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 200 | 0190 | | | | Repor Filed I | | CA | NDI | DATE | | СОМ | 4ITTEE | ✓ | LOB | BYIST | | |
|--|--------------------------------|-------------|-----------|--------------|------------|------------------|----------|----------|--------|----------|-------------|-------------|----------------------|----------------|---------|---------|---------|----------|
| Name of Filing C | ommittee, Candi | date or L | obbyis | it: | Α | FT-PE | NNSY | LVAN | ΙA | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | PLYMOUTH N | MEETING | | | | | | State | e: | PA | | | Zip Cod | le: 19 | 462 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND F | RIDAY ARY | PRE- | 2. | 30 DA | | Р | OST- | 3. | | AMENDMENT REPORT? | | Yes | N | 0 | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND F | | PRE- | 5. | 30 D | | Р | OST- | 6. X | | TERMINA REPORT? | | Yes | N | 0 | √ |
| report type) | | | | | | | | | | | PAPER | | √ | DISK | ETTE | | | |
| Name of Office S | ought by Candid | ate: | | | | • | | DAT | ΈO | F ELE | CTI | ON | District Number | Office Code | Pai | ty Code | Code | |
| | | | | | | | | МО | | DAY | Y | EAR | | | | | | |
| | | | | | | | | | 11 | | 8 | 2022 | | (SEE INS | TRUCTI | ONS FOR | CODES |) |
| | Receipts and | МО | DA | Y | YEAR | | | МО | | DAY | Y | EAR | FO | R OFFIC | E USE | ONLY | | |
| Expenditures | irom: | | 10 | 25 | 20 | 22 1 | О | | 11 | | 28 | 2022 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | | 172, | 726.87 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (| (From | Sched | ule I) | \$ | <u> </u> | | | | 851.00 | | | | | | |
| C. Total Funds | Available (Sum C | of Lines A | and B | 3) | | | \$ | ; | | | 173, | 577.87 | | | | | | |
| D. Total Expend | ditures (From Sc | hedule II | Ι) | | | | \$ | ; | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From | Line C | :) | | \$ | ; | | : | 173, | 577.87 | | | | | | |
| F. Value Of In- | Kind Contribution | ns Receiv | ed (Fr | om Sc | hedule | e II) | \$ | ; | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligation | s (From S | Schedu | ıle IV) |) | | \$ | ; | | | | 0.00 | | | | | | |
| | | | | | AFFI | DAVI | T SE | CTI | NC | | | | | | | | | |
| PART I - If this is | | - | | _ | | | | | | | | _ | | J | .11 | | :-e | |
| correct and comple |) that this report, in ete. | cluaing the | e attacr | iea scn | eaules | riiea on | paper | ог ву | eiecti | ronic m | eaiun | n, are to t | ne best of | r my knov | vieage | and bei | ier, tr | ue |
| Sworn to and subs | cribed before me th day of | is | 20 | | | | | | | | | Signature | of Perso | 1 Submitt | ing Re | oort | | |
| | Signat | ure | | | | | <u>-</u> | | | | | | Print | ted Name | | | | |
| My Commission Ex | rpires | | | | | | _ | | • | | | | Emai | I | | | | |
| | МО | D | AY | | YR | | | | | Ar | ea Co | de | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a car | ndidate's | autho | rized (| Commi | ittee, C | Candid | late s | hall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | my knowl | edge an | nd belie | f this p | oolitical | comm | ittee h | as n | ot viola | ted a | ny provis | ions of the | e act of Ju | ine 3,1 | 937 (P. | L. 133 | 3, |
| Sworn to and subsc | ribed before me thi | s | 20 | | | | | | | | | s | ignature o | of Candida | ite | | | _ |
| | | | _ 20 _ | | | | _ | | | | | | Printe | d Name | | | | - |
| | Signature | 1 | | | | | _ | | | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | Emai | il | | | | |
| | МО | D | AY | | YR | | _ | | | Area | Code | | Da | ytime Te | elephor | ne Num | ber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | | | | |
|--|-------------------------------|----------|----|--------|--|--|--|
| AFT-PENNSYLVANIA | FT-PENNSYLVANIA From: 10/25/2 | | | | | | |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 851.00 | | | |
| 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 |) 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 | | | \$ | 851.00 | | | |

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 | | | | |
|---------------------------------------|-------|-------------------|-----------|------|------|----|--------|
| | | F | rom: | | То | : | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributing 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.

| (Ex | clude contributions from | political comm | | | | in Part | A) | |
|-------------------------|---------------------------------|-------------------|-----|----------|-------|---------|------------|------------|
| Name of Filing Comm | nittee or Candidate | | Rep | orting P | eriod | | | |
| | | | Fro | m: | | To |) : | |
| | | I | | | DATE | | | AMOUNT |
| Full Name of Contribute | or | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) |) | | | | | |
| | | · | | | | | | PAGE TOTAL |
| Enter Grand Total | al of Part A on Schodule T. Dot | ailed Summary Bad | . S | action 3 | , | | _ | 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 | | Þ | AMOUNT | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | \$ | 0.00 | | |
| Mailing Address | | | | | | | 7 | 0.00 | | |
| City | State | Zip Cod | e (Plus 4) | | | | | | | |
| | | | | | | | • | PAGE TOTAL | | |
| Enter Grand Total of Part C on Schee | dule 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 | me of Filing Committee or Candidate | | | | | Reporting Period | | | | | |
|--|-------------------------------------|-----------|------------|--------------|--------|------------------|------|-------|---------------|--|--|
| | | From: To: | | | | | | | | | |
| | | | | | D | ATE | | | AMOUNT | | |
| Full Name of Contributor | | | | | МО | DAY | YEAR | \$ | 0.00 | | |
| Mailing Address | | | | | | | | | | | |
| City | State | Zip | Code (Plus | s 4) | | | | | | | |
| Employer Name | | | | | Occupa | tion | | | | | |
| Employer Mailing Address/Principal Place | e of Business | | City | | • | State | | Zip (| Code (Plus 4) | | |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | umm | ary Page, | Section | on 3. | | | | 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 | ing Peri | od | | | |
|---------------------------|---------------------------|-----------------|-------------|----------|-----|------|----------|------------|
| | | | From: | | | To: | | |
| | | ' | | | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (P | Plus 4) | | | | | |
| Receipt Description | ' | | | | | | <u> </u> | |
| | - C | | . .: | _ | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | 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 Peri | od | |
|--|----------------|------------------------------|------------|
| AFT-PENNSYLVANIA | From: | <u>10/25/2022</u> To: | 11/28/2022 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER 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 Can | Reporting Period | | | | | | | |
|---------------------------------|----------------------|------------------------|---------|---------|------|-------------|------------|----|
| | From: | | | | | | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | 0.0 | 10 |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | • | | • | • | | | | |
| | | | | | | | | |
| Enter Grand Total of Part F or | n Schedule II, In-Ki | nd Contributions Detai | led Sun | mary Pa | ge, | | PAGE TOTAL | |
| Section 2. | | | | | | \$ | 0.0 | 0 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | orting | Period | | | | |
|---|------------------|------|------------------|--------|--------|--------------|-------|------|---------------------|------|
| From: | | | | | | | То: | | | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | - | | | | | \$ | 0.00 |
| City | State | ; | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | ation | | | | |
| Employer Mailing Address/Principal Plac | e of Business | City | ′ | State | e Zip | Code(Plus 4) | Descr | ript | ion of Contribution | on |
| Enter Grand Total of Part G on Scho | edule II, In-Kir | nd C | ontributions De | etaile | ed | | | | PAGE TOT | ΓAL |
| Summary Page, Section 3. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name 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) | Descrip | tion of Exp | enditure | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D | | | | | | | PAGE TOTAL | | |
| Lines Grand Total Of Expenditures of | ni rage 1, kepoit C | over rage, Item L | , . | | | \$ | 0.00 | | |