

Campaign Finance Report

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

Filer Identification Number :		2000190		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: AFT-PENNSYLVANIA												
Street Address: BOX 449												
City: POTTSVILLE						State: PA			Zip Code: 17901			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2017	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	REP 54			
						11	7	2017	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:				MO	DAY	YEAR	FOR OFFICE USE ONLY					
				1	1	2017	TO	3	27	2017		
A. Amount Brought Forward From Last Report						\$ 5,234.88						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 19,830.60						
C. Total Funds Available (Sum Of Lines A and B)						\$ 25,065.48						
D. Total Expenditures (From Schedule III)						\$ 22,313.57						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 2,751.91						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Signature

Printed Name

My Commission Expires

MO DAY YR

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
AFT-PENNSYLVANIA	From: <u>1/1/2017</u> To: <u>3/27/2017</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 5.00

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)	\$ 19,825.60
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 19,825.60

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 19,830.60
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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
	From: To:

DATE				AMOUNT
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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 AFT-PENNSYLVANIA	Reporting Period From: <u>1/1/2017</u> To: <u>3/27/2017</u>
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DATE				AMOUNT			
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 75.60
COMMITTEE TO ELECT CHRISTINE A. HOLMANDA				11	27	2017	
Mailing Address P O BOX 35							
City MAHANOEY CITY		State PA	Zip Code (Plus 4) 17948				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 9,750.00
COMMITTEE TO ELECT CHRISTINE A. HOLMANDA				10	27	2017	
Mailing Address P O BOX 35							
City MAHANOEY CITY		State PA	Zip Code (Plus 4) 17948				
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 10,000.00
COMMITTEE TO ELECT CHRISTINE A. HOLMANDA				10	26	2017	
Mailing Address P O BOX 35							
City MAHANOEY CITY		State PA	Zip Code (Plus 4) 17948				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 19,825.60

PART D
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
	From: To:

			DATE	AMOUNT
Full Name of Contributor			MO	DAY
Mailing Address			YEAR	\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name			Occupation	
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART E 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	Reporting Period
	<div style="display: flex; justify-content: space-between;"> From: To: </div>

				DATE	AMOUNT		
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

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

PAGE TOTAL
\$ 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>1/1/2017</u> To: <u>3/27/2017</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
AFT-PENNSYLVANIA	From <u>1/1/2017</u> To: <u>3/27/2017</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
REPUBLICAN STATE COMMITTEE				
Mailing Address 112 STATE STREET	10	26	2017	\$ 10,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
MARY LABERT				
Mailing Address 1 NORTH BUTLER	10	25	2017	\$ 166.29
City MCADOO	State PA	Zip Code (Plus 4) 18237	Description of Expenditure REIMBURSE PRTG SUP	
To Whom Paid	MO	DAY	YEAR	
HOWARD MERRICK				
Mailing Address 14 SOUTH 25TH STREET	10	26	2017	\$ 1,800.00
City POTTSVILLE	State PA	Zip Code (Plus 4) 17901	Description of Expenditure HEADQRTS LABOR	
To Whom Paid	MO	DAY	YEAR	
HOWARD MERRICK				
Mailing Address 14 SOUTH 25TH STREET	10	26	2017	\$ 122.50
City POTTSVILLE	State PA	Zip Code (Plus 4) 17901	Description of Expenditure POSTAGE	
To Whom Paid	MO	DAY	YEAR	
REPUBLICAN STATE COMMITTEE				
Mailing Address 112 STATE STREET	10	27	2017	\$ 9,750.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
HEATHER JOY				
Mailing Address 141 BULLS HEAD ROAD	10	30	2017	\$ 175.00
City POTTSVILLE	State PA	Zip Code (Plus 4) 17901	Description of Expenditure CLEANING HEADQRTS	

To Whom Paid PPL ELECTRIC UTILITIES			MO	DAY	YEAR	\$ 41.44
Mailing Address 2 N 9TH STREET			11	21	2017	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18001	Description of Expenditure UTILITIES			

To Whom Paid VERIZON			MO	DAY	YEAR	\$ 143.27
Mailing Address PO BOX 28000			11	21	2017	
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18001	Description of Expenditure TELEPHONE			

To Whom Paid FEDEX			MO	DAY	YEAR	\$ 87.07
Mailing Address P O BOX 371461			11	27	2017	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15250	Description of Expenditure FEDEX			

To Whom Paid WELLS FARGO BANK			MO	DAY	YEAR	\$ 14.00
Mailing Address 101 N CENTRE ST			10	27	2017	
City POTTSVILLE	State PA	Zip Code (Plus 4) 17901	Description of Expenditure BANKING FEES			

To Whom Paid WELLS FARGO BANK			MO	DAY	YEAR	\$ 14.00
Mailing Address 101 N CENTRE ST			11	27	2017	
City POTTSVILLE	State PA	Zip Code (Plus 4) 17901	Description of Expenditure BANKING FEES			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 22,313.57

