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			Repoi Filed			CANDI	DATE		СОМ	4ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		AFT-PE	NNS	YL	VANIA									
Street Address:	3031 WALTO	N RD, B	UILDING A, S	STE 3	340												
City:	PLYMOUTH M	EETING					9	State:	PA			Zip Cod	ie: 19	9462			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.	30 E PRII			POST-	3.		AMENDM REPORT		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE-	- 5. X	30 E			POST-	6.		TERMINA REPORT		Yes	No	•	\
report type)	ANNUAL REPORT	7.	Year 2021						METHOD PAPER I					DISKE	TTE		
Name of Office S	Sought by Candida	ite:			-			DATE O	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Coun	
								мо	DAY	Y	EAR	- rumber	Todac			couc	<u>'</u>
								11		2	2021		(SEE IN	STRUCTI	ONS FOR (CODES))
•	Receipts and	МО	DAY Y	EAR				мо	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	5 Trom:		9 14	20)21	ГО		10		18	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			137,	551.80						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	ched	dule I)		\$				852.83						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			138,	404.63						
D. Total Expend	ditures (From Sch	edule II	I)				\$			(600.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			137,8	304.63						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			1			
			P	٩FFI	[DAV	IT S	EC	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f this i	s a Ca	and	didate re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sched	dules	filed or	n pape	er o	r by electi	ronic m	edium	i, are to t	he best o	f my kno	wledge	and beli	ef , tru	ue
Sworn to and subs	cribed before me thi day of	s	20								Signature	of Perso	n Submit	ting Re _l	oort		_
	Signatu	ıre				_						Prin	ted Name	e			_
My Commission Ex	cpires							•				Ema	il				_
	мо	D	AY	YR					Are	ea Co	de	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee,	Candi	ida	te shall :	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	my knowle	edge and belief	this	politica	l com	mit	tee has n	ot viola	ted ar	ny provis	ions of th	e act of J	une 3,1	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	pires											Ema	II				
	мо	D	AY	YR		_			Area	Code		Da	aytime T	elephor	ne Numb	er	⁻

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
AFT-PENNSYLVANIA	From:	9/14/202	<u>1</u> To:	10/18/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	852.83
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			\$	852.83

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Comm	nittee or Candidate		Reporti	ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing Committee		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

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 Filling Committee of Camulate					Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	1						

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 Candi	date		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	ame of Filing Committee or Candidate					riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	E 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	od	
AFT-PENNSYLVANIA	From:	<u>9/14/2021</u> To:	10/18/2021
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:			To:	
				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 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 Candidate	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
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	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period						
AFT-PENNSYLVANIA	AFT-PENNSYLVANIA					From <u>9/14/2021</u> To:						
				DATE			AMOUNT					
To Whom Paid Labor PAC AFL-CIO	мо	DAY	YEAR									
Mailing Address 3031 Walton RD BI	.DG C Suite 300		10	11	2021	\$	600.00					
City Plymouth Meeting State Zip Code (Plus 4) PA 19462				otion of Exp oution	enditure							