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 :	ion 2000)190			Repor Filed E		CANDI	DATE	C	СОММ	ITTEE	✓	LOBI	BYIST			
Name of Filing C	Committee, Candid	ate or Lo	obbyist:	A	FT-PE	NNSY	LVANIA										
Street Address:																	
City:	PLYMOUTH M	EETING					State:	PA			Zip Code: 19462						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.				30 D. PRIM		POST- 3.			AMENDM REPORT		Yes	No	· 🗸		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.				30 D. ELEC	AY F TION	POST- 6.			TERMINA REPORT		Yes	No	° √		
report type)	ANNUAL REPORT	7. X	Year 2023				NG METHO				PAPER		\checkmark	DISK	TTE		
Name of Office S	L Sought by Candida	te:					DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	County		
							мо	DAY	YEAR	٤		10000			10000		
							11		7 2	023		(SEE INS	TRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	ર	FO	R OFFIC	E USE	ONLY			
Expenditures	s from:	1	1 28	20	23 T	0	1		1 2	024							
A. Amount Bro	ught Forward Fro	m Last Ro	eport			\$	_	1	.64,873	3.12							
B. Total Monetary Contributions And Receipts (From Schedule I)							;		422	2.00							
C. Total Funds Available (Sum Of Lines A and B)						\$;	1	.65,295	5.12							
D. Total Expenditures (From Schedule III)					\$;		4,200	0.00								
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$		1	61,095	.12							
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedule	e II)	\$	5		0	.00							
G. Unpaid Debt	ts And Obligations	(From S	chedule IV	()		\$	5		0	0.00							
				AFFI	DAVI	T SE	CTION										
	s a Committee rep		-							-							
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sc	hedules	filed on	paper	or by elect	ronic me	dium, ar	e to t	he best o	f my knov	vledge	and bel	ief , true		
Sworn to and subs	cribed before me this day of	5	20						Sign	ature	of Perso	n Submitt	ing Rep	oort			
	Signatu	ire				_					Prin	ted Name					
My Commission E	2					_					Ema	il					
	мо	DA	AY	YR				Are	a Code		Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's a	authorized	Commi	ittee, C	andic	late shall	sign he	re.								
I swear (or affirm) No 320) as amende	that to the best of r ed.	ny knowle	edge and beli	ef this p	olitical	comn	nittee has n	ot violat	ed any p	rovisi	ons of th	e act of Ju	ine 3,1	937 (P.I	L. 1333,		
Sworn to and subso	ribed before me this day of		20							Si	gnature o	of Candida	ite				
						-					Printe	d Name					
My Commission Exp	Signature bires					-					Ema	il					
	мо	D/	AY	YR		-		Area C	Code		Di	aytime Te	elephon	e Numt	per		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** AFT-PENNSYLVANIA From: <u>11/28/2023</u> To: <u>1/1/2024</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 422.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 422.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Period						
				From: To:			1			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

PART B 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 Candida	te			oorting P	eriod					
			Fro	From: To):		
					DATE			AMOUNT		
Full Name of Contributor				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										

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	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	0.00		

PART D 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 R				Reporting Period						
From:				n:		Т	То:			
				D	ATE		АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							PAGE TOTAL \$ 0.00			

PART E **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			Reporting Period						
			From:			То:			
				D	ATE			AMOUNT	2
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	•				•				
		_						PAGE TO	TAL
Enter Grand Total of Part E on Schedule I, Detailed 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 Perio	bd									
AFT-PENNSYLVANIA	From:	<u>11/28/2023</u> To:	<u>1/1/2024</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, 1		\$	0.00								

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period						
						То:			
				DATE			AMOUNT		
Full Name of Contributor	мо	DAY	YEAR						
Mailing Address] \$	0.0)0	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	le,	PAGE TOTAL							
						\$	0.0	0	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
				From:						
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporti	Reporting Period						
AFT-PENNSYLVANIA				From	<u>11/28</u>	<u>3/2023</u>	То:	<u>1/1/2024</u>			
					DATE			AMOUNT			
To Whom Paid				мо	DAY	YEAR					
Friends of Elizabeth Fiedler											
Mailing Address Po Box 2468				12	14	2023	\$	1,000.00			
CityPhiladelphiaStateZip Code (Plus 4)				Descrip	tion of Exp	enditure					
		РА	19147	Contrib	ution						
To Whom Paid Friends of Nikil Saval				мо	DAY	YEAR					
Mailing Address 525 Queen Street				12	14	2023	\$	1,000.00			
City Philadelphia		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		РА	19147	Contrib	ution						
To Whom Paid				мо	DAY	YEAR					
Leanne for PA											
Mailing Address POB	30x 22			12	14	2023	\$	1,000.00			
City Swarthmore		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		РА	19081	Contrib	ution						
To Whom Paid Heffler Radetich and Sait	tta			мо	DAY	YEAR					
Mailing Address 1515	Market Street	Ste 1700		12	14	2023	\$	1,200.00			
City Philadelphia State Zip Code (Plus 4)			Descrip	ion of Exp	enditure	1					
PA 19102				Accounting							
								PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.).			\$	4,200.00				