### **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 :	Filer Identification 2000190 Number :								CA	NDI	DATE		COM	4ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee,	Candida	ate or L	obbyis	t:	Α	FTPA	CSPE											
Street Address:																			
City:	PHILA	DELPHIA	A						State	e:	PA			Zip Cod	l <b>e:</b> 19	103			
TYPE OF REPORT	6TH TUESE PRE-PRIMA		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 TUESE PRE-ELECT		4.	2ND F ELECT		PRE-	5.	30 DA	AY TION	Р	OST-	6.		TERMINA REPORT?		Yes	N	0	<b>\</b>
report type)	ANNUAL F	REPORT	7. <b>X</b>	Year	2017				NG MI CHEC		_			PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	Sought by (	Candidat	e:						DAT	ΈO	F ELE	CTIC	N	District Number	Office Code	Pai	rty Cod	Code	
									МО		DAY	YI	EAR			•			
										11		7	2017		(SEE INS	STRUCTI	ONS FOR	CODES	)
Summary of		and	МО	DA	Υ	YEAR			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	from:			11	28	20	17 <b>1</b>	О		12		31	2017						
A. Amount Bro	ught Forwa	ard From	ı Last R	eport				\$				12,	311.49						
B. Total Moneta	ary Contrib	outions A	and Rec	eipts (	From	Sched	ule I)	\$	5			;	809.00						
C. Total Funds	Available (	(Sum Of	Lines A	and B	3)			\$	5			13,	220.49						
D. Total Expend	ditures (Fr	om Sche	dule II	I)				\$	5			2,5	500.00						
E. Ending Cash	Balance (	Subtract	Line D	From	Line C	)		\$	5			10,7	720.49						
F. Value Of In-	Kind Contr	ibutions	Receiv	ed (Fr	om Sc	hedule	e II)	\$	5				0.00						
G. Unpaid Debt	s And Obli	gations	(From S	Schedu	ıle IV)	)		\$	5				0.00						
						AFFI	DAVI	T SE	CTI	NC									
PART I - If this is		-	-		_														
I swear (or affirm) correct and comple		port, inclu	uding the	attach	ed sch	edules	filed on	paper	or by	electr	onic m	edium	ı, are to t	he best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed befor day of	e me this		20								5	Signature	of Persor	Submitt	ing Re	port		_
		Signatur	·e					<u>-</u>						Print	ed Name				_
My Commission Ex	cpires							_		•				Emai	I				
	М	10	D	AY		YR					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report o	of a cand	idate's	autho	rized (	Commi	ittee, (	Candid	late s	hall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge an	ıd belie	f this p	oolitical	comm	nittee l	nas no	ot viola	ted ar	ny provis	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed before day of	me this		20									s	ignature o	f Candida	ite			_
				_ 20 _				_						Printe	d Name				-
	Si	gnature						_											_
My Commission Exp	ires													Emai	ı				
	_	мо	D	AY		YR		_			Area	Code		Da	ytime Te	elephoi	ne Num	ber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
AFTPA CSPE	From:	11/28/201	<u>7</u> To:	12/31/2017
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	909.00
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			\$	909.00

#### **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	e		Reporting	Period			
			From:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing 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

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 Filing Commit	tee or Candidate	Ţ,	Reporting F	Period			
		1	From:		To	<b>o</b> :	
		•		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.

9/16/2025 2:37:53 PM

#### **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							<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 Candidate			Rep	orting Pe	riod			
			Fror	n:		To	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary 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:		
				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 Dome 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 Per	iod	
AFTPA CSPE	From:	<u>11/28/2017</u> <b>To:</b>	12/31/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Car	ndidate		Reportin	g 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				Rep	orting	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.	<b></b>									0.00

PAGE TOTAL

2,500.00

\$

## STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
AFTPA CSPE			From	11/28	<u>3/2017</u>	То:	12/31/2017
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
TOMLINSON FOR STATE SENA	TE		1-10				
Mailing Address			12	6	2017	\$	500.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17108	CONTR	IBUTION			
To Whom Paid			МО	DAY	YEAR		
LINDSEY WILLIAMS FOR PA			140	Jan.	ILAK		
Mailing Address			12	18	2017	\$	2,000.00
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	15229					

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