### **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 2	200019	00				Report		CA	NDII	DATE		COMN	1ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, Ca	ndidate	e or Lo	bbyis	t:	Α	FTPA (	CSPE					<u> </u>						
Street Address:																			
City:	PHILADEL	_PHIA							State	e:	PA			Zip Cod	l <b>e:</b> 19	103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	•	2ND F PRIMA	RIDAY	PRE-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION		•	2ND F ELECT	RIDAY TON	PRE-	5. <b>X</b>	30 DA		Р	POST- 6.			TERMINA REPORT?	Yes	N	0	<b>/</b>	
report type)	ANNUAL REP	<b>ORT</b> 7.	•	Year 2	2016				NG ME		_			PAPER	$\checkmark$	DISK	ETTE		
Name of Office S	- Sought by Can	didate:	:						DAT	ΈO	F ELE	CTIC	ON	District Number	Office Code	Pai	ty Cod	Cour	
									МО		DAY	Υ	EAR					•	
										11		8	2016		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		d l	мо	DA	Υ \	YEAR			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	trom:			9	20	20	16 <b>T</b>	0		10		24	2016						
A. Amount Bro	ught Forward	From L	ast Re	eport				\$				24,	298.01						
B. Total Moneta	ary Contribution	ons An	d Rece	eipts (	From	Sched	ule I)	\$					795.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 25,093.01																			
D. Total Expenditures (From Schedule III) \$ 0.00																			
E. Ending Cash Balance (Subtract Line D From Line C) \$ 25,093.01																			
F. Value Of In-	Kind Contribu	tions R	eceive	d (Fro	om Scl	hedule	e II)	\$					0.00						
G. Unpaid Debt	s And Obligat	ions (F	rom S	chedu	ıle IV)			\$					0.00		,				
						AFFI	DAVI	T SE	CTIO	NC									
PART I - If this is	a Committee	report	t, treas	surer	sign h	ere. If	this is	a Car	ndidat	te re	port, c	candi	idate sig	ın here.					
I swear (or affirm) correct and complete		t, includi	ing the	attach	ed sche	edules 1	filed on	paper	or by e	electr	onic m	ediun	ı, are to t	he best of	my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me	e this		20								:	Signature	of Persor	n Submitt	ing Re	oort		_
	Sig	gnature						- -						Print	ted Name				_
My Commission Ex	rpires							_						Emai	ı				
	МО		DA	Υ		YR					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candid	late's a	author	rized C	Commi	ttee, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my l	knowle	dge an	d belief	f this p	olitical	comm	ittee h	as no	ot viola	ted aı	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subsc		this											Si	ignature o	f Candida	ite			_
	day of 							_						Printe	d Name				-
	Signat	ture						-											_
My Commission Exp	ires													Emai	I				
	мо	)	DA	Υ		YR		_			Area	Code		Da	ytime Te	elephor	ne Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	J Period		
AFTPA CSPE	From:	9/20/201	<u>.6</u> To:	10/24/2016
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	795.00
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			\$	795.00

#### **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 Candidat	Name of Filing Committee or Candidate			Reporting Period					
		F	rom:		То	:			
				DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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 Filing Commi	ttee or Candidate	F	Reporting F	Period			
		F	From:		To	):	
		•		DATE			AMOUNT
Full Name of Contributor	г		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.

#### **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	ame of Filing Committee or Candidate				Reporting Period						
			From:			То:					
				DA	TE		A	MOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR			0.00		
Mailing Address							<b>-</b>   \$		0.00		
City	State	Zip Cod	e (Plus 4)								
								PAGE TOT	AL		
Enter Grand Total of Part C on School	dule 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 Can	ame of Filing Committee or Candidate			Reporting Period						
				Fron	n:		То:			
					D	ATE		AA	MOUNT	
Full Name of Contributor					МО	DAY	YEAR	\$	0.00	
Mailing Address								7		
City	State	Zi	p Code (Plus	4)				İ		
Employer Name					Occupa	tion				
Employer Mailing Address/Princi	pal Place of Business		City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C or	n Schedule I, Detaild	ed Sumn	nary Page,	Section	on 3.			P/	AGE 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		Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` <b>!</b>	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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 Peri	od	
AFTPA CSPE	From:	<u>9/20/2016</u> <b>To:</b>	10/24/2016
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	र	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	rt 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 Car	Name of Filing Committee or Candidate					Reporting Period					
			From:			To					
				DATE			AMOUNT				
Full Name of Contributor			МО	DAY	YEAR						
Mailing Address						<b>7</b> \$	C	0.00			
City	State	Zip Code (Plus 4)									
Description of Contribution:	•		•	•							
					-						
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	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	Name of Filing Committee or Candidate					Period				
				Fro	m:		То:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi <sub>l</sub>	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period				
	From			То:					
				DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Evnenditures	on Dago 1 Bonort C	over Page Item F					PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	0.00		