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 200 | 0190 | | | Repo Filed | | / : | CAND | IDA | ATE | ATE COMMITTEE LOBBYIST | | | | | | | |
|---|--------------------------------|-------------|-----------------------------|------------|---------------|-------|--------------|--------------------|------|---------|------------------------|-----------|--------------------|----------------|--------------|---------|----------|----------|
| Name of Filing C | ommittee, Candi | date or L | obbyist: | | AFT-F | PEN | NSYI | VANIA | | | | | | · | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | PLYMOUTH M | IEETING | | | | | | State: | Р | PA | | | Zip Cod | l e: 19 | 462 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. X | 2ND FRIDA PRIMARY | Y PRE- | - 2. | | 30 DA | | PO | ST- | 3. | | AMENDM REPORT? | | Yes | √ N | 0 | |
| (place X to the right of | | | | | | | 30 DA | | PO | OST- 6. | | | TERMINA REPORT? | | Yes | N | O | \ |
| report type) | | | | | | | | NG METH CHECK (| | | | | PAPER | | \checkmark | DISK | ETTE | |
| Name of Office S | ought by Candida | ate: | - | | | | | DATE | OF | ELEC | TIO | N | District Number | Office Code | Par | ty Code | Cour | |
| | | | | | | | | МО | D | PAY | YE | AR | | | | | 1 | |
| | | | | | | | | 1 | 1 | | 3 | 2020 | | (SEE INS | TRUCTI | ONS FOR | CODES |) |
| | Receipts and | МО | DAY | YEAR | | | | МО | D | PAY | YE | AR | FO | R OFFIC | E USE | ONLY | | |
| Expenditures | from: | | 1 1 2020 TO 3 9 2020 | | | | | | | | | | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | leport | | | | \$ 43,668.99 | | | | | | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From | Sche | dule 1 | [) | \$ | | | 1 | .02,7 | 25.92 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | | \$ | | | 1 | .46,3 | 94.91 | | | | | | |
| D. Total Expend | ditures (From Scl | nedule II | I) | | | | \$ | | | | 5 | 00.00 | | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From Line | C) | | | \$ | | | 1 | 45,8 | 94.91 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From S | chedul | le II) | | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligation | s (From S | Schedule IV | ') | | | \$ | | | | | 0.00 | | , | | | | |
| | | | | AFF | IDA\ | VIT | SE | CTION | | | | | | | | | | |
| PART I - If this is | | | _ | | | | | | - | • | | _ | | | | | | |
| I swear (or affirm) correct and comple | that this report, inc ete. | cluding the | e attached sc | hedules | filed (| on p | aper | or by ele | ctro | nic me | dium, | are to t | he best of | my knov | rledge | and bel | ief , tr | ue |
| Sworn to and subs | cribed before me th day of | is | 20 | | | | | | | | s | ignature | of Persor | n Submitt | ing Rep | oort | | |
| | Signat | ure | | | | _ | | | _ | | | | Print | ed Name | | | | _ |
| My Commission Ex | rpires | | | | | | | | _ | | | | Emai | I | | | | |
| | МО | D | AY | YR | | | | | | Are | a Cod | e | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a car | didate's | authorized | Comm | nittee | , Ca | ndid | ate shal | l si | gn he | re. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ed. | my knowl | edge and beli | ef this | politio | cal c | omm | ittee has | not | violate | ed an | y provisi | ions of the | e act of Ju | ine 3,1 | 937 (P. | L. 133 | 3, |
| Sworn to and subsc | ribed before me this day of | ; | 20 | | | | | | - | | | Si | ignature o | f Candida | te | | | _ |
| | | | | | | | | | - | | | | Printe | d Name | | | | - |
| | Signature | | | | | | | | _ | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | Emai | il | | | | |
| | МО | D | AY | YR | | | | | _ | Area C | ode | | Da | ytime Te | lephor | ne Numi | ber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|----------|--------------|------------|
| AFT-PENNSYLVANIA | From: | 1/1/202 | <u>0</u> To: | 3/9/2020 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | Period | (1) | \$ | 2,725.92 |
| 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) | | | \$ | 100,000.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 100,000.00 |
| 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 | | | \$ | 102,725.92 |

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 Candidat | e | | Reporting | Period | | | |
|--------------------------------------|-------|-------------------|-----------|--------|------|----|--------|
| | | , | rom: | | 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 Ca | andidate | | Rep | orting P | eriod | | | |
|--------------------------------|----------|-------------------|------|----------|-------|------|------------|--------|
| | | | Froi | m: | | То |) : | |
| | | ' | | | 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.

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 Per | iod | | |
|---------------------------------------|---------------|----------|-----|----------|
| AFT-PENNSYLVANIA | From: | 1/1/2020 | То: | 3/9/2020 |

DATE AMOUNT

| Full N | ame of Contributing Committee | | | мо | DAY | YEAR | | |
|--------|--|-------|-------------------|----|------|------|----|------------|
| Ameri | American Federation of Teachers Cope Voluntary a/c | | | | DAI | ILAK | \$ | 100,000.00 |
| Mailin | Mailing Address | | 2 | 21 | 2020 | · | | |
| City | Washington | State | Zip Code (Plus 4) | | 21 | 2020 | | |
| | | DC | 20001 | | | | | |

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

PAGE TOTAL \$ 100,000.00

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 | eriod | | | |
|--|---------------------|---------------|----------|-----------|-------|------|------------|-------------|
| | | | Fror | n: | | To |) : | |
| | | | | D | ATE | | А | MOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (Plu | s 4) | | | | | |
| Employer Name | | I | | Occupa | tion | • | | |
| Employer Mailing Address/Principal Place | e of Business | City | | • | State | | Zip Cod | ie (Plus 4) |
| Enter Grand Total of Part C on Sche | dule I, Detailed Si | ummary Page | , Sectio | on 3. | | | P | 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: | | |
| | | • | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (Plu | ıs 4) | | | | | |
| Receipt Description | ' | <u>'</u> | | | • | | | |
| Futor Curred Total of Bout | For Cabadula I Batailad | I Comment Page Co | | 4 | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule 1, Detailed | Summary Page, Se | ection | 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 Period | | |
|--|------------------|----------------------------|-----------------|
| AFT-PENNSYLVANIA | From: | <u>1/1/2020</u> To: | <u>3/9/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | 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 | TF) | | |
| 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 Candidate | | | Reporting | g Period | | | | |
|--|--------------------|---------------------|-----------|----------|------|----------|------------|------|
| | | | 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 Sche Section 2. | dule II, In-Kind (| Contributions Detai | iled Sum | mary Pag | je, | | PAGE TOTAL | |
| | | | | | | \$ | (| 0.00 |

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

| Name of Filing Committee or Candidate | Reporting Period | |
|---------------------------------------|------------------|-----|
| | From: | То: |

| | | | | 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 | | | I | | Occu | ıpat | tion | | | |
| Employer Mailing Address/Principal Plac | ce of Business | Cit | ty | Stat | e Z | ip (| Code(Plus 4) | Descri | ption o | of Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, In-Ki | nd(| Contributions D | etaile | ed | | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| | | Reporting Period | | | | |
|-------------------------|----------|------------------|----------|--|--|--|
| AFT-PENNSYLVANIA From 1 | 1/1/2020 | То: | 3/9/2020 | | | |

| | | | | DATE | | AMOUNT | | | |
|----------------------------|---|-------|-------------------|----------------------------|-------|--------|----|------------|--|
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Friends of Harold M Haynes | | | | MO | | ILAK | | | |
| Mailing Address | | | | 2 | 27 | 2020 | \$ | 500.00 | |
| City | Bensalem | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | | PA | 19020 | Contribu | ution | | | | |
| | | | | | | | | PAGE TOTAL | |
| Entei | Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | 500.00 | |