |             | 0.0 | 0  |

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

| Name of Filing Committee or Candidate  |               |                  |       | Reporting Period |              |                           |                       |  |  |  |
|--|---------------|------------------|-------|------------------|--------------|---------------------------|-----------------------|--|--|--|
|  |               |                  |       |                  |              | То:                       |                       |  |  |  |
|  |               |                  |       |                  | DATE         | AMOUNT                    |                       |  |  |  |
| 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  | e of Business | City             | State | e Zip            | Code(Plus 4) | Descri                    | ption of Contribution |  |  |  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed<br>Summary Page, Section 3. |               |                  |       |                  |              | <b>PAGE TOTAL</b><br>0.00 |                       |  |  |  |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |                         |                   | Reporting Period                |             |          |     |                   |  |
|---------------------------------------|-------------------------|-------------------|---------------------------------|-------------|----------|-----|-------------------|--|
| PAFT (PA FED TEACH) COM SUPT          |                         |                   | From                            |             |          | То: | <u>10/20/2003</u> |  |
|                                       |                         |                   |                                 | DATE        |          |     | AMOUNT            |  |
| To Whom Paid                          |                         |                   | мо                              | DAY         | YEAR     |     |                   |  |
| VOLUNTEERS FOR DAVE ARGALL            |                         |                   |                                 |             |          |     |                   |  |
| Mailing Address                       |                         |                   |                                 | 29          | 2003     | \$  | 500.00            |  |
| City State Zip Code (Plus 4)          |                         |                   |                                 | tion of Exp | enditure |     |                   |  |
| To Whom Paid                          |                         |                   |                                 | DAY         | YEAR     |     |                   |  |
| PHYLLIS MUNOY FOR STATE REP           |                         |                   |                                 | DAT         | TEAK     |     |                   |  |
| Mailing Address                       |                         |                   | 9                               | 29          | 2003     | \$  | 250.00            |  |
| City                                  | State Zip Code (Plus 4) |                   |                                 | tion of Exp | enditure |     |                   |  |
|                                       |                         |                   | CONT                            |             |          |     |                   |  |
| To Whom Paid                          |                         |                   | мо                              | DAY         | YEAR     |     |                   |  |
| FRIENDS OF BERNIE O'NEILL             |                         |                   |                                 |             |          |     |                   |  |
| Mailing Address                       |                         |                   | 9                               | 29          | 2003     | \$  | 200.00            |  |
| City                                  | State                   | Zip Code (Plus 4) | Description of Expenditure CONT |             |          |     |                   |  |
| To Whom Paid                          |                         |                   | мо                              | DAY         | YEAR     |     |                   |  |
| COMMITTEE FOR REP STEVE NICHOLS       |                         |                   |                                 |             |          |     |                   |  |
| Mailing Address                       |                         |                   | 10                              | 10          | 2003     | \$  | 300.00            |  |
| City                                  | State                   | Zip Code (Plus 4) | Descrip                         | tion of Exp | enditure | •   |                   |  |
|                                       |                         |                   | CONT                            |             |          |     |                   |  |
|                                       |                         |                   |                                 |             |          |     | PAGE TOTAL        |  |
| Enter Grand Total of Expenditures of  | on Page 1, Report C     | over Page, Item D |                                 |             |          | \$  | 1,250.00          |  |