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 2000	190			-	port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		AFT	-PEN	NNSYL	-VANIA									
Street Address:																	
City:	PHILADELPHI	Α						State:	PA			Zip Cod	ie: 19	9103-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	1. X 2ND FRIDAY PRE				30 DA PRIMA					AMENDM REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	2ND FRIDAY PRE- 5. 30 DAY POST- 6. ELECTION				POST- 6.			TERMINA REPORT?		Yes	No	•	\	
report type)	ANNUAL REPORT	7.	Year 2018					NG METHO CHECK O				PAPER		V	DISKE	TTE	
Name of Office S	Sought by Candida	te:						DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR	Number	code			couc	
								11		6	2018		(SEE IN	ISTRUCTI	ONS FOR O	ODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR	L			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures			1 2	2	018	Т	<u> </u>	3	:	26	2018						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			10,7	720.49						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	: I)	\$			1,8	356.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			12,5	76.49						
D. Total Expen	ditures (From Sch	edule II	I)				\$			1,0	00.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line (C)			\$			11,5	76.49						
F. Value Of In-	Kind Contribution	s Receiv	ed (From So	chedu	le II	:)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•			
				AFF	IDA	١٧٢	T SE	CTION									
	s a Committee rep	-	_								_						
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sch	nedules	s filed	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	1e
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	ort		-
							- -					Prin	ted Nam	e			-
My Commission Ex	Signatu opires	ire										Ema	il				-
	МО	D.	AY	YR			-		Are	ea Cod	le		e Telepi	none Nu	mber		-
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowl	edge and beli	ef this	polit	tical	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 subso	ribed before me this										Si	ignature o	of Candid	ate			-
	day of						_										_
	Signature						-					Printe	d Name				
My Commission Exp	-											Ema	il				_
	МО	D	AY	YR	1		-		Area	Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
AFT-PENNSYLVANIA	From:	1/2/201	<u>.8</u> To:	3/26/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	1,856.00
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	J 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			\$	1,856.00

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 Candidate			Reporting Period					
		F	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.

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 Committee or Candidate			Reporting Period						
			Fro	m:		To) :		
					DATE			AMOUNT	
Full Name of Contributor									
				МО	DAY	YEAR			
Mailing Address				МО	DAY	YEAR	\$		0.00
Mailing Address City	State	Zip Code (Plus 4)	МО	DAY	YEAR	\$		0.00

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.

lame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
<u> </u>	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
Enter Grand Total of Part C on Scheo	lule 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				Rep	orting Pe	eriod			
				Fron	n:		Te) :	
					D	ATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zip	Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Sเ	umma	ary Page,	Section	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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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	Reporting Period		
AFT-PENNSYLVANIA	From:	<u>1/2/2018</u> To:	<u>3/26/2018</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candidate				Reporting Period					
						То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address						7 \$		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 Sun	ımary 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				porting	Period				
				Fro	m:		To:			
						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	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

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Name of Filing Committee or Candidate				Reporting Period					
AFT-PENNSYLVANIA				<u>1/2</u>	2/2018	То:	3/26/2018			
				DATE			AMOUNT			
To Whom Paid			мо	DAY	YEAR					
Friends of Steve McCarter			1.10							
Mailing Address			2	12	2018	\$	500.00			
City Glenside	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure	•				
	PA	19038	Contribu	ution						
To Whom Paid			мо	DAY	YEAR					

Mailing Address 3 14 2018	Friend	Friends to Elect Christine M Tartaglione					YEAR	
	Mailing Address				3	14	2018	\$ 500.00
City Philadelphia State Zip Code (Plus 4) Description of Expenditure	City	Philadelphia	State	Zip Code (Plus 4)	Descript	tion of Exp		
PA 19149 Contribution	PA 19149				Contribu	ution		

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

PAGE TOTAL

\$ 1,000.00