Campaign Finance Report

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

Filer Identificat Number :	ion 2000	Report Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST	Г					
	Committee, Candid	date or L	obbyist:		AFT-PEN	-	LVANIA										
Street Address:																	
City:	PLYMOUTH M	IEETING					State: PA					Zip Code: 19462					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE		30 D/ PRIM		POST-	3.		AMENDN REPORT		Yes	Ν	0	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.		30 DAY POST- 6. ELECTION				TERMIN REPORT	Yes	Ν	0	\checkmark		
report type)	ANNUAL REPORT	7.	Year 2022				NG METHO CHECK O				PAPER		\checkmark	DISK	ETTE		
Name of Office	L Sought by Candida	ate:					DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Cod	e Cou Code		
							мо	DAY	YE	AR							
							11		8	2022		(SEE INS	STRUCTI	ONS FOR	CODES	5)	
Summary of Expenditure	Receipts and s from:	мо	DAY	YEAR		~	мо	DAY		EAR	FC	OR OFFIC	E USE	ONLY	,		
-			1 3	2	022 T		3		8	2022	4						
	bught Forward Fro		•	n Sche	dule T)	\$		1		055.87 596.00							
	Available (Sum O		· `								-						
	ditures (From Sch		-			\$		1		551.87 500.00							
-	n Balance (Subtrac		-	C)		\$		1		51.87							
F. Value Of In	-Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$				0.00							
G. Unpaid Deb	ts And Obligations	s (From S	Schedule I\	/)		\$				0.00							
				AFF	IDAVI	T SE	CTION										
PART I - If this	is a Committee rep	oort, trea	isurer sign	here.	If this is	a Ca	ndidate re	eport, ca	andi	date sig	gn here.						
I swear (or affirm correct and comp	i) that this report, inc lete.	cluding the	e attached so	hedules	s filed on	paper	or by elect	ronic me	dium	, are to f	the best o	f my knov	vledge	and be	lief , tı	rue	
Sworn to and sub	scribed before me thi day of	is	20						S	Signature	e of Perso	n Submitt	ing Rep	oort		-	
	Signati	ure				-					Prin	ted Name				-	
My Commission E	xpires					_					Ema	il				_	
	мо	D	AY	YR				Are	a Cod	le	Daytin	ne Teleph	one Nu	mber			
	a report of a can) that to the best of led.				•			-		ıy provis	ions of th	e act of Ju	ıne 3,1	937 (P.	L. 133	3,	
Sworn to and subscribed before me this day of 20										s	ignature	of Candida	ite			-	
						-					Printe	ed Name				-	
My Commission Ex	Signature pires					-					Ema	il				—	
	мо	D	AY	YR	1	-		Area C	Code		D	aytime Te	elephon	e Num	ber	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	a Period		
AFT-PENNSYLVANIA	From:	<u>1/3/202</u>	<u>2</u> To:	<u>3/28/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	1,596.00
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	\$	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			\$	1,596.00

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					
				From: To:					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00	

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 Candida	te		Rep	orting P	eriod				
			Fror	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 Schedule I, Detailed Summary Page, Section 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 Candidate			Reporting Period						
				m: To:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary 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					
Fro					From:				
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section				on 3.			P#	AGE TOTAL 0.00	

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 Candidate			Reporting Period							
			From: To:							
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	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 Period		
AFT-PENNSYLVANIA	From:	<u>1/3/2022</u> To:	<u>3/28/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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			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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,	F	PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period				
						То:		
					DATE		AMOUNT	
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor			Occupation					
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Nam	Name of Filing Committee or Candidate				ng Period					
AFT-PENNSYLVANIA					From <u>1/3/2022</u> To: <u>2</u>					
					DATE AM					
To W	To Whom Paid				DAY	YEAR				
Labo	r PAC AFL-CIO			мо						
Maili	ng Address			2	9	2022	\$	600.00		
City	Plymouth Meeting	State	Zip Code (Plus 4)) Description of Expenditure						
		PA	19462	Contribution						
								PAGE TOTAL		
Ente	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	600.00		