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 I	-	CAND	IDATE		СОМІ	MITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		AFT-PE	NNS	/LVANIA									
Street Address:	Street Address: 3031 WALTON RD, BUILDING C, STE 302															
City:	PLYMOUTH MI	EETING					State:	PA			Zip Code: 19462					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.				30 D PRIN	DAY MARY	POST-	POST- 3. X			1ENT ?	Yes	No	D (
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.				30 D ELEC	DAY CTION	POST-	POST- 6.			ATION ?	Yes	No	D I	
report type)	ANNUAL REPORT	7.	Year 2025				ING METH				PAPER		\checkmark	DISK	TTE	
Name of Office S	⊥ Sought by Candida	te:					DATE	OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	Count	
							мо	DAY	Y	EAR						
							1	1	4	2025		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	Y	EAR	FC	R OFFIC	E USE	ONLY		
Expenditures	s from:		5 6	20	025 1	0		5	9	2025						
A. Amount Bro	ught Forward Fror	n Last Re	eport			9	\$		108,	429.30						
B. Total Monet	ary Contributions	And Rece	eipts (Fron	n Scheo	dule I)		\$			302.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 108,731.30																
D. Total Expen	ditures (From Sch	edule III	[)				\$		5,	625.00						
E. Ending Cash	Balance (Subtrac	t Line D I	From Line	C)			\$		103,	106.30						
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedul	le II)		\$			0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule I\	/)			\$			0.00						
				AFF:	IDAVI	TS	ECTION									
	s a Committee rep	•	-							-	-					
I swear (or affirm correct and compl) that this report, incl ete.	luding the	attached sc	hedules	filed on	pape	r or by elec	tronic n	nediun	n, are to i	the best o	f my know	ledge	and bel	ief , tru	iej
Sworn to and subs	cribed before me this day of	5	20							Signatur	e of Perso	n Submitt	ing Rep	oort		-
	Signatu	re				_					Prin	ted Name				-
My Commission E	xpires										Ema	il				_
	МО	DA	Y	YR				A	rea Co	de	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's a	authorized	Comm	nittee, G	Candi	date shal	l sign h	ere.							
No 320) as amend		ny knowle	dge and beli	ief this	political	com	nittee has	not viola	ated a	ny provis	ions of th	e act of Ju	ine 3,1	937 (P.I	L. 1333	i,
Sworn to and subscribed before me this day of 20										S	ignature (of Candida	te			-
Printed Name								-								
My Commission Exp	Signature bires					_					Ema	il				-
	мо	DA	\Y	YR		-		Area	Code		D	aytime Te	lephon	e Numb	per	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** AFT-PENNSYLVANIA From: <u>5/6/2025</u> **To:** <u>6/9/2025</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 302.00 \$ **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 \$ 302.00 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:			:			
		·			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		Rep	orting P	eriod					
			From: To			D:				
					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			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				Reporting Period					
From:				n:		Т	To:		
				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							P#	AGE 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: To				1		
				D	ATE			AMOUNT		
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 Sched	ule 1, Detailed Sumn	nary 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>5/6/2025</u> то:	<u>6/9/2025</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 R			Reporting Period						
	From:			То:					
				DATE		AMOUNT			
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summa Section 2.					je,		PAGE TOTAL		
						\$		0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
				From:			То:			
					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 C	Candidate		Reporti	ng Period						
AFT-PENNSYLVANIA	AFT-PENNSYLVANIA			<u>5/6</u>	<u>6/2025</u>	То:	<u>6/9/2025</u>			
				DATE			AMOUNT			
To Whom Paid				DAY	YEAR					
Friends of Joe Webster										
Mailing Address P O Box 26264				12	2025	\$	1,500.00			
City Collegeville State Zip Code (Plus 4)			Descrip	Description of Expenditure						
	РА	19426	Contrib	Contribution						
To Whom Paid			мо	DAY	YEAR					
Gainey for Mayor					·					
Mailing Address P O Box 52	.08		5	12	2025	\$	3,000.00			
City Pittsburgh	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	15206	Contribution							
To Whom Paid Heffler Radetich and Saitta			мо	DAY	YEAR					
Mailing Address 1515 Marke	et Street Ste 1700		6	6	2025	\$	1,125.00			
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
PA 19102			Account	ting						
	· · · ·						PAGE TOTAL			
Enter Grand Total of Expend	ditures on Page 1, Rep	oort Cover Page, Item I).			\$	5,625.00			