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 :		Report Filed By			CAND	DATE		СОМ	MITTEE		LOBBYIST								
Name of Filing C	Committee, Ca	andida	te or Lo	bbyist:		AFTI	PA C	SPE										_	
Street Address:	1816 CH	ESTNU	JT STRE	EET															
City:	PHILADE	LPHIA							State:	PA			Zip Code: 19103						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDA' PRIMARY	ND FRIDAY PRE- 2. RIMARY				ARY	POST-	3.		AMENDM REPORT?		Yes	No	•		
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY PRE- 5 ELECTION			5.	30 DA ELECT		POST-	OST- 6.			ATION ?	Yes	No	•	/	
report type)	ANNUAL REP	PORT	7. X						FILING METHOD () CHECK ONE					PAPER DISKETTE					
Name of Office S	Sought by Can	ndidate	e:						DATE C	F ELE	CTIO	N	District Number	Office Code	Pai	rty Code	Count	ty	
									МО	DAY	YE	AR	rumber	Couc	ı		couc		
									11		8	2016	(SEE INSTRUCTIONS FOR CODES)						
Summary of Expenditures		nd	МО	DAY	YEAR	2		_	МО	DAY YEAR FOR OFFICE USE ONLY									
			1	.1 29	2	016	Т	<u> </u>	12	12 31 2016									
A. Amount Bro	ught Forward	l From	Last Re	eport				\$			25,845.01								
B. Total Monetary Contributions And Receipts (From Schedule I)												727.50							
C. Total Funds Available (Sum Of Lines A and B) \$ 26,572.51																			
D. Total Expenditures (From Schedule III) \$ 1,000.00																			
E. Ending Cash Balance (Subtract Line D From Line C)								\$			25,5	72.51							
F. Value Of In-	Kind Contribu	utions	Receive	ed (From Se	chedu	le II)	\$				0.00							
G. Unpaid Debt	s And Obligat	tions ((From S	chedule IV)			\$				0.00			•				
					AFF	IDA	١٧٧	T SE	CTION										
PART I - If this is		-	•							-									
I swear (or affirm) correct and comple		rt, inclu	iding the	attached scl	nedule	s filed	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tru	ie.	
Sworn to and subs	cribed before m	ne this		20							S	ignature	of Perso	n Submit	ting Re	port		-	
								- -					Prin	ted Name	e			-	
My Commission Ex	•	gnature	e										Ema	il				-	
	мо		DA	Υ	YR			-		Ar	ea Cod	le	Daytim	e Telepi	none Nu	mber		-	
Part II- If this is	a report of a	candi	idate's a	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.							ī	
I swear (or affirm) No 320) as amende		st of my	y knowle	dge and beli	ef this	polit	ical	commi	ittee has r	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	,	
Sworn to and subsc	ribed before me	e this										S	ignature o	of Candid	ate			-	
	day of							_					Duint-	d Name				-	
	Signa	ature						-					Printe	d Name					
My Commission Exp	_	acul C											Ema	il				⁻	
	Mo	0	DA	ΛΥ	YR	1		•		Area	Code		Da	aytime T	elephor	ne Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate		_		
AFTPA CSPE	From:	11/29/2	2 <u>016</u> To :	12/31/2016
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	727.50
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	J 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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa	nd enter am ge, Item B.	ount)	\$	727.50

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	Reporting Period						
		'	From:		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.

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.

Full Name of Contributor Mo DAY YEAR Mailing Address City State Zip Code (Plus 4)	MINT
Full Name of Contributor MO DAY YEAR Mailing Address \$	IINT
MO DAY YEAR Mailing Address \$	OITI
City State Zip Code (Plus 4)	0.00
PA	E TOTAL

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		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		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 Candidate Re					eporting Period					
	om: To:									
				D	ATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address				1						
City	State	Zip Code (Plu	s 4)							
Employer Name				Occupa	tion					
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)		
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE 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 Company Dome C	` !	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 Per	iod	
AFTPA CSPE	From:	11/29/2016 To:	<u>12/31/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candi	Reporting Period						
	From:			То:			
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	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					Reporting Period					
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

1,000.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
AFTPA CSPE				From	11/29	9/2016	То:	<u>12/31/2016</u>	
			·		DATE			AMOUNT	
To Whom Paid				МО	DAY	YEAR			
FRIENDS OF JUDGE MCLAUGHL	IN			1-10	27.1.				
Mailing Address				12	1	2016	\$	1,000.00	
City State Zip Code (Plus 4)					ion of Exp	enditure	•		
PA CONTRIBUTION									
								PAGE TOTAL	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.