### **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 :	<b>on</b> 20	00190				Repo Filed			CAN	IIDN	DATE		СОМИ	1ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, Cand	lidate or I	obbyi	st:	Α	AFT-PI	ENNS	SYL	VANI	Α			<u> </u>						
Street Address:	3031 WALT	ON RD, E	BUILDI	NG A,	STE 3	40													
City:	PLYMOUTH	MEETING	İ						State	:	PA			<b>Zip Code:</b> 19462					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND PRIM		Y PRE-	2.		30 DAY F PRIMARY		Р	OST-			AMENDMENT REPORT?		Yes	١	lo	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND   ELEC		Y PRE-	5.		DA ECT	Y ION	Р	OST-	6. <b>X</b>	(	TERMINA REPORT?		Yes	١	lo	<b>/</b>
report type)	ANNUAL REPOR	<b>RT</b> 7.	Year	2024						METHOD PAPER HECK ONE					<b>√</b>	DISK	ETTE		
Name of Office S	ought by Candi	date:				•			DATI	E O	F ELE	CTI	ON	District Number	Office Code	Pai	ty Cod	e Cour	
									МО		DAY	Y	/EAR		•				
										11		5	2024		(SEE INS	TRUCTI	ONS FO	CODES	5)
Summary of Receipts and Expenditures from:									МО		DAY	Y	/EAR	FO	R OFFIC	E USE	ONLY	7	
Expenditures	trom:		10	22	20	24	то			11	:	25	2024						
A. Amount Bro	ught Forward Fi	om Last I	Report					\$				163,	,593.47						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 3,066.00																			
C. Total Funds	Available (Sum	Of Lines A	A and E	В)				\$				166,	,659.47						
D. Total Expend	ditures (From S	chedule I	II)					\$				31,	896.11						
E. Ending Cash	Balance (Subtr	act Line D	From	Line C	<b>C)</b>		+	\$				134,	763.36						
F. Value Of In-	Kind Contribution	ns Receiv	/ed (Fr	rom Sc	chedule	e II)	_	\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Sched	ule IV	)			\$					0.00						
					AFFI	DAV	IT S	SEG	CTIC	N									
PART I - If this is		-		_									_						
I swear (or affirm) correct and comple		ncluaing th	e attaci	nea scr	ieaules	riiea o	п рар	er c	ог ву е	lectr	onic m	eaiur	n, are to t	ne best o	r my knov	vieage	and be	iier , tr	ue
Sworn to and subs	cribed before me t day of	his	20							•			Signature	of Perso	n Submitt	ing Re	oort		
	Signa	ature					_							Print	ted Name				
My Commission Ex	pires													Emai	I				
	МО		AY		YR						Are	ea Co	ode	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a ca	ndidate's	autho	rized	Commi	ittee,	Cand	dida	ate sh	alls	sign he	ere.							
I swear (or affirm) No 320) as amende		of my know	ledge aı	nd belie	ef this p	politica	l con	nmi	ittee h	as no	ot viola	ted a	iny provisi	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed before me th day of	nis	20										Si	ignature o	f Candida	ite			_
			_ 20				_							Printe	d Name				-
My Commission Exp	Signatuı	re					_			-				Emai	il				- $ $
, commission Exp																			_
	МО		PAY		YR						Area	Code	è	Da	ytime Te	elephor	ne Num	ber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -							
Name of Filing Committee or Candidate	Reporting Period						
AFT-PENNSYLVANIA	From:	10/22/202	<u>24</u> To:	11/25/2024			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	) Period	(1)	\$	566.00			
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)	\$	2,500.00			
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			\$	3,066.00			

#### **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 Candidat	e	R	eporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing 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 Committed	e or Candidate		Rep	porting P	eriod			
F			From: To:					
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	<b>1</b> )					
				•				DAGE TOTAL

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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							<b>-</b>   \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d 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				Repo	orting Pe	riod					
				Fron	n:		٦	То:			
					D	ATE			А	MOUNT	
Full Name of Contributor					мо	DAY	YEAR	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		z	ip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	nary Page,	Section	on 3.			\$	F	PAGE TOTA	<b>L</b> .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	Reporting Pe	Reporting Period						
AFT-PENNSYLVANIA	From:	10/22/2024 <b>To:</b>	11/25/2024					

			D	ATE		AM	IOUNT	
Full Name			мо	DAY	VEAD		2 522 22	
PA Together			МО	DAY	YEAR	\$	2,500.00	
Mailing Address 10871 Busleton Aven	ue # 122		11	12	2024			
City Philadelphia	State	Zip Code (Plus 4)	]		2021			
	PA	19116						
Receipt Description Voided check never received								

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL \$** 2,500.00

#### **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 Peri	od	
AFT-PENNSYLVANIA	From:	<u>10/22/2024</u> <b>To:</b>	11/25/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candi	idate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary 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	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

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	date		Reporti	ng Period					
AFT-PENNSYLVANIA			From	10/2	2/2024	То:	11/25/2024		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Krisann Selbst									
Mailing Address 2964 Limekiln Road				13	2024	\$	957.11		
City Birdsboro	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	19508	Organiz	ing canvas	sing				
To Whom Paid			мо	DAY	YEAR				
Kennedy Communications Inc									
Mailing Address Attn Emmerson	Cyrille 9513 Snead (	Court	10	28	2024	\$	28,439.00		
City Laurel	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	MD	20708	Postage						
To Whom Paid			мо	DAY	YEAR				
PA Together			1-10		IZAK				
Mailing Address 10871 Busleton Avenue # 122			11	12	2024	\$	2,500.00		
City Philadelphia State Zip Code (Plus 4)			Descrip	tion of Exp	enditure	•			
	PA	19116	Contribu	ution reiss	ue check				

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

PAGE TOTAL

31,896.11