#### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number :            | <b>on</b> 20                 | 00190        |                       |            |         | port       |                | CANDI               | DATE     |             | СОМ        | <b>ITTEE</b>       | ✓              | LOBI     | BYIST     |                |   |
|---|------------------------------|--------------|-----------------------|------------|---------|------------|----------------|---------------------|----------|-------------|------------|--------------------|----------------|----------|-----------|----------------|---|
| Name of Filing C                          | Committee, Cand              | lidate or L  | obbyist:              |            | AFT     | -PEI       | NSYL           | -VANIA              |          |             |            |                    |                |          |           |                |   |
| Street Address:                           | PO BOX 20                    | 18           |                       |            |         |            |                |                     |          |             |            |                    |                |          |           |                |   |
| City:                                     | ERIE                         |              |                       |            |         |            |                | State:              | PA       |             |            | Zip Cod            | <b>ie:</b> 16  | 5512-0   | 000       |                |   |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY   | 1.           | 2ND FRIDA<br>PRIMARY  | Y PRE      | - 2     | 2.         | 30 DA<br>PRIMA |                     | POST-    | 3. <b>X</b> |            | AMENDM<br>REPORT?  |                | Yes      | No        | ~              |   |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION  | 4.           | 2ND FRIDA<br>ELECTION | y pri      | E- !    | 5.         | 30 DA<br>ELECT |                     | POST-    | 6.          |            | TERMINA<br>REPORT? |                | Yes      | No        | ~              |   |
| report type)                              | ANNUAL REPOR                 | <b>RT</b> 7. | <b>Year</b> 2017      |            |         |            |                | NG METHO<br>CHECK O |          |             |            | PAPER              |                | <b>\</b> | DISKE     | TTE            |   |
| Name of Office S                          | -<br>Sought by Candi         | date:        |                       |            |         |            |                | DATE O              | F ELE    | CTIO        | N          | District<br>Number | Office<br>Code | Par      | ty Code   | County<br>Code |   |
|   |                              |              |                       |            |         |            |                | МО                  | DAY      | YE          | AR         |                    | 10000          | <u> </u> |           |                |   |
|   |                              |              |                       |            |         |            |                | 11                  |          | 7           | 2017       |                    | (SEE IN        | ISTRUCTI | ONS FOR ( | CODES)         |   |
| Summary of Expenditures                   | Receipts and                 | МО           | DAY                   | YEAR       |         | _          | _              | МО                  | DAY      |             | AR         | FO                 | R OFFI         | CE USE   | ONLY      |                |   |
|   |                              |              | 5 2                   | 2          | 017     | I          | 0              | 6                   |          | 5           | 2017       |                    |                |          |           |                |   |
| A. Amount Bro                             | ught Forward Fr              | om Last F    | Report                |            |         |            | \$             |                     |          | 27,0        | 50.74      |                    |                |          |           |                |   |
| B. Total Monet                            | ary Contribution             | s And Red    | eipts (From           | ) Sche     | dule    | (I)        | \$             |                     |          | 3,5         | 01.25      |                    |                |          |           |                |   |
| C. Total Funds                            | Available (Sum               | Of Lines A   | and B)                |            |         |            | \$             |                     |          | 30,5        | 51.99      |                    |                |          |           |                |   |
| D. Total Expend                           | ditures (From S              | chedule II   | II)                   |            |         |            | \$             |                     |          | 5,3         | 35.00      |                    |                |          |           |                |   |
| E. Ending Cash                            | Balance (Subtr               | act Line D   | From Line             | C)         |         |            | \$             |                     |          | 25,2        | 16.99      |                    |                |          |           |                |   |
| F. Value Of In-                           | Kind Contribution            | ns Receiv    | ed (From S            | chedu      | le II   | <b>:</b> ) | \$             |                     |          |             | 0.00       |                    |                |          |           |                |   |
| G. Unpaid Debt                            | s And Obligatio              | ns (From     | Schedule IV           | <b>'</b> ) |         |            | \$             |                     |          |             | 0.00       |                    |                | •        |           |                |   |
|   |                              |              |                       | AFF        | IDA     | \VI        | T SE           | CTION               |          |             |            |                    |                |          |           |                |   |
| PART I - If this is                       |                              |              | _                     |            |         |            |                |                     |          |             | _          |                    |                |          |           |                |   |
| I swear (or affirm)<br>correct and comple |                              | ncluding th  | e attached scl        | hedule     | s filed | d on       | paper (        | or by elect         | ronic m  | edium       | , are to t | the best o         | f my kno       | wledge   | and beli  | ef , true      |   |
| Sworn to and subs                         | cribed before me t<br>day of | :his         | 20                    |            |         |            |                |                     |          | s           | ignature   | of Perso           | n Submit       | ting Rep | ort       |                |   |
|   |                              |              |                       |            |         |            | -<br>-         |                     |          |             |            | Prin               | ted Nam        | e        |           |                |   |
| My Commission Ex                          | Signa<br>opires              | iture        |                       |            |         |            |                |                     |          |             |            | Ema                | il             |          |           |                |   |
|   | мо                           | D            | AY                    | YR         |         |            | _              |                     | Are      | ea Cod      | e          | Daytim             | e Telepi       | hone Nu  | mber      |                |   |
| Part II- If this is                       | a report of a ca             | ndidate's    | authorized            | Comn       | nitte   | e, C       | andida         | ate shall           | sign h   | ere.        |            |                    |                |          |           |                | Ī |
| I swear (or affirm)<br>No 320) as amende  |                              | of my knowl  | edge and beli         | ef this    | polit   | tical      | commi          | ittee has n         | ot viola | ted an      | y provis   | ions of the        | e act of J     | une 3,1  | 937 (P.L  | . 1333,        | 1 |
| Sworn to and subsc                        | ribed before me th           | nis          |                       |            |         |            |                |                     |          |             | s          | ignature o         | of Candid      | late     |           |                |   |
|   | day of<br>—— ———             |              |                       |            |         |            | _              |                     |          |             |            | Drinto             | d Name         |          |           |                |   |
|   | Signatu                      | ·e           |                       |            |         |            | -              |                     |          |             |            | Printe             | и нате         |          |           |                |   |
| My Commission Exp                         | _                            | <del>-</del> |                       |            |         |            |                |                     |          |             |            | Ema                | il             |          |           |                |   |
|   | МО                           | D            | AY                    | YR         | t       |            | •              |                     | Area     | Code        |            | Da                 | aytime T       | elephor  | ne Numb   | er             |   |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | Period |                 |          |
|--|-----------|--------|-----------------|----------|
| AFT-PENNSYLVANIA   | From:     | 5/2/20 | 017 <b>To</b> : | 6/5/2017 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |        |                 |          |
| TOTAL for the Reporting  | ) Period  | (1)    | \$              | 1,439.82 |
| 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)   |           |        | \$              | 1,471.43 |
| TOTAL for the Reporting  | Period    | (2)    | \$              | 1,471.43 |
| 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)   |           |        | \$              | 340.00   |
| TOTAL for the Reporting  | Period    | (3)    | \$              | 340.00   |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |        |                 |          |
| TOTAL for the Reporting  | ) Period  | (4)    | \$              | 250.00   |
|  |           |        | 1               |          |
| 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 |           |        | \$              | 3,501.25 |

#### **PART A**

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

\$50.01 TO \$250.00

|                         | this Part to itemize only with an aggregate valu |                  |                  |    |      |      |               |            |
|-------------------------|--|------------------|------------------|----|------|------|---------------|------------|
| Name of Filing Comm     | nittee or Candidate                              |                  | Reporting Period |    |      |      |               |            |
|                         |  |                  | From:            |    |      | То   | :             |            |
|                         |  | <u> </u>         |                  |    | DATE |      |               | AMOUNT     |
| Full Name of Contributi | ing Committee                                    |                  |                  | МО | DAY  | YEAR |               |            |
| Mailing Address         |  |                  |                  |    |      |      | \$            | 0.00       |
| City                    | State  | Zip Code (Plus 4 | )                |    |      |      |               |            |
|                         | •  | ·                |                  |    | •    | •    | $\overline{}$ | DACE TOTAL |

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 Filing Committee or Candidat           | e                  |                                   | Rep  | orting Pe | eriod       |                 |    |          |
|--|--------------------|-----------------------------------|------|-----------|-------------|-----------------|----|----------|
| AFT-PENNSYLVANIA                               |                    |                                   | Froi | m:        | <u>5/2/</u> | 2017 <b>T</b> o | ): | 6/5/2017 |
|  |                    |                                   |      |           | DATE        |                 |    | AMOUNT   |
| Full Name of Contributor MICHAEL R. ANDERSON   |                    |                                   |      | МО        | DAY         | YEAR            |    |          |
| Mailing Address 7075 OLD RIDGE R               | OAD                |                                   |      |           |             |                 | \$ | 59.68    |
| City FAIRVIEW                                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16415 |      | 11        | 3           | 2017            |    |          |
| Full Name of Contributor RONALD J. HAENER, JR. |                    |                                   |      | МО        | DAY         | YEAR            |    |          |
| Mailing Address 4212 WOODSDALE  City ERIE      | AVENUE State PA    | <b>Zip Code (Plus 4)</b><br>16510 |      | 11        | 3           | 2017            | \$ | 67.74    |
| Full Name of Contributor KURT W. MEIGHEN       |                    |                                   |      | МО        | DAY         | YEAR            |    |          |
| Mailing Address 5 NATHAN COURT                 |                    |                                   |      |           |             |                 | \$ | 67.84    |
| City DUBOIS                                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15801 |      | 11        | 3           | 2017            |    |          |
| Full Name of Contributor KEITH D. RICHARDS     |                    |                                   |      | мо        | DAY         | YEAR            |    |          |
| Mailing Address 4042 WEST 32ND S  City ERIE    | State PA           | <b>Zip Code (Plus 4)</b><br>16506 |      | 11        | 3           | 2017            | \$ | 56.00    |
| Full Name of Contributor MARK C. SCHAEFER      |                    |                                   |      | МО        | DAY         | YEAR            |    |          |
| Mailing Address 515 SHAWNEE DRI                | VE                 |                                   |      |           |             |                 | \$ | 52.24    |
| City ERIE                                      | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16505 |      | 11        | 3           | 2017            |    |          |

| Full Name of Contributor MICHAEL D. COLPOYS  Mo DAY YEAR  Mailing Address 5841 COBBLESTONE DRIVE  City ERIE  State Zip Code (Plus 4)  11 3 2017   |        |     |                |   |     |    |            |   |                             |   |  |  |
|---|--------|-----|----------------|---|-----|----|------------|---|-----------------------------|---|--|--|
| MICHAEL D. COLPOYS  Mailing Address 5841 COBBLESTONE DRIVE  \$ 1  |        | II. | YEAR           |   | DAY |    | МО         |   |                             |   |  |  |
| \$ 1   \$   \$   1   3   2017   |        |     |                |   |     |    |            |   |                             |   | D. COLPOYS   | ICHA   |
|   | 176.00 | \$  |                |   |     |    |            |   | DRIVE                       | 41 COBBLESTON   | ddress 5   | ailing   |
|   |        |     | 2017           | 3 | :   | 11 | 11         | Zip Code (Plus 4)                                   | tate                        |   | OIE  | ty   |
| PA 16509  |        |     |                |   |     |    |            | 16509   | Ά                           |   | VIL.   |  |
| Full Name of Contributor  MO DAY YEAR   |        |     | YFAR           |   | DAY |    | МО         |   |                             | or  | of Contribu  | ıll Na   |
| MICHAEL P. KASPRZAK   |        |     | ILAK           |   |     |    | 140        |   |                             | <   | P. KASPRZA   | ICHA   |
|   | 80.54  | \$  |                |   |     |    |            |   | IVE                         | 0 HUNTINGTON  | ddress 7   | ailing   |
| City         ERIE         State         Zip Code (Plus 4)         11         3         2017   |        |     | 2017           | 3 | :   | 11 | 11         | Zip Code (Plus 4)                                   | tate                        |   | RIF  | ty   |
| PA 16505  |        |     |                |   |     |    |            | 16505   | A                           |   |  |  |
| Full Name of Contributor STEVEN G. GLASS  MO DAY YEAR   |        |     | YEAR           |   | DAY |    | мо         |   |                             |   |  |  |
| Mailing Address 175 KAYLA WAY \$  | 53.00  | \$  |                |   |     |    |            |   |                             | '5 Kayla way  | ddress 1   | ailing   |
|   |        |     | 2017           | 3 | :   | 11 | 11         | Zip Code (Plus 4)                                   | tate                        |   | ATEREORD   | ty   |
|   |        |     |                |   |     |    | 1          | p ccac (a,  |                             |   | , III LIII OIID  |  |
| City         WATERFORD         State         Zip Code (Plus 4)         11         3         2017           PA         16441         16441         11         3         2017   |        |     |                |   |     |    |            |   | 'A                          |   |  |  |
| City WATERFORD State Zip Code (Pius 4)  |        |     | YEAR           |   | DAY |    | МО         |   | Α                           | or  | of Contribu  | ıll Na   |
| Full Name of Contributor STEVEN L. WILLIAMS  Mailing Address 425 SMITH ROAD  State PA 16441  MO DAY YEAR  \$  | 58.88  | \$  | YEAR           |   |     |    | мо         |   | Α                           |   | of Contribu  | ı <b>ll Na</b> ι<br>ΓΕVΕΙ  |
| Full Name of Contributor STEVEN L. WILLIAMS  Mailing Address 425 SMITH ROAD  State PA 16441  MO DAY YEAR  \$ 11 3 2017  | 58.88  | \$  |                | 3 |     |    |            | 16441   |                             |   | e of Contribu<br>WILLIAMS  | ull Na<br>TEVEN  |
| Full Name of Contributor STEVEN L. WILLIAMS  Mailing Address 425 SMITH ROAD  \$ 215 Code (Plus 4)   | 58.88  | \$  |                | 3 |     |    |            | 16441  Zip Code (Plus 4)                            | tate                        |   | e of Contribu<br>WILLIAMS  | ull Na<br>TEVEN  |
| Full Name of Contributor STEVEN L. WILLIAMS  Mailing Address 425 SMITH ROAD  City HADLEY  State PA 16441  MO DAY YEAR  \$ 2ip Code (Plus 4)  11 3 2017  | 58.88  | \$  | 2017           |   |     | 11 | 11         | 16441  Zip Code (Plus 4)                            | tate                        | 25 SMITH ROAD   | e of Contribu  WILLIAMS  ddress 4  ADLEY   | ull Nai<br>FEVEI<br>ailing<br>ty   |
| Full Name of Contributor STEVEN L. WILLIAMS  Mo DAY YEAR  Mailing Address 425 SMITH ROAD  City HADLEY  State PA I6130  Full Name of Contributor JEFFREY J. KITTKA  Mo DAY YEAR  **  **  **  **  **  **  **  **  **  | 58.88  |     | 2017<br>YEAR   |   | DAY | 11 | 11         | 16441  Zip Code (Plus 4)                            | tate<br>'A                  | 25 SMITH ROAD   | e of Contribu  WILLIAMS  ddress 4  ADLEY  e of Contribu  J. KITTKA   | ull National |
| Full Name of Contributor STEVEN L. WILLIAMS  Mailing Address 425 SMITH ROAD  City HADLEY  Full Name of Contributor PA  State PA  2ip Code (Plus 4) 11 3 2017  Full Name of Contributor JEFFREY J. KITTKA  Mo  DAY  YEAR  *  Mo  DAY  YEAR  *  Tin Code (Plus 4) 11 3 2017   |        |     | 2017<br>YEAR   |   | DAY | 11 | - 11<br>MO | 2ip Code (Plus 4)<br>16130                          | tate<br>PA                  | 25 SMITH ROAD   | e of Contribution  and Contribution  by the contribution of Contribution  contribution  didress  1   | ull Nai  |
| Full Name of Contributor STEVEN L. WILLIAMS  Mailing Address 425 SMITH ROAD  City HADLEY  Full Name of Contributor PA  State PA  Zip Code (Plus 4) 11 3 2017  Full Name of Contributor JEFFREY J. KITTKA  MO  DAY  YEAR  *  MO  DAY  YEAR  \$  11 3 2017  |        |     | 2017<br>YEAR   |   | DAY | 11 | - 11<br>MO | Zip Code (Plus 4)<br>  16130<br>  Zip Code (Plus 4) | tate<br>A                   | 25 SMITH ROAD   | e of Contribution  and Contribution  by the contribution of Contribution  contribution  didress  1   | ull Nai  |
| Full Name of Contributor STEVEN L. WILLIAMS  Mailing Address 425 SMITH ROAD  City HADLEY  State PA 16130  Full Name of Contributor JEFFREY J. KITTKA  Mailing Address 19889 ARTHUR STREET  City MEADVILLE  State Zip Code (Plus 4) 16130  MO DAY YEAR  *  Today Code (Plus 4) 11 3 2017  *  Today Code (Plus 4) 11 3 2017 |        |     | 2017 YEAR 2017 |   | DAY | 11 | MO 11      | Zip Code (Plus 4)<br>  16130<br>  Zip Code (Plus 4) | tate<br>A                   | or<br>0889 ARTHUR STF   | e of Contribution  and Contribution  by of Contribution  | III Nai  |
| Full Name of Contributor   STEVEN L. WILLIAMS   MO   DAY   YEAR   |        |     | 2017 YEAR 2017 |   | DAY | 11 | MO 11      | Zip Code (Plus 4)<br>  16130<br>  Zip Code (Plus 4) | tate<br>A                   | or<br>0889 ARTHUR STF   | e of Contribution  and Contribution  by of Contribution  | III Nai  |
| Full Name of Contributor STEVEN L. WILLIAMS  Mailing Address 425 SMITH ROAD  City HADLEY  State PA 16130  Full Name of Contributor JEFFREY J. KITTKA  Mailing Address 19889 ARTHUR STREET  City MEADVILLE  State PA 16335  Full Name of Contributor JEFRADUILLE  State PA 16335  Full Name of Contributor Amount Day YEAR  \$  Full Name of Contributor Amount Day YEAR  State PA 16335  Full Name of Contributor RONALD L. CARDWELL, JR.  Mailing Address 1555 MONTGOMERY ROAD   |        | \$  | 2017 YEAR 2017 | 3 | DAY | 11 | MO 11      | Zip Code (Plus 4)<br>  16130<br>  Zip Code (Plus 4) | etate PA  ET  tate PA       | or<br>0889 ARTHUR STE   | e of Contribution  and Contribution  by of Contribution  contribution  contribution  didress  1  EADVILLE  contribution  contrib | III Nai  |
| Full Name of Contributor STEVEN L. WILLIAMS  Mailing Address 425 SMITH ROAD  City HADLEY  Full Name of Contributor JEFFREY J. KITTKA  Mo DAY  YEAR  Full Name of Contributor JEFFREY J. KITTKA  Mailing Address 19889 ARTHUR STREET  City MEADVILLE  State Zip Code (Plus 4) 11 3 2017  Full Name of Contributor JEFREY J. KITTKA  Mo DAY  YEAR  Full Name of Contributor PA 16335  Full Name of Contributor RONALD L. CARDWELL, JR.  Mailing Address 15EE MONTCOMEDY ROAD  | 54.90  | \$  | 2017 YEAR 2017 | 3 | DAY | 11 | MO 11      | Zip Code (Plus 4) 16130  Zip Code (Plus 4) 16335    | etate PA  ET  tate PA  ROAD | or<br>0889 ARTHUR STE<br>000<br>000<br>000<br>000<br>000<br>000<br>000<br>000<br>000<br>0 | e of Contribution  and Contribution  by Contribution  cont | ull Nailing ty ull Nailing tty ull Nailing ONAL  |

|  |  |                                |                                 |           |               |                      | PAGE |        |
|--|--|--------------------------------|---------------------------------|-----------|---------------|----------------------|------|--------|
| Full Name of Cont  | tributor   |                                |                                 |           |               |                      |      |        |
| STEVEN J. CONLI  | ΕY   |                                |                                 | МО        | DAY           | YEAR                 |      |        |
| Mailing Address  | 200 LONGBOW LAN  | IE                             |                                 |           |               |                      | \$   | 62.12  |
| City MARS  |  | State                          | Zip Code (Plus 4)               | 11        | 17            | 2017                 |      |        |
| · MAKS   |  | PA                             | 16046                           |           |               |                      |      |        |
| Full Name of Cont  | tributor   |                                |                                 | мо        | DAY           | YEAR                 |      |        |
| Mailing Address  | 3219 ELLA LEE LAN  | IE                             |                                 |           |               |                      | \$   | 55.76  |
| City HOUSTON   |  | State                          | Zip Code (Plus 4)               | 11        | 17            | 2017                 |      |        |
| City HOUSTON   | V  | TX                             | 77019                           |           |               |                      |      |        |
| Full Name of Contributor JOHN P. MCGINNIS  |  |                                |                                 |           | DAY           | YEAR                 |      |        |
| Mailing Address  | 1825 DUNSTAN RO  | AD                             |                                 |           |               |                      | \$   | 120.20 |
| City HOUSTON   | N  | State                          | Zip Code (Plus 4)               | 11        | 17            | 2017                 |      |        |
|  |  | TX                             | 77005                           |           |               |                      |      |        |
| Full Name of Contributor   |  |                                |                                 |           |               |                      |      |        |
| Full Name of Cont<br>KEVIN M. RYAN   | tributor   |                                |                                 | мо        | DAY           | YEAR                 |      |        |
|  | tributor<br>189 SOUTH GARNE  | T BEND                         |                                 | МО        | DAY           | YEAR                 | \$   | 80.00  |
| KEVIN M. RYAN  | 189 SOUTH GARNE  | T BEND                         | Zip Code (Plus 4)               | <b>MO</b> | <b>DAY</b> 17 | <b>YEAR</b> 2017     | \$   | 80.00  |
| KEVIN M. RYAN  Mailing Address   | 189 SOUTH GARNE  |                                | <b>Zip Code (Plus 4)</b> 77382  |           |               |                      | \$   | 80.00  |
| KEVIN M. RYAN  Mailing Address   | 189 SOUTH GARNE  DDLANDS  tributor   | State                          |                                 |           | 17            |                      | \$   | 80.00  |
| Mailing Address  City THE WOO  | 189 SOUTH GARNE  DDLANDS  tributor   | State<br>TX                    |                                 | мо        | 17            | 2017<br>YEAR         | \$   | 80.00  |
| Mailing Address  City THE WOO  Full Name of Cont KATHERINE L. BA   | 189 SOUTH GARNE DDLANDS  tributor ANDYCH  3883 BIGELOW BLV                                       | State<br>TX                    |                                 | 11        | 17            | 2017                 |      |        |
| Mailing Address  City THE WOO  Full Name of Cont KATHERINE L. BA  Mailing Address  | 189 SOUTH GARNE DDLANDS  tributor ANDYCH  3883 BIGELOW BLV                                       | State TX                       | 77382                           | мо        | 17            | 2017<br>YEAR         |      |        |
| Mailing Address  City THE WOO  Full Name of Cont KATHERINE L. BA  Mailing Address  | 189 SOUTH GARNE DDLANDS  tributor ANDYCH  3883 BIGELOW BLV RGH                                   | State TX /D State              | 77382  Zip Code (Plus 4)        | мо        | 17            | 2017<br>YEAR         |      |        |
| KEVIN M. RYAN  Mailing Address  City THE WOO  Full Name of Cont KATHERINE L. BA  Mailing Address  City PITTSBUR  Full Name of Cont                                 | 189 SOUTH GARNE DDLANDS  tributor ANDYCH  3883 BIGELOW BLV RGH                                   | State TX /D State PA           | 77382  Zip Code (Plus 4)        | MO 11     | 17 DAY 17     | 2017<br>YEAR<br>2017 |      |        |
| KEVIN M. RYAN  Mailing Address  City THE WOO  Full Name of Cont KATHERINE L. BA  Mailing Address  City PITTSBUR  Full Name of Cont MICHAEL T. DON  Mailing Address | 189 SOUTH GARNE DDLANDS  tributor ANDYCH  3883 BIGELOW BLV  RGH  tributor OVAN  857 CAMP MEETING | State TX /D State PA           | 77382  Zip Code (Plus 4)        | MO 11     | 17 DAY        | 2017<br>YEAR<br>2017 | \$   | 60.14  |
| KEVIN M. RYAN  Mailing Address  City THE WOO  Full Name of Cont KATHERINE L. BA  Mailing Address  City PITTSBUR  Full Name of Cont MICHAEL T. DON  Mailing Address | 189 SOUTH GARNE DDLANDS  tributor ANDYCH  3883 BIGELOW BLV  RGH  tributor OVAN  857 CAMP MEETING | State TX  /D  State PA  G ROAD | 77382  Zip Code (Plus 4)  15213 | MO 11     | 17 DAY 17     | 2017  YEAR  2017     | \$   | 60.14  |

| Full Name of Contributor DALE A. ROWEKAMP            |                    |                                | мо    | DAY           | YEAR             |             |
|--|--------------------|--------------------------------|-------|---------------|------------------|-------------|
| Mailing Address 114 CRYSTAL SPRINGS DRIVE            |                    |                                |       |               |                  | \$<br>96.92 |
| City CRANBERRY TWP.                                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 16066 | 11    | 17            | 2017             |             |
|  |                    |                                |       |               |                  |             |
| <b>Full Name of Contributor</b> BENJAMIN B. WILLIAMS |                    |                                | МО    | DAY           | YEAR             |             |
|  | REET               |                                | MO 11 | <b>DAY</b> 17 | <b>YEAR</b> 2017 | \$<br>51.92 |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

| PAGE TOTAL     |  |
|----------------|--|
| \$<br>1,471.43 |  |

#### **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 Candi | date               |               | Reporting   | Period |     |      |    |            |
|-----------------------------------|--------------------|---------------|-------------|--------|-----|------|----|------------|
|                                   |                    |               | From:       |        |     | То:  |    |            |
|                                   |                    |               |             | DA     | TE  |      | Α  | MOUNT      |
| Full Name of Contributing Committ | tee                |               |             | мо     | DAY | YEAR |    |            |
| Mailing Address                   |                    |               |             |        |     |      | \$ | 0.00       |
| City                              | State              | Zip Cod       | e (Plus 4)  |        |     |      |    |            |
|                                   |                    |               |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on S  | Schedule I, Detail | ed Summary 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         |                      |             |                 |
|---|---------------------|-------------------------|---------|-----------|--------------|----------------------|-------------|-----------------|
| AFT-PENNSYLVANIA                                  |                     |                         | Fron    | n:        | <u>5/2/2</u> | <u>017</u> <b>To</b> | :           | <u>6/5/2017</u> |
|   |                     |                         |         | D/        | <b>ATE</b>   |                      | AMOL        | JNT             |
| Full Name of Contributor DAVID F. SMITH           |                     |                         |         | МО        | DAY          | YEAR                 |             |                 |
| Mailing 10241 EAST PALO BREA DRIVE                |                     |                         |         | 10        | 0.7          | 2017                 | \$          | 340.00          |
| City SCOTTSDALE                                   | <b>State</b><br>AZ  | Zip Code (Plus<br>85262 | 5 4)    | 10        | 27           | 2017                 |             |                 |
| Employer Name NATIONAL FUEL GAS                   |                     |                         |         | Occupat   | ion          | CHAIRMA              | AN          |                 |
| Employer Mailing Address/Principal Place Business | ce of               | City                    |         |           | State        |                      | Zip Code (F | Plus 4)         |
| 6363 MAIN STREET                                  |                     | WILLIAM                 | SVILLE  |           | NY           |                      | 14221       |                 |
| Enter Grand Total of Part C on Sche               | dule I, Detailed Su | ımmary Page,            | Section | on 3.     |              | 4                    |             | 340.00          |
|   |                     |                         |         |           |              |                      |             |                 |

## 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 Perio                 | d   |      |           |             |
|---------------------------------------|--------------------|---------------------|---------|---------------------------|-----|------|-----------|-------------|
| AFT-PENNSYLVANIA                      |                    |                     | From:   | From: <u>5/2/2017</u> To: |     |      |           | <u>2017</u> |
|                                       |                    |                     |         | D                         | ATE |      | AMOUN     | т           |
| Full Name FRIENDS OF MARGO DAVIDSON   |                    |                     |         | МО                        | DAY | YEAR |           |             |
| Mailing Address PO BOX 308            |                    |                     |         |                           |     |      | <b>\$</b> | 250.00      |
| City LANDSDOWNE                       | <b>State</b><br>PA | <b>Zip Code (</b> I | Plus 4) | 10                        | 31  | 2017 |           |             |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

CANCELED CHECK

**Receipt Description** 

**PAGE TOTAL \$** 250.00

#### **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>5/2/2017</u> <b>To:</b> | 6/5/2017 |
| 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 |              |      |           |            |  |
|---------------------------------------|----------------------|-----------------------|------------------|--------------|------|-----------|------------|--|
|                                       |                      |                       | 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 So     | chedule II In-Vir    | nd Contributions Data | iled Sum         | mary Pag     |      |           | DACE TOTAL |  |
| Section 2.                            | illedule II, Ill-Kii | id Contributions Deta | neu Sum          | illiai y Pag | je,  |           | PAGE TOTAL |  |
|                                       |                      |                       |                  |              |      | \$        | 0.00       |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                         |              | Re      | porting Period |         |        |           |           |        |       |                        |
|---|--------------|---------|----------------|---------|--------|-----------|-----------|--------|-------|------------------------|
|   |              |         |                |         | Fro    | om:       |           | To:    |       |                        |
|   |              |         |                |         |        |           | DATE      |        |       | AMOUNT                 |
| Full Name of Contributor                                      |              |         |                |         |        | мо        | DAY       | YEAR   |       |                        |
| Mailing Address   |              |         |                |         |        |           |           |        | \$    | 0.00                   |
| City  | State        |         | Zip Code(F     | Plus 4) |        |           |           |        |       |                        |
| Employer of Contributor                                       | •            |         | •              |         |        | Occupa    | tion      |        |       |                        |
| Employer Mailing Address/Principal Pla<br>Business            | ace of       | City    |                | State   |        | Zip<br>4) | Code(Plus | Descri | ption | of Contribution        |
| Enter Grand Total of Part G on Sc<br>Summary Page, Section 3. | hedule II, i | In-Kind | Contributi     | ons De  | etaile | ed        |           |        |       | <b>PAGE TOTAL</b> 0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporti | ng Period       |     |          |
|---------------------------------------|---------|-----------------|-----|----------|
| AFT-PENNSYLVANIA                      | From    | <u>5/2/2017</u> | То: | 6/5/2017 |
|                                       |         | DATE            |     | AMOUNT   |
| To Whom Daid                          |         |                 |     |          |

|  |  | DATE                              |   | AMOUNT  |      |    |        |  |
|--|--|-----------------------------------|---|---|------|----|--------|--|
| To Whom Paid FRIENDS OF DAWN KEEFER        |  |                                   | мо  | DAY   | YEAR |    |        |  |
| Mailing Address 150 ORE BANK               |  |                                   |   | 24  | 2017 | \$ | 300.00 |  |
| City DILLSBURG                             | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b> 17019    |   | otion of Exp                                      | I    |    |        |  |
| To Whom Paid CAMERA FOR SENATE             |  |                                   | МО  | DAY   | YEAR |    |        |  |
| Mailing Address PO BOX 624                 |  |                                   | 10  | 24  | 2017 | \$ | 500.00 |  |
| City HARRISBURG                            | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b> 17108    | Description of Expenditure POLITICAL CONTRIBUTION |   |      |    |        |  |
| To Whom Paid CITIZENS FOR JOHN YUDICHAK    |  |                                   | мо  | DAY   | YEAR |    |        |  |
| Mailing Address PO BOX 545                 |  |                                   | 10  | 24  | 2017 | \$ | 500.00 |  |
| City HARRISBURG                            | State         Zip Code (Plus 4)           PA         17108 |                                   |   | Description of Expenditure POLITICAL CONTRIBUTION |      |    |        |  |
| To Whom Paid COMMITTEE TO ELECT JOHN MAHER |  |                                   | мо  | DAY   | YEAR |    |        |  |
| Mailing Address PO BOX 62203               |  |                                   | 10  | 24  | 2017 | \$ | 500.00 |  |
| City PITTSBURGH                            | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b><br>15241 | 1   | otion of Exp                                      |      | I  |        |  |
| To Whom Paid FRIENDS OF MARGO DAVIDSON     |  |                                   | МО  | DAY   | YEAR |    |        |  |
| Mailing Address PO BOX 308                 |  |                                   | 10  | 24  | 2017 | \$ | 250.00 |  |
| City LANSDOWNE                             | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b><br>19050 |   | otion of Exp                                      |      | I  |        |  |

| To Whom Paid<br>FRIENDS OF GUY  |                     |                                | мо  | DAY  | YEAR  |            |        |                |
|---|---------------------|--------------------------------|---|--|---|------------|--------|----------------|
| Mailing Address PO BOX 412  |                     |                                | 10  | 24   | 2017  | \$         |        | 1,000.00       |
| City HARRISBURG   | State               | Zip Code (Plus 4)              | Descrip   | tion of Exp  | enditure  |            |        |                |
| Thursdon't  | PA                  | 17108                          | POLITICAL CONTRIBUTION                            |  |   |            |        |                |
| To Whom Paid<br>HOUSE REPUBLICAN CAMPAIGN CON   | мо                  | DAY                            | YEAR  |  |   |            |        |                |
| Mailing Address PO BOX 11787  |                     |                                |   | 24   | 2017  | \$         |        | 1,000.00       |
| City HARRISBURG   | State               | Zip Code (Plus 4)              | Descrip   | tion of Exp  | enditure  |            |        |                |
|   | PA                  | 17108                          | POLITICAL CONTRIBUTION                            |  |   |            |        |                |
| To Whom Paid<br>AUMENT FOR SENATE   |                     |                                | МО  | DAY  | YEAR  |            |        |                |
| Mailing Address 2601 NORTH FRO  | NT STREET SUITE 101 |                                | 10  | 24   | 2017  | \$         |        | 500.00         |
| City HARRISBURG   | State<br>PA         | <b>Zip Code (Plus 4)</b> 17110 | Description of Expenditure POLITICAL CONTRIBUTION |  |   |            |        |                |
|   |                     |                                |   |  |   |            |        |                |
| <b>To Whom Paid</b> PNC BANK  |                     |                                | МО  | DAY  | YEAR  |            |        |                |
|   | ET .                |                                | мо 10   | <b>DAY</b> 31  | <b>YEAR</b> 2017  | \$         |        | 2.00           |
| PNC BANK  Mailing Address 901 STATE STREE   | State               | Zip Code (Plus 4)              | 10  | 31   | 2017  | \$         |        | 2.00           |
| PNC BANK  Mailing Address 901 STATE STREE   |                     | <b>Zip Code (Plus 4)</b> 16501 | 10  Descrip                                       |  | 2017<br>penditure   | \$         |        | 2.00           |
| PNC BANK  Mailing Address 901 STATE STREE   | State               |                                | 10  Descrip                                       | 31 otion of Exp  | 2017<br>penditure   | \$         |        | 2.00           |
| PNC BANK  Mailing Address 901 STATE STREE  City ERIE  To Whom Paid  | State<br>PA         |                                | 10  Descrip BANK S                                | 31<br>Dation of Exp<br>SERVICE C                             | 2017<br>Denditure<br>HARGE  | \$         |        | 2.00           |
| PNC BANK  Mailing Address 901 STATE STREE  City ERIE  To Whom Paid PNC BANK  Mailing Address 901 STATE STREE  | State<br>PA         |                                | Descrip<br>BANK S                                 | 31 Day  Day  31  | 2017 Denditure HARGE YEAR 2017                                      |            |        |                |
| PNC BANK  Mailing Address 901 STATE STREE  City ERIE  To Whom Paid PNC BANK  Mailing Address 901 STATE STREE  | State<br>PA         | 16501                          | Descrip BANK S  MO  10  Descrip                   | 31 DAY  31 Dition of Exp Stion of Exp LED CHECK              | 2017 Denditure HARGE YEAR 2017                                      | \$         | IDS OF | 33.00          |
| PNC BANK  Mailing Address 901 STATE STREE  City ERIE  To Whom Paid PNC BANK  Mailing Address 901 STATE STREE  | State PA  TT  State | 2ip Code (Plus 4)              | Descrip BANK S  MO  10  Descrip CANCE             | 31 DAY  31 Dition of Exp Stion of Exp LED CHECK              | 2017 Denditure HARGE YEAR 2017                                      | \$         | IDS OF | 33.00          |
| PNC BANK  Mailing Address 901 STATE STREE  City ERIE  To Whom Paid PNC BANK  Mailing Address 901 STATE STREE  City ERIE  To Whom Paid               | State PA  TT  State | 2ip Code (Plus 4)              | Descrip BANK S  MO  10  Descrip CANCEL DAVIDS     | 31 DAY  31 Dition of Exp SERVICE C                           | 2017  Denditure HARGE  YEAR  2017  Denditure < FEE FOI              | \$         | IDS OF | 33.00          |
| Mailing Address 901 STATE STREE  City ERIE  To Whom Paid PNC BANK  Mailing Address 901 STATE STREE  City ERIE  To Whom Paid FREINDS OF SCOTT MARTIN | State PA  TT  State | 2ip Code (Plus 4)              | Descrip BANK S  MO  10  Descrip CANCE DAVIDS  MO  | 31 DAY  31 Dition of Exp DAY  31 Dition of Exp LED CHECK SON | 2017  Denditure HARGE  YEAR  2017  Denditure  C FEE FOI  YEAR  2017 | \$ R FRIEN | IDS OF | 33.00<br>MARGO |

| To Whom Paid COMMITTEE TO ELECT FRANK BURNS |                       |                                |   | DAY          | YEAR |                |
|---|-----------------------|--------------------------------|---|--------------|------|----------------|
| Mailing Address 1654 WILLIAM PENN AVENUE    |                       |                                |   | 15           | 2017 | \$<br>250.00   |
| City JOHNSTOWN                              | <b>State</b><br>PA    | <b>Zip Code (Plus 4)</b> 15909 | 1 | otion of Exp |      |                |
|   |                       |                                |   |              |      | PAGE TOTAL     |
| Enter Grand Total of Expen                  | ditures on Page 1, Re | port Cover Page, Item D.       | • |              |      | \$<br>5,335.00 |
|   |                       |                                |   |              |      |                |
|   |                       |                                |   |              |      |                |
|   |                       |                                |   |              |      |                |