Campaign Finance Report

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

Filer Identificat Number :	ion 2000	190			Repoi Filed			CANDI	DATE		СОМ	MITTEE	✓	LOB	BYIST		
Name of Filing (Committee, Candida	ate or Lo	obbyist:		AFT-PE	INNS	SYL	VANIA									
Street Address:	Street Address: 3031 WALTON RD, BUILDING A, STE 340																
City:	PLYMOUTH ME	EETING						State:	PA			Zip Code: 19462					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY					Y I NRY	POST- 3.			AMENDM REPORT		Yes	No	,	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	ELECTION				DA ECT	Y I TON	POST- 6.			TERMINA REPORT		Yes	No)	/
report type)	ANNUAL REPORT							IG METHO CHECK O				PAPER		\checkmark	DISK	TTE	
Name of Office	Sought by Candidat	te:			!			DATE O	OF ELE	СТІС	ON	District Number	Office Code	Par	ty Code	Count Code	y
								мо	DAY	Y	EAR					•	
								3	:	L7	2020		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of	Receipts and	мо	DAY	YEAR	Ł			мо	DAY	Y	EAR	FO	R OFFIC	e use	ONLY		
Expenditures	s from:		1 7	2	020	го		3	;	2	2020						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			43,	668.99						
B. Total Monet	ary Contributions /	And Reco	eipts (From	n Sche	dule I)		\$			101,	359.42						
C. Total Funds Available (Sum Of Lines A and B) \$ 145,028.41																	
D. Total Expen	ditures (From Sche	edule II	[)				\$				500.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$			L44,5	528.41						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)		\$				0.00	_					
G. Unpaid Deb	ts And Obligations	(From S	Chedule IV	')			\$				0.00						
				AFF	IDAV	IT S	SE	CTION									
PART I - If this i	s a Committee repo	ort, trea	surer sign	here.	If this i	s a (Can	didate re	eport, o	andi	date sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sci	hedule	s filed or	ı pap	oer o	or by elect	ronic m	edium	n, are to i	the best o	f my knov	/ledge	and beli	ef , tru	e,
Sworn to and subs	scribed before me this day of	5	20							9	Signature	e of Perso	n Submitt	ing Rep	oort		-
						_						Prin	ted Name				-
My Commission E	Signatu xpires	re										Ema	il				-
	мо	DA	AY	YR					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		-
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee, (Canc	dida	ate shall	sign he	ere.							Ī
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ef this	politica	l con	nmi	ttee has n	iot viola	ted ar	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.I	. 1333,	,
Sworn to and subscribed before me this											s	ignature o	of Candida	te			-
	day of		20														-
	C:											Printe	d Name				
My Commission Exp	Signature pires											Ema	il				-
	мо	D/	AY	YR	1	_			Area	Code		Da	aytime Te	lephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** AFT-PENNSYLVANIA From: <u>1/7/2020</u> **To:** <u>3/2/2020</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 1,359.42 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 100,000.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 100,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 101,359.42 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				porting	Period			
Fro						То	:	
					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.

\$

PAGE 3

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			orting P	eriod	_			
From: To:									
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City									
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 Candidate				Reporting Period					
AFT-PENNSYLVANIA	From:	<u>1/</u>		<u>3/2/2020</u>					
					DATE AMOU				
Full Name of Contributing Commits				мо	DAY	YEAR			
Mailing Address 555 New Jersey	y Avenue, NW			2			\$	100,000.00	
City Washington	StateZip Code (Plus 4)DC20001				21	2020			
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	PAGE TOTAL 100,000.00	

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 Period	
	From:	То:

				D	ATE		АМО	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 Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	nedule I, Detai	led Sumr	narv Page, Sectio	on 3.		Γ	PA	GE TOTAL
			, , , , , , , , , , , , , , , , , , , ,				\$	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 Candidate			Report	ting Perio	od				
				From: To:					
			1	D	DATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description				1		1			
Entor Crand Tatal of Dart E	on Schodulo I. Dotailed		Continu	4				PAGE TO	TAL
Enter Grand Total of Part E	on Schedule 1, Detailed	i Summary Page,	зесноп				\$		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>1/7/2020</u> То:	<u>3/2/2020</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	T F)		
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
	From:	То:						
		DATE		AMOUNT				
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	Mailing Address					\$	0.00	
City	State	Zip Code (Plus 4)	,					
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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(P	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State					Zip 4)	Code(Plus	Descri	otion o	of Contribution	
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period					
AFT-PENNSYLVANIA	From	<u>1/</u>	<u>3/2/2020</u>								
		AMOUNT									
To Whom Paid Friends of Harold M Haynes	мо	DAY	YEAR								
Mailing Address 2148 Andrea Drive			2	27	2020	\$	500.00				
City Bensalem	CityBensalemStateZip Code (Plus 4)PA19020					Description of Expenditure Contribution					
					PAGE TOTAL						
Enter Grand Total of Expenditures).			\$	500.00						