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			Report		CANDI	CANDIDATE COMMITTEE \(\square\) LOBBYIST								
Name of Filing C	Committee, Candid	ate or L	obbyist:	Al	FT-PEI	NNSYI	VANIA									
Street Address:	3031 WALTO	N RD, B	UILDING A, STE	34	10											
City:	PLYMOUTH M	EETING					State:	PA			Zip Cod	ie: 19	19462			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	E-	2.	30 DA		POST-	3.		AMENDM REPORT		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PF ELECTION	RE-	5.	30 DA		POST- 6.			TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7. X	Year 2022				NG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:	-				DATE O	F ELE	CTIO	N	District Number	Office Code	Pai	ty Code	Count	ty
	· ,						МО	DAY	YE	AR	Number	Todae			couc	
							11		8	2022		(SEE IN	STRUCTI	ONS FOR (ODES)	
Summary of Expenditures	Receipts and	МО	DAY YEA			_	МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
——————————————————————————————————————			11 29	202	22 T	0	12		31	2022						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$				577.87						
B. Total Moneta	ary Contributions	And Rec	eipts (From Sch	edu	ule I)	\$				242.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			173,8	319.87						
D. Total Expend	ditures (From Sch	edule II	I)			\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$			173,8	19.87						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	ule	II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•			
			AF	FII	DAVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	If	this is	a Car	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached schedul	es fi	iled on	paper	or by elect	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 day of	s	20						S	Signature	of Perso	n Submit	ting Re	oort		_
	Signatu	ıre				- -					Prin	ted Name	e			-
My Commission Ex	_										Ema	il				-
	мо	D	AY Y	R		_		Are	ea Coc	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Com	mit	ttee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowle	edge and belief th	is po	olitical	comm	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 subsc	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 Y	R		-		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:	11/29/202	<u>2</u> To:	12/31/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	242.00
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	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			\$	242.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Committee or Candidate				porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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 of Candidate				oorting P m:				
					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 Reportin			Reporting	ng 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.)

Name of Filing Committee or Candidate			Repo	orting Pe	riod				
	Fr					To	То:		
				D	ATE		A	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
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	
							\$	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 Per	iod	
AFT-PENNSYLVANIA	From:	<u>11/29/2022</u> To:	12/31/2022
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 Candidate				g Period	Reporting Period					
	From:									
				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	те Г		PAGE TOTAL			
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL			
						\$	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:	То	То:			
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3.				etaile	ed					PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti						
	From			То:			
				DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
Lines Grand Total Of Expenditures	on rage 1, Ke	eport Cover Page, Item D	•			\$	0.00