Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 2000190 Number :						port		CANDI	DATE		СОМ	4ITTEE	✓	LOB	BYIST			
Name of Filing C	Committee, Candid	late or L	obbyist:		AFT.	-PEI	NNSYL	VANIA									_	
Street Address:	3031 WALTO	N RD, B	UILDING A,	STE	340													
City:	PLYMOUTH M	EETING					State: PA					Zip Code: 19462						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA' ELECTION	y pre	≣- !	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	•	/	
report type)	ANNUAL REPORT	7.	Year 2021				FILING METHOD () CHECK ONE						PAPER DISKETT					
Name of Office S	Sought by Candida	ite:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	ty	
								МО	DAY	YE	AR	Number	code			couc		
								11		2	2021		(SEE IN	ISTRUCTI	ONS FOR (CODES)		
Summary of Expenditures	Receipts and	МО	DAY	YEAR	ł		_	МО	DAY	YE	EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	irom:		6 8	2	021	Т	0	9	:	13	2021							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-		136,0	000.79							
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	· I)	\$			1,5	551.01							
C. Total Funds Available (Sum Of Lines A and B)							\$			137,5	551.80							
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash Balance (Subtract Line D From Line C)							\$			137,5	51.80							
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	()	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•				
				AFF	IDA	\VI	T SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign l	here.	If thi	is is	a Can	ndidate re	port, c	andi	date sig	ın here.						
I swear (or affirm) correct and complete) that this report, inc ete.	luding the	e attached scl	hedule	s filed	d on	paper (or by electi	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tru	ie,	
Sworn to and subs	cribed before me thi	s	20							s	ignature	of Perso	n Submit	ting Re	oort		-	
							- -					Prin	ted Nam	e			-	
My Commission Ex	Signatı opires	ıre						,				Ema	il				-	
	МО	D.	AY	YR			-		Are	ea Cod	le		e Telepi	none Nu	mber		-	
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andida	ate shall :	sign he	ere.							ī	
I swear (or affirm) No 320) as amende	that to the best of	my knowl	edge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	,	
Sworn to and subso	ribed before me this										s	ignature o	of Candid	ate			-	
	day of						_										_	
	Cit						-					Printe	d Name					
My Commission Exp	Signature ires											Ema	il				⁻	
	мо	D	AY	YR	l .		-		Area	Code		Da	aytime T	elephor	ne Numb	er	.	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
AFT-PENNSYLVANIA	From:	6/8/202	<u>1</u> To:	9/13/2021			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	g Period	(1)	\$	1,551.01			
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	g 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	g Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting	g Period	(4)	\$	0.00			
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,551.01			

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the			
Name of Filling Committee of Candidate			From:			То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	_		!		<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 or Candidate			Rep	oorting P				
Fr):		
					DATE		АМ	OUNT
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.

lame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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	Reporting Period								
			Fron	n:		То	То:		
				D	ATE		AMOUNT		
Full Name of Contributor					DAY	YEAR			
Mailing Address							\$	0.00	
City State Zip Code (Plus 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.			PAC	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	Name of Filing Committee or Candidate				od			
			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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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:	6/8/2021 To:	9/13/2021
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 Candid	lame of Filing Committee or Candidate						
	From:			То:			
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address	Mailing Address					\$	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 Sun	nmary Pag	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					Re	porting	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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (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		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
).			\$	0.00