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			Repo Filed		CA	ANDI	DATE		COM	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee	, Candida	ate or L	obbyist:	,	AFT-P	ENNS	YLVAN	IIA									-
Street Address:	3031	WALTON	I RD, BI	JILDING A	, STE	340												
City:	PLYM(OUTH ME	ETING					Stat	e:	PA			Zip Cod	l e: 19	462			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	AY PRE-	2.	30 E PRIN	DAY MARY	P	POST-	3.		AMENDM REPORT?		Yes	No	0	\
(place X to the right of	6TH TUES		4. X	2ND FRIDA	AY PRE	- 5.	30 E	DAY CTION	P	POST-	6.		TERMINATION REPORT?		Yes	N	0	\
report type)	ANNUAL	REPORT	7.	Year 2023	3			ING M) CHE					PAPER		\	DISK	TTE	
Name of Office S	ought by	Candidat	e:					DA [*]	ΓΕ Ο	F ELE	CTIC	N	District Number	Office Code	Pa	rty Code	Cour	
								МО		DAY	YI	EAR						
									11		7	2023		(SEE INS	TRUCT	ONS FOR	CODES)
Summary of		and	МО	DAY	YEAR			МО		DAY	Y	EAR	FO	R OFFIC	E USI	ONLY		
Expenditures	from:			6 6	5 20	023	то		9		18	2023						
A. Amount Bro	ught Forw	ard From	ı Last R	eport			;	\$			166,	137.87						
B. Total Moneta	ary Contri	butions A	and Rec	eipts (Froi	n Sche	dule I)	\$			1,	153.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			167,	290.87						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$			3,3	396.25						
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$:	163,8	394.62						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	Schedul	e II)		\$				0.00						
G. Unpaid Debt	s And Obl	igations	(From S	Schedule I	V)			\$				0.00		•				
					AFF	IDA۱	/IT S	ECTI	ON									
PART I - If this is		•	•							•								
I swear (or affirm) correct and complete		eport, incli	uding the	attached so	chedules	filed o	n pape	r or by	electi	ronic m	edium	i, are to t	he best of	my knov	vledge	and bel	ief , tr	ue.
Sworn to and subs	cribed befo day of	re me this		20							5	Signature	of Persor	n Submitt	ing Re	port		
		Signatur	'A				_						Print	ed Name				_
My Commission Ex	cpires	o.g.iatai	-										Emai	I				-
	- N	10	D	AY	YR					Ar	ea Co	de	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report	of a cand	idate's	authorized	l Comm	ittee,	Candi	date s	hall	sign h	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and be	lief this	politic	al com	mittee	has n	ot viola	ted ar	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc		e me this										s	ignature o	f Candida	ite			-
	day of												Printe	d Name				-
	s	ignature					_											_
My Commission Exp													Emai	il				
	_	мо	D	AY	YR					Area	Code		Da	ytime Te	elepho	ne Numl	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
AFT-PENNSYLVANIA	From:	6/6/202	<u>3</u> To:	9/18/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	1,153.00
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			\$	1,153.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize only with an aggregate valu							
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		-			DATE			AMOUNT
Full Name of Contributin	ng 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.

(Exclude contributions from political committees reported in Part A)

Name of Filling Committee of Candidate				Reporting Period From: To:					
			l		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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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	ame of Filing Committee or Candidate				riod			
			Fron	n:		To):	
				D	ATE		АМС	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(GE 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	ting Perio	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. Detaile	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 Period		
AFT-PENNSYLVANIA	From:	6/6/2023 To:	9/18/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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 Candid	ate		Reportin	g Period			
			From:			To:	
				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 Sun	nmary Pag	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 P	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						Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sci	nedule II, 1	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL
Summary Page, Section 3.	-, -									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period				
AFT-PENNSYLVANIA			From	9/18/2023				
		,	DATE AMOU					
To Whom Paid Heffler Radetich and Saitta			МО	DAY	YEAR			
Mailing Address 1515 Mark	ret Street Ste 1700		7	18	2023	\$	646.25	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Descrip Accoun	ption of Exp	penditure			
To Whom Paid Heffler Radetich and Saitta			МО	DAY	YEAR			
Mailing Address 1515 Mark	et Street Ste 1700		7	18	2023	\$	2,750.00	
CityPhiladelphiaStateZip Code (Plus 4)PA19102				ption of Exp	penditure			
	,	.					PAGE TOTAL	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

3,396.25