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 2016	50281			Repoi		C	ANDI	DATE		СОМ	ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Candid	late or L	obbyist:		AFSCM	E PEN	NNSY	LVAN	IA								
Street Address:	1625 L STRE	ET NW															
City:	WASHINGTO	N					Sta	te:	DC			Zip Cod	de: 20	036			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2.	30 C PRIN	AY ARY	F	POST-	3.		AMENDM REPORT		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5. X		OAY CTION		POST-	6.		TERMINA REPORT		Yes	No	•	\
report type)	ANNUAL REPORT	7.	Year 2020					IETHO				PAPER		/	DISKE	TTE	
Name of Office S	ought by Candida	ite:	-				DA	TE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
							МО		DAY	Y	EAR	, and the second	Code	<u> </u>		couc	<u> </u>
								11		3	2020		(SEE IN	STRUCTI	ONS FOR C	ODES))
Summary of Expenditures	Receipts and	МО	DAY Y	'EAR			МО		DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
	irom:		6 23	20	020	ГО		10		19	2020	ļ					
A. Amount Bro	ught Forward Fro	m Last R	eport			9	\$				0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule I)		\$			400,	00.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			400,	00.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$		•	400,0	00.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$				0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	le II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00						
			,	AFF	IDAV	IT SI	ECT:	ON									
PART I - If this is	a Committee rep	ort, trea	surer sign he	ere. 1	(f this i	s a Ca	ndid	ate re	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached sche	dules	filed or	pape	r or by	elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	ue <u>.</u>
Sworn to and subs	cribed before me thi day of	s	20							:	Signature	of Perso	n Submit	ting Rep	ort		_
	Signati	ıre				_						Prin	ted Name	•			-
My Commission Ex	pires											Ema	il				-
	мо	D	AY	YR					Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee,	Candi	date	shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and belief	this	politica	comi	mittee	has n	ot viola	ted ar	ny provis	ions of the	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this								Signature of Candidate							-	
	day of					_			Printed Name							-	
	Signature					_						Ema	il				_
My Commission Exp						_						Liild	•				_
	МО	D	AY	YR		-			Area	Code		Da	aytime T	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	y Period		
AFSCME PENNSYLVANIA	From:	6/23/202	<u>0</u> To:	10/19/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	400,000.00
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			\$	400,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the			
Nume of Fining Comm	intec of cumulate			om:	renou	То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE TOTAL

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 Filing Committee o	r Candidate		Rep Fro	oorting P	eriod	To	o:	
			l		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.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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			Rep	orting Pe	riod			
			Fron	n:		То	:	
				D	ATE		АМО	DUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	GE 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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	
AFSCME PENNSYLVANIA	From:	<u>6/23/2020</u> To:	<u>10/19/2020</u>
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

To Whom Paid Pennsylvania Fund for Change Mailing Address 121 S. Broad Street, Suite 400 State PAGE TOTAL Philadelphia PA PA PA PA PA PA PA P	Name of Filing Committee or Co	andidate		Reporti	ng Period			
To Whom Paid Pennsylvania Fund for Change Mailing Address 121 S. Broad Street, Suite 400 State PA 2ip Code (Plus 4) 19107 Day YEAR 200,000.00 State PA	AFSCME PENNSYLVANIA			From	<u>6/2:</u>	<u>3/2020</u>	То:	10/19/2020
Pennsylvania Fund for Change Mailing Address 121 S. Broad Street, Suite 400 9 17 2020 \$ 200,000.0 City Philadelphia State PA 19107 Contribution To Whom Paid Pennsylvania Fund for Change Mo DAY YEAR Mo DAY YEAR City Philadelphia 121 S. Broad Street, Suite 400 10 16 2020 \$ 200,000.0 City Philadelphia State PA 2ip Code (Plus 4) 19107 Description of Expenditure Contribution PAGE TOTAL					DATE			AMOUNT
City Philadelphia State PA State PA Pannsylvania Fund for Change PA Philadelphia State PA Philadelphia Pennsylvania Fund for Change Pannsylvania Fund for Change				МО	DAY	YEAR		
To Whom Paid Pennsylvania Fund for Change Mailing Address 121 S. Broad Street, Suite 400 City Philadelphia State PA 2ip Code (Plus 4) 19107 Description of Expenditure Contribution PA Page TOTAL	Mailing Address 121 S. Broa	nd Street, Suite 400		9	17	2020	\$	200,000.00
Pennsylvania Fund for Change Mo DAY YEAR Mailing Address 121 S. Broad Street, Suite 400 City Philadelphia State PA 19107 PAGE TOTAL	City Philadelphia					penditure	1	
City Philadelphia State PA State PA PAGE TOTAL				мо	DAY	YEAR		
Philadelphia PA 19107 Contribution PAGE TOTAL	Mailing Address 121 S. Broa	nd Street, Suite 400		10	16	2020	\$	200,000.00
	City Philadelphia					penditure		
	Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item I	D.				PAGE TOTAL

400,000.00