#### **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			Repo Filed			CANDI	DATE		СОМ	<b>ITTEE</b>	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		AFSCM	IE PEN	NNS	SYLVAN	IA								
Street Address:	1625 L STRE	ET NW															
City:	WASHINGTOI	N					St	tate:	DC			Zip Cod	<b>le:</b> 20	0036			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PE PRIMARY	RE-	2.	30 D PRIM			OST-	3.		AMENDM REPORT		Yes	No	•	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PELECTION	RE-	- 5.	30 D ELEC			OST-	6. <b>X</b>		TERMINA REPORT		Yes	No	•	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2021				ING METHOD ) CHECK ONE					PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•				D	ATE O	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Coun	
							М	10	DAY	YI	EAR		10000	-			
								11		2	2021		(SEE IN	STRUCTI	ONS FOR C	ODES	)
	Receipts and	МО	DAY YE	AR			М	10	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		10 19	20	21	ТО		11	7	22	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$	\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From Scl	hed	lule I)	\$	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	\$				0.00						
D. Total Expend	ditures (From Sch	edule II	I)			\$	\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			9	\$				0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	dule	e II)	9	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$	\$				0.00			•			
			AF	FI	DAV	IT SE	EC <sup>-</sup>	TION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	e. I1	f this	s a Ca	ndi	idate re	port, c	andi	date sig	jn here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached schedu	les	filed o	1 paper	r or	by electi	onic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	ue
Sworn to and subs	cribed before me thi day of	s	20							5	Signature	of Perso	n Submit	ting Re <sub>l</sub>	oort		_
	Signatu	ıre	_			_						Prin	ted Name	e			_
My Commission Ex	cpires											Ema	il				-
	мо	D	AY Y	/R					Are	ea Cod	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Con	nm	ittee,	Candio	date	e shall s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	my knowl	edge and belief tl	nis Į	politica	l comn	nitte	ee 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 subso	ribed before me this										s	ignature o	of Candid	ate			-
	day of —— ————					_						Printe	d Name				-
	Signature					_									_		
My Commission Exp	ires											Ema	il				
	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		
AFSCME PENNSYLVANIA	From:	10/19/202	<u>1</u> To:	11/22/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	0.00
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	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			\$	0.00

#### **PART A**

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

\$50.01 TO \$250.00

Use	this Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate Rep				ing Pe	eriod			
			From:			То	:	
		-			DATE			AMOUNT
Full Name of Contribut	ting Committee		мс	)	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	<u>'</u>	<u>'</u>						DACE 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	orting P	eriod				
				From: To				o:	
					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			g 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.)

ame of Filing Committee or Candidate			Reporting Period						
Fr						To	То:		
				D	ATE		A	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s <b>4</b> )						
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.			1	PAGE TOTAL	
							<b>\$</b>	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 Co	Name of Filing Committee or Candidate			ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Summary r uge,	Section	•			\$	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 Per	iod	
AFSCME PENNSYLVANIA	From:	<u>10/19/2021</u> <b>To:</b>	11/22/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidate Re				Reporting Period					
	From:								
				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 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				Re	Reporting Period						
					Fro	om:		To:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	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	etaile	ed				<b>PAGE TOTAL</b> 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 I							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D	).			\$	0.00