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 2016	50281			Repor Filed I		CAND	IDATE		СОМ	ITTEE	✓	LOB	BYIST	
Name of Filing C	Committee, Candid	late or L	obbyist:		AFSCM	E PEN	NSYLVA	NIA							
Street Address:	1625 L STRE	ET NW													
City:	WASHINGTO	N					State:	DC			Zip Cod	de: 20	0036		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2.	30 DA		POST-	POST- 3.			IENT ?	Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY I ELECTION	PRE-	- 5. X		AY TION	POST-	6.		TERMIN/ REPORT		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2023				NG METH CHECK (PAPER		$\overline{}$	DISKE	TTE
Name of Office S	Sought by Candida	ite:	-		-		DATE	OF ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
							МО	DAY	YI	AR	, rumber	Toolic			Couc
							1	1	7	2023		(SEE IN	STRUCTI	ONS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY YE	AR			МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY	
			9 19	20)23	<u> </u>	1	0	23	2023					
A. Amount Bro	ught Forward Fro	m Last R	eport			\$				0.00					
B. Total Monet	ary Contributions	And Rec	eipts (From Sc	hec	dule I)	\$			100,0	00.00					
C. Total Funds Available (Sum Of Lines A and B) \$ 100,000.						00.00									
D. Total Expend	ditures (From Sch	edule II	I)			\$			100,0	00.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$				0.00					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II)	\$,			0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$,			0.00					
			А	FF	[DAV]	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f this is	a Ca	ndidate	report,	candi	date sig	gn here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sched	ules	filed on	paper	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me thi day of	s	20						5	Signature	of Perso	n Submit	ting Re _l	oort	
	Signati	ıre	_			<u>-</u>					Prin	ted Name	9		
My Commission Ex	cpires										Ema	il			
	мо	D	AY	YR				Ar	ea Cod	le	Daytim	e Telepl	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee, (Candid	ate shal	l sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of e	my knowl	edge and belief t	:his	political	comm	ittee has	not viola	ted ar	y provis	ions of th	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	YR		_		Area	Code		D	aytime T	elephor	ne Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
AFSCME PENNSYLVANIA	From:	9/19/202	<u>3</u> To:	10/23/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	100,000.00
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	(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			\$	100,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
		From: To) :		
		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 Filling Committee of Candidate			Re _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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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 Reporting Period		riod								
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
lailing ddress ity State Zip Code (Plus 4)							\$		0.00	
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Ca	ndidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•				•	•	
Enter Grand Total of Part E on	Schedule T Detailed	l Summary Page	Section	4			ı	PAGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	. Janimary rage,	Section				\$	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 Perio	d	
AFSCME PENNSYLVANIA	From:	<u>9/19/2023</u> To:	<u>10/23/2023</u>
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		Reporting	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 Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	e Reporting Period					
AFSCME PENNSYLVANIA	From	9/19/2023	То:	10/23/2023		

						DATE				
	To Whom Paid Pennsylvanians for Judicial Fairness					YEAR				
Mailing Address 1735 Market Street, Suite A 503				9	20	2023	\$	100,000.00		
City	Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	·	PA	19103	Contrib	ution					
			•					PAGE TOTAL		
Enter 6	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							100,000.00		