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 :	i on 2016	60281			Repor Filed I		CANDI	DATE	C	COMN	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		AFSCM	e pen	INSYLVAN	IIA								
Street Address:	1625 L STREE	ET NW														
City:	WASHINGTON	N					State:	DC Zip Code: 20036								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 D. PRIM		POST-	3.		AMENDN REPORT		Yes	Ν	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5. X	30 D. ELEC	AY F TION	POST- 6. TERMINATION REPORT?			Yes	N	0	\checkmark		
report type)	ANNUAL REPORT	7.	Year 2019				NG METHO CHECK O				PAPER		\checkmark	DISK	ETTE	
Name of Office S	L Sought by Candida	te:					DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	Cour	
							мо	DAY	YEAF	R						
							11		5 2	2019		(SEE INS	TRUCTI	ONS FOR	CODES	5)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAF	R	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		6 11	20)19 1	0	10	2	1 2	2019						
A. Amount Bro	ught Forward Fror	m Last Ro	eport			\$			(0.00						
B. Total Monet	ary Contributions	And Rece	eipts (Fron	1 Sched	dule I)	\$	5		20,000	0.00						
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$	5		20,000	0.00						
D. Total Expen	ditures (From Sch	edule III	[)			\$	5		20,000	0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5		0	0.00						
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedul	e II)	\$	5		0	0.00						
G. Unpaid Debt	ts And Obligations	(From S	chedule IV	')		\$	5		C	0.00						
				AFF:	IDAVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	f this is	a Ca	ndidate re	eport, ca	andidat	te sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sc	hedules	filed on	paper	or by elect	ronic me	dium, ar	re to t	he best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me this day of	5	20						Sign	nature	e of Perso	n Submitt	ing Rep	oort		_
		ire	-			_					Prin	ted Name				_
My Commission Ex	-										Ema	il				_
	мо	DA	NY	YR				Are	a Code		Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's a	authorized	Comm	ittee, C	Candid	late shall	sign he	re.							
I swear (or affirm) No 320) as amende) that to the best of r ed.	ny knowle	dge and beli	ef this	political	comn	nittee has n	ot violat	ed any p	provisi	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso	ribed before me this day of		20							Si	ignature (of Candida	ite			-
						_					Printe	ed Name				-
My Commission Exp	Signature bires					_					Ema	il				-
	мо	DA	AY	YR		_		Area C	Code		D	aytime Te	elephon	e Num	ber	-

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

, 5				
Name of Filing Committee or Candidate	Reporting	g Period		
AFSCME PENNSYLVANIA	From:	<u>6/11/201</u>	<u>9</u> To:	<u>10/21/2019</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	20,000.00
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	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	d enter am ge, Item B.	ount)	\$	20,000.00

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 Candidate					Period			
	Fro	From: To:						
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							ſ	PAGE TOTAL

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

\$

0.00

PART B 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 Fror	orting P	eriod	Τα):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
PAGE TOTAL Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Candid	ate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	0.00

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 I	Period	
	From:		То:
		DATE	AMOUNT

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 C	andidate		Report	ting Perio	bd					
			From: To					:		
			I	D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	i	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description	I				1					
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL	
	i Schedule 1, Detailet	summary raye,	Section				\$		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		
AFSCME PENNSYLVANIA	From:	<u>6/11/2019</u> то :	<u>10/21/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 3		\$	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:						
				DATE		АМС	DUNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	5	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion		•	
Employer Mailing Address/Principal Place of Business City State				State		Zip 4)	Code(Plus	Descri	ption of	f Contribution

		I		
Enter Grand Total of Part G on Schedule II, In	-Kind Contribut	ions Detailed		PAGE TOTAL
Summary Page, Section 3.				0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
AFSCME PENNSYLVANIA			From	From <u>6/11/2019</u> To:			<u>10/21/2019</u>
				DATE	AMOUNT		
To Whom Paid Working Families Party National IE Committee			мо	DAY	YEAR		
Mailing Address 1 Metrotech Center North, 11th Floor			10	2	2019	\$	20,000.00
City Brooklyn	State NY	Zip Code (Plus 4) 11201	Description of Expenditure Contribution				
		The second se					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	20,000.00