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			Repor Filed I		CAND	IDATE		СОМ	4ITTEE	✓	LOB	BYIST	
Name of Filing C	Committee, Candid	late or L	obbyist:		AFT-PE	NNSY	LVANIA								
Street Address:															
City:	PLYMOUTH M	EETING					State:	PA			Zip Cod	le: 19	9462		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.	30 D PRIM		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5. X		AY TION	POST-	6.		TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2018				NG METH CHECK C				PAPER		/	DISKE	TTE
Name of Office S	Sought by Candida	ite:			-		DATE (OF ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
							МО	DAY	YI	AR		15555			
							13	1	6	2018		(SEE IN	STRUCTI	ONS FOR O	ODES)
Summary of Expenditures	Receipts and	МО	DAY Y	EAR			МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY	
expenditures	irom:		9 18	20)18 1	О	10	ס	22	2018					
A. Amount Bro	ught Forward Fro	m Last R	eport			\$;		14,0	008.49					
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule I)	\$	5		-	714.50					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5		14,	722.99					
D. Total Expend	ditures (From Sch	edule II	I)			\$	5		2,9	50.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$	5		11,7	72.99					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II)	\$	5			0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$	5			0.00			1		
			P	\FF	IDAVI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f this is	s a Ca	ndidate r	eport,	candi	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sched	dules	filed on	paper	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me thi day of	s	20						9	ignature	of Perso	n Submit	ting Re _l	oort	
	Signati	ıre	_			<u>-</u>					Prin	ted Nam	e		
My Commission Ex	cpires					_					Ema	il			
	мо	D	AY	YR				Ar	ea Cod	le	Daytim	e Telepi	none Nu	mber	
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee, C	Candio	late shall	l sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of led.	my knowl	edge and belief	this	political	comn	nittee has	not 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									s	ignature o	of Candid	ate		
-	day of					_					Printe	d Name			
	Signature					_									
My Commission Exp	ires										Ema				
	МО	D	AY	YR		_		Area	Code		Da	aytime T	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Summary rage				
Name of Filing Committee or Candidate	Reporting	Period		
AFT-PENNSYLVANIA	From:	9/18/201	<u>.8</u> To:	10/22/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	714.50
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	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 Page			\$	714.50

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 Candida	te		Reporting	Period			
			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		Rep	porting P	eriod			
			Fro	om:		To):	
			•		DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
Mailing Address City	State	Zip (Code (Plus 4)				\$	0.00

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

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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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			
			Fron	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 Plac	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:			То:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (F	Plus 4)					
Receipt Description	.	.		•	•	•		
Enton Cuand Total of David	E on Cohodulo I. Dotailed	Summany Dazz	Costis :-	4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page,	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 Perio	d							
AFT-PENNSYLVANIA	From:	<u>9/18/2018</u> To:	<u>10/22/2018</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Car	ndidate		Reporting Period					
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	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	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				Re	porting	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	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	F	Reporting Period					
AFT-PENNSYLVANIA	F	From	9/18	3/2018	То:	10/22/2018	
			DATE			AMOUNT	
To Whom Paid		мо	DAY	YEAR			
Committee to Flect Andrew Dixon							

				DATE			AMOUNT
To Whom Paid Committee to Elect Andrew D	vixon		мо	DAY	YEAR		
Mailing Address			10	2	2018	\$	1,000.00
City Warminster	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	·	
	PA	18974	Contribu	ution			
To Whom Paid			мо	DAY	YEAR		
Friends of Wendy Ullman			MO	DAT	IEAR		
Mailing Address			10	2	2018	\$	1,000.00
City Fountainville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA 18923				ution			
To Whom Paid			мо	DAY	YEAR		
Democratic Campaign Com o	f Phila		1-10		I EAR		
Mailing Address			10	2	2018	\$	450.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19123	Event 3	Tickets			
To Whom Paid			мо	DAY	YEAR		
Elect Emily 4 PA			МО	DAI	ILAK		
Mailing Address			10	2	2018	\$	500.00
City Wexford	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15090	Contribu	ution			
							PAGE TOTAL
Enter Grand Total of Exper	nditures on Page 1, Re	port Cover Page, Item D).			\$	2,950.00

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL	
Enter Grand Total of Expenditures of	1 Page 1, Report Co	over Page, Item D.		\$	2,950.00