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 | | | Repo Filed | | | CANDI | DATE | | COM | AITTEE | Y | LUB | D1131 | | |
|--------------------------------|--|-------------|-----------------------|----------|---------------|--------------|-------------|----------|----------|-------|--------------------------|--------------------|----------------|----------|-----------|----------------|--------|
| Name of Filing C | Committee, Candid | ate or L | obbyist: | | AFT-PI | ENNS' | YLV | ANIA | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | PLYMOUTH MI | EETING | | | | | St | tate: | PA | | | Zip Co | de: 19 | 9462 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | 2. | 30 E PRIM | DAY MARY | | | | AMENDMENT Yes REPORT? | | | No | · • | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. X | 2ND FRIDA ELECTION | Y PRE | - 5. | 30 E | DAY CTIO | | POST- | 6. | | TERMIN. REPORT | | Yes | No | · • | |
| report type) | ANNUAL REPORT | 7. | Year 2020 | | | | | METHO | | | | PAPER | | \ | DISKE | TTE | |
| Name of Office S | - Sought by Candida | te: | | | | | D. | ATE O | F ELE | CTIC | N | District Number | Office Code | Pa | rty Code | County Code | |
| | | | | | | | M | 0 | DAY | YI | EAR | | | · | | | _ |
| | | | | | | | | 11 | | 3 | 2020 | | (SEE IN | STRUCT | IONS FOR | CODES) | _ |
| | Receipts and | МО | DAY | YEAR | | | М | 0 | DAY | Y | EAR | FC | R OFFI | CE USI | ONLY | | |
| Expenditures | from: | | 6 23 | 20 | 020 | ТО | | 9 | - | .4 | 2020 | | | | | | |
| A. Amount Bro | ught Forward Fror | n Last R | eport | | · | : | \$ | | : | 148,0 | 009.23 | | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (Fron | n Sched | dule I) |) | \$ | | | 1,2 | 221.98 | | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | | \$ | | | 149,2 | 231.21 | | | | | | |
| D. Total Expen | ditures (From Sch | edule II | I) | | | | \$ | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line | C) | | 4 | \$ | | 1 | .49,2 | 231.21 | | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From S | chedul | e II) | | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV | /) | | | \$ | | | | 0.00 | | | ' | | | _ |
| | | | | | IDAV | | | | | | | | | | | | |
| | s a Committee rep) that this report, incl | - | _ | | | | | | | | _ | | f my kno | wledge | and beli | ef , true | |
| • | cribed before me this | i | | | | | | | | | Signature | of Perso | n Suhmit | tina Re | nort | | |
| | day of | | _ 20 | | | | | | | | | | | | , por t | | |
| | Signatu | re | | | | _ | | | | | | Prin | ted Name | В | | | |
| My Commission Ex | · | | | | | | | | | | _ | Ema | | | | | |
| | МО | | AY | YR | • | | | | | a Coo | de | Daytin | ie Teleph | none Nu | ımber | | L T |
| | a report of a cand | | | | • | | | | | | | | + -f 1 | 2 1 | 027 (D.I | 1222 | ١ |
| No 320) as amende | ed. | ny knowie | eage and ben | ier this | pontica | ii com | mitte | ee nas n | Ot Viola | eu ar | iy provis | ions or th | e act or J | une 3,1 | 1937 (P.I | 1333, | l |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | | S | ignature | of Candid | ate | | | |
| | | | - | | | _ | | | | | | Printe | d Name | | | | |
| My Commission Exp | Signature pires | | | | | _ | | | | | | Ema | il | | | | |
| | мо | D | AY | YR | | _ | | | Area | Code | | D | aytime T | elepho | ne Numb | er er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|-----------------|--------------|-----------|
| AFT-PENNSYLVANIA | From: | <u>6/23/202</u> | <u>0</u> To: | 9/14/2020 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 1,221.98 |
| 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 | | | \$ | 1,221.98 |

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 | | | | Reporting | | | | |
|---------------------------------------|-------------|-------|-------------------|-----------|------|------|----|--------|
| | | | | From: | | То | : | |
| | | | ' | | DATE | | | AMOUNT |
| Full Name of Contributin | g Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | S | 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)

| (EXCID | ue contributions noi | in pontical comm | iitte | es re _l | porteu | III Pait | Α) | |
|--------------------------|----------------------|-------------------|-------|--------------------|--------|----------|------------|------------|
| Name of Filing Committe | ee or Candidate | | Rep | orting P | eriod | | | |
| | | | Fro | m: | | To |) : | |
| | | • | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) |) | | | | | |
| | • | • | | | • | • | | 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 Cai | ndidate | | Reporting | Period | | | | |
|---------------------------------|------------------------|--------------|-------------|--------|-----|------|---------------|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | Α | MOUNT |
| Full Name of Contributing Comm | nittee | | | мо | DAY | YEAR | | 0.00 |
| Mailing Address | | | | | | | - \$ | 0.00 |
| City | State | Zip Code | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C o | on Schedule I, Detaile | d 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.)

| Name of Filing Committee or Candidate | | | | orting Pe | riod | | | |
|--|--------------------|---------------|----------|-----------|-------|------|------------|-----------------|
| | | | Fror | n: | | To |) : | |
| | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 1 | |
| City | State | Zip Code (Plu | s 4) | | | | | |
| Employer Name | | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Pla | ce of Business | City | | • | State | | Zip C | ode (Plus 4) |
| Enter Grand Total of Part C on Scho | dule I, Detailed S | Summary Page, | , Sectio | 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: | | | To: | | |
| | | ' | | | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (P | Plus 4) | | | | | |
| Receipt Description | ' | 1 | | | | | <u> </u> | |
| | - C | | . .: | _ | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | 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: | 6/23/2020 To: | 9/14/2020 |
| 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, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Car | Reporting Period | | | | | | | |
|---------------------------------|----------------------|------------------------|---------|---------|------|-------------|------------|------|
| | From: To: | | | | | | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | C | 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 Sum | 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 | | | | | porting | Period | | | | |
|--|----------------|-----|------------------|--------|-------------------|----------------|-------|------|-----------------|------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | DATE | | | AMOUN | т |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | 1 | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty | Stat | e Zi _l | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch | edule II, In-K | ind | Contributions D | etaile | ed | | | | PAGE T | OTAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | | | |
|---------------------------------------|---------------------|--------------------|------------|-------------|----------|-----|------------|
| | | | From | | | То: | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| Enter Crand Total of Evnanditures | on Dogg 1 Donowh (| Cover Dage Item F | | | | | PAGE TOTAL |
| Enter Grand Total of Expenditures | on Page 1, Report C | Lover Faye, Item L | , . | | | \$ | 0.00 |