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 :	ion 2000)190			Repor Filed I		CANDI	DATE	СОМ	MITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	late or Lo	obbyist:		AFT-PE	NNSY	LVANIA							•	
Street Address:	3031 WALTO	N RD, BL	JILDING A	, STE 3	340										
City:	PLYMOUTH M	EETING					State:	PA	Zip Code: 19462						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					AY F IARY	POST-	3.	AMENDI REPORT		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY F TION	POST- 6	5.	TERMIN REPORT		Yes	No	\checkmark	
report type)	ANNUAL REPORT	7. X	Year 2020				NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE	
Name of Office Sought by Candidate:							DATE O	F ELEC	TION	District Number		Par	ty Code	County Code	
	- <i>i</i>						мо	DAY	YEAR	indinibe.	coue			coue	
							11	:	3 2020		(SEE INS	STRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:	1	1 24	20	D20 1	Ο	12	3	1 2020						
A. Amount Bro	ught Forward Fro	m Last R	eport		•	\$;	1	32,255.87						
B. Total Monet	ary Contributions	And Reco	eipts (Fron	1 Scheo	dule I)	\$	5	503.76							
C. Total Funds	Available (Sum O	f Lines A	and B)			4	5	1	32,759.63						
D. Total Expen	ditures (From Sch	edule II	[)			\$	5		0.00	1					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		4	5	13	32,759.63]					
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedul	e II)	4	5		0.00	4					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)		4	5		0.00						
				AFF:	IDAVI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	f this i	s a Ca	ndidate re	eport, ca	ndidate si	gn here.					
I swear (or affirm correct and compl) that this report, inc ete.	luding the	attached sc	hedules	filed on	paper	or by elect	ronic mee	dium, are to	the best o	of my knov	vledge	and beli	ef , true	
Sworn to and subs	scribed before me this day of	S	20						Signatur	e of Perso	on Submitt	ing Rep	oort		
	Signatu	Ire				_				Prir	nted Name				
My Commission E	-									Ema	ail				
	мо	DA	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee, G	Candio	late shall	sign hei	re.						
I swear (or affirm) No 320) as amendo) that to the best of r ed.	ny knowle	dge and beli	ef this	political	comn	nittee has n	ot violate	ed any provis	sions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subso	cribed before me this day of		20						5	Signature	of Candida	ite			
						_				Printe	ed Name				
	Signature					_				P					
My Commission Exp	bires									Ema	111				
	мо	D/	AY	YR		_		Area C	ode	D	aytime Te	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** AFT-PENNSYLVANIA From: <u>11/24/2020</u> **To:** <u>12/31/2020</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 503.76 \$ **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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 503.76 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					Reporting Period					
Fi					From:					
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

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

0.00

\$

PAGE 3

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				
			Fro	m:		Тс):		
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Cand	Reporting Period							
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed 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 Period	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	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 C	andidate		Reporting Period						
	From:			То:	:				
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I			1	1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc		Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	i Summaly Paye,	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	bd	
AFT-PENNSYLVANIA	From:	<u>11/24/2020</u> то:	<u>12/31/2020</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, 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:			То:			
				DATE		АМО	UNT
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	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					
					Fro	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					Occupation					
Employer Mailing Address/Principal Pla Business	ce 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							
	From			То:				
		DATE		AMOUNT				
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)				Description of Expenditure				
Enter Grand Total of Expenditures	an Pago 1. Poport C	over Dage Item F	`				PAGE TOTAL	
	on rage 1, Report C	over rage, item i				\$	0.00	