Campaign Finance Report

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

Filer Identification 2000190 Number :					Rep File			CAND	DATE	COMM			√	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		AFT.	-PEI	NSYI	LVANIA									
Street Address:	3031 WALTON	N RD, BI	UILDING A,	STE	340												
City:	PLYMOUTH ME	EETING			State: PA				Zip Code: 19462								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DAY P PRIMARY		POST-	3.		AMENDMENT REPORT?		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	≣- !	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2023					NG METH CHECK O				PAPER		PER DI		TTE	
Name of Office S	Sought by Candida	te:	-					DATE (F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
	,							МО	DAY	YI	AR	Number	code			couc	
								11		7	2023		(SEE IN	STRUCTIO	ONS FOR O	ODES)	,
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	xpenditures from: 1 1 2023 TO 3 27 20							2023									
A. Amount Brought Forward From Last Report							\$			173,8	319.87	1					
B. Total Monetary Contributions And Receipts (From Schedule							\$			1,4	188.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			175,3	307.87						
D. Total Expenditures (From Schedule III)							\$			5,0	00.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			170,3	07.87						
F. Value Of In-	Kind Contributions	Receiv	ed (From Se	chedu	le II)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•			
				AFF	IDA	١٧٧	T SE	CTION									
	s a Committee rep	-	_								_						
correct and comple) that this report, incl ete.	uding the	attached sci	nedules	s filed	on	paper	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	1e
Sworn to and subs	cribed before me this day of	3	20							5	Signature	of Perso	n Submit	ting Rep	ort		_
	Signatu						- -					Prin	ted Name	e			_
My Commission Ex	_								-			Ema	il				-
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Telepl	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has ı	not viola	ted ar	y provis	ions of the	e act of J	une 3,19	937 (P.L	. 1333	s,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			-
	day of 						-					Printe	d Name				-
	Signature						-										_ [
My Commission Exp	_											Ema	il				
	МО	D	AY	YR	1		•		Area	Code		Da	aytime T	elephon	e Numb	er	·

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
AFT-PENNSYLVANIA	From:	1/1/202	<u>3</u> To:	3/27/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	1,488.00
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			\$	1,488.00

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 C	ame of Filing Committee or Candidate		Reporting Period						
		Fi	rom:		То	•			
		•		DATE			AMOUNT		
Full Name of Contributing Comm	ittee		МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 Candi	date			Rep	orting P	eriod			
			From:			То	То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	z	ip Code (Plus 4))					
	•							$\overline{}$	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	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	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary 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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary 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>1/1/2023</u> To:	<u>3/27/2023</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Car	ndidate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting			
AFT-PENNSYLVANIA	From	1/1/2023	То:	3/27/2023

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Malcolm for PA PAC			MO		ILAK		
Mailing Address P O Box 3307				21	2023	\$	5,000.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19103	Contrib	ution			
		PAGE TOTAL					
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							5,000.00