### **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 200	0190				port ed B		CAND	DATE		соми	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		AFT	PA C	SPE										_
Street Address:	1816 CHEST	NUT STR	EET														
City:	PHILADELPH:	IA						State:	PA			Zip Cod	le: 19	9103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	`	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6. <b>X</b>		TERMINA REPORT		Yes	No	•	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2017					IG METH				PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	Sought by Candida	ate:	•					DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Count	y
								МО	DAY	YI	AR	- rumber	couc	<u> </u>		Couc	
								11		7	2017		(SEE IN	STRUCTI	ONS FOR C	ODES)	_
,	Receipts and	МО	DAY	YEAR	1		'	МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		10 24	2	017	T	0	11		27	2017						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			11,8	314.49						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			4	197.00						
C. Total Funds	Available (Sum 0	f Lines A	and B)				\$			12,3	311.49						
D. Total Expend	ditures (From Scl	nedule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C	)			\$			12,3	11.49						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Scl	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV)	ı			\$				0.00			•			
				AFF	ΊD	AVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. 1	[f th	nis is	a Can	didate r	eport, d	candi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	cluding the	e attached sche	edules	file	d on	paper (	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	Э,
Sworn to and subs	cribed before me th day of	is	20							S	Signature	of Perso	n Submit	ting Rep	ort		•
	Signat	ure					-					Prin	ted Name	e			-
My Commission Ex	kpires						_					Ema	il				١.
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Telepl	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized C	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	f this	poli	itical	commi	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this day of	<b>i</b>	20								s	ignature o	of Candid	ate			۱.
							-					Printe	d Name				-
My Commission F	Signature						-					Ema	il				.
My Commission Exp							_										
	МО	D	AY	YR			-		Area	Code		Da	ytime T	elephon	e Numbe	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
AFTPA CSPE	From:	10/24/2017	<u>7</u> To:	11/27/2017
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	497.00
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	J 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			\$	497.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate				porting				
			Fre	om:		То	:	
		-			DATE			AMOUNT
Full Name of Contributin	ng Committee			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.

**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:					
			l		DATE			AMOUNT		
Full Name of Contributor				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.

**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 Report			Reporting	orting Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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				Reporting Period					
			Fron	n:		):	:		
				D	ATE		АМО	TNUC	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	5 4)						
Employer Name				Occupa	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.			PA(	<b>GE TOTAL</b> 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 Car	Name of Filing Committee or Candidate			ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·		•			•	
Enter Grand Total of Part E on	Schedule T. Detailed	l Summary Page.	Section	4.			P	AGE TOTAL
	2, <b>2000</b>		22300				\$	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	od	
AFTPA CSPE	From:	10/24/2017 <b>To:</b>	11/27/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	₹	
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 Ro				g Period			
	From:		То:				
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II, In-Kir	nd Contributions Deta	iled 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					Re	porting	Period				
F					Fro	From:			То:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YE	EAR		
Mailing Address										\$	0.00
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	•		•			Occupa	ation	•			
Employer Mailing Address/Principal P Business	Place of	City		State		Zip 4)	Code(Plus	De	escrip	tion o	f Contribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL
Summary Page, Section 3.						0.00					

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti						
	From			То:			
				DATE			AMOUNT
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item			<b>).</b>			\$	0.00