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			Rep File			CANDI	ANDIDATE COMMITTEE \(\square \) LOBBYIST								
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		AFT-	PEN	NSYI	VANIA									_
Street Address:	3031 WALTO	N RD, BI	JILDING A,	STE	340												
City:	PLYMOUTH MI	EETING						State:	PA			Zip Cod	ie: 19	9462			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2	2.	30 DA		POST-	3.		AMENDMENT Yes REPORT?				`	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5	5.X	30 DA		POST-	6.		TERMINATION Yes No REPORT?				`	
report type)	ANNUAL REPORT	7.	Year 2019				FILING METHOD () CHECK ONE					PAPER DISKETTE				TTE	
Name of Office S	Sought by Candida	te:	_					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count Code	y
	, , , , , , , , , , , , , , , , , , , ,							МО	DAY	YE	AR	Number	Code			couc	_
								11		5	2019		(SEE IN	STRUCTIO	ONS FOR O	ODES)	_
	Receipts and	МО	DAY	YEAR	l			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		9 17	2	019	T	0	10		21	2019						
A. Amount Bro	ught Forward Fron	n Last R	eport		·		\$			41,	121.49						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$			1,0	060.50						
C. Total Funds Available (Sum Of Lines A and B) \$ 42,181.99																	
D. Total Expenditures (From Schedule III) \$ 0.00																	
E. Ending Cash Balance (Subtract Line D From Line C) \$ 42,181.99																	
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II))	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•			
				AFF	IDA	VI	T SE	CTION									
	s a Committee rep	•							-								4
I swear (or affirm)) that this report, incl ete.	uding the	attached sch	edules	s filed	on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	à,
Sworn to and subs	cribed before me this day of	i	20							S	Signature	of Perso	n Submit	ting Rep	ort		-
	Signatu						- -					Prin	ted Name	e			-
My Commission Ex	•	ie										Ema	il				-
	мо	D	AY	YR					Ar	ea Coc	le	Daytim	e Teleph	none Nu	mber		•
Part II- If this is	a report of a cand	didate's	authorized	Comn	nittee	e, Ca	andid	ate shall	sign h	ere.							Ī
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	ical	comm	ittee has r	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L	. 1333,	
Sworn to and subsc	ribed before me this										Si	ignature o	of Candid	ate			۱.
	day of						-					Printe	d Name				-
	Signature						-										╻┃
My Commission Exp	pires											Ema	il				
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
AFT-PENNSYLVANIA	From:	<u>9/17/201</u>	<u>9</u> т	o: <u>10/21/2019</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	1,060.50
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 Pa			\$	1,060.50

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate				ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing 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:					
					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.

lame of Filing Committee or Candidate Reporting					ng Period					
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	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.)

ame of Filing Committee or Candidate					Reporting Period					
			Fron	n:		To) :			
				D	ATE		АМ	OUNT		
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	e (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	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 C	andidate		Repor	ting Perio	od				
			From:			To:			
				D	ATE		АМ	OUNT	
Full Name				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
Receipt Description	·	·					•		
Enter Grand Total of Part E or	n Schedule T. Detailed	d Summary Page	Section	4			PAC	GE TOTAL	
	Jones and an Detailed	a cannual y 1 age,	2001011	••			\$	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>9/17/2019</u> To:	10/21/2019
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	lame of Filing Committee or Candidate						
	From:			To:			
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	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 Sun	nmary 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 Candida	Name of Filing Committee or Candidate					porting	Period					
					Fro	m:		То	:			
					<u> </u>		DATE				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR	1			
Mailing Address										\$		0.00
City	State		Zip Code(F	Plus 4)								
Employer of Contributor	•		•			Occupa	ation					
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	cripti	ion of (Contributio	on
Enter Grand Total of Part G on S	Enter Grand Total of Part G on Schedule II, In-Kind Contributions De				taile	ed					PAGE TOT	ΓAL
Summary Page, Section 3.									0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	Reporti	ng Period					
	From			То:			
		•		DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure		
Forting Council Total of Forman distance	D 1 D						PAGE TOTAL
Enter Grand Total of Expenditure	s on Page 1, Ro	eport Cover Page, Item D	·-			\$	0.00