### **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				port ed B		CANDI	DATE		СОМ	4ITTEE	<b>✓</b>	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		AFT	-PEI	NSYI	VANIA									
Street Address:	3031 WALTON	N RD, BI	JILDING A,	STE	340												
City:	PLYMOUTH ME	EETING						State:	PA			Zip Cod	le: 19	9462			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA		POST-	3.		AMENDM REPORT?		Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	≣-	5.	30 DA		POST-	6.		TERMINATION Yes REPORT?				•	<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2021			FILING METHOD ( ) CHECK ONE						PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR	Number	Code			coue	
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR O	CODES)	,
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YE	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1 4	2	021	Т	0	3	:	29	2021						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			132,7	759.63						
B. Total Monet	ary Contributions A	And Rec	eipts (From	Sche	dule	ı)	\$			1,7	764.67						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			134,5	524.30						
D. Total Expen	ditures (From Scho	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line (	C)			\$			134,5	24.30						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	chedu	le II	[)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	)			\$				0.00			•			
				AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere. :	If th	is is	a Car	ndidate re	eport, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sch	nedule	s file	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	ıe
Sworn to and subs	cribed before me this day of	•	20							S	Signature	of Perso	n Submit	ting Rep	ort		_
			_				- -					Prin	ted Name	e			_
My Commission Ex	Signatu cpires	re										Ema	il				-
	мо	D	AY	YR			_		Arc	ea Cod	le	Daytim	e Teleph	none Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	tical	comm	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of 						_					Printe	d Name				-
	Signature						-										_
My Commission Exp	_											Ema	il				
	МО	D	AY	YR	l		-		Area	Code		Da	aytime T	elephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		_
AFT-PENNSYLVANIA	From:	1/4/2021	<u>l</u> To:	3/29/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	1,764.67
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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J 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			\$	1,764.67

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2		) in the			
				From:			:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	<b>!</b>	<b>I</b>	!		<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 Fining Committee of Candidate					Reporting Period From: To:				
					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	nme of Filing Committee or Candidate Repo				rting 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	ame of Filing Committee or Candidate			orting Pe	riod				
			Fron	n:		To	То:		
				D	ATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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	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 Period	I	
AFT-PENNSYLVANIA	From:	<u>1/4/2021</u> <b>To:</b>	<u>3/29/2021</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	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 Candid	ate		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	me of Filing Committee or Candidate				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>\$</b>	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	lame 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)	Descri	ption of Ex	penditure					
							PAGE TOTAL			
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L	).			<b>\$</b>	0.00			