# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	ion 2000	190		Report Filed B		CANDI	DATE	СОМ	MITTEE	✓	LOBI	BYIST				
Name of Filing	Committee, Candid	ate or Lo	obbyist:				TEACH)	COM S	UPT P							
Street Address:	:															
City:	PHILADELPHI	A					State:	PA		Zip Co	<b>Zip Code:</b> 19103					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIM		POST-	3.	AMENDN REPORT		Yes	No	, 🔨		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	5.	30 DA ELEC		POST-	6.	TERMIN REPORT		Yes	No	· 🗸		
report type)	ANNUAL REPORT	7.	<b>Year</b> 2009				NG METHO					$\checkmark$	DISKE	TTE		
Name of Office	 Sought by Candida	te:					DATE O	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code		
							MO DAY YEAR									
							11 3 200				(SEE INS	TRUCTI	ONS FOR	CODES)		
Summary of Expenditure	Receipts and	мо	DAY	YEAR		_	мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY			
	009 <b>T</b>	0	3	3	0 2009	Ð										
A. Amount Bro	ought Forward From	n Last Ro	eport			\$			4,156.27	-						
B. Total Monet	tary Contributions	And Reco	eipts (Fron	n Sche	dule I)	\$			2,258.00	)						
	Available (Sum Of					\$			6,414.27	_						
D. Total Exper	nditures (From Sch	edule II	[)			\$			3,922.08							
	h Balance (Subtrac			-		\$			2,492.19	_						
	-Kind Contributions		•		le II)	\$			0.00	-						
G. Unpaid Deb	ts And Obligations	(From S		-		\$			0.00							
							CTION			<b>-</b>						
I swear (or affirm	is a Committee rep ) that this report, inc	•	-					• •		-	of my knov	vledge	and beli	ef , true		
correct and comp Sworn to and sub	iete. scribed before me this	5							Signatu	re of Perso	n Submitt	ing Per	ort			
	day of		20			_			Signatu		in Subilite	ing iter	,orc			
	Signatu	re				-				Prin	ited Name					
My Commission E	xpires					_				Ema	il					
	мо	DA	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber			
Part II- If this is	s a report of a can	didate's a	authorized	Comn	nittee, C	andid	ate shall	sign hei	r <b>e.</b>							
I swear (or affirm No 320) as amend	) that to the best of r led.	ny knowle	edge and bel	ief this	political	comm	ittee has n	ot violate	ed any provi	sions of th	e act of Ju	ine 3,1	937 (P.L	1333,		
Sworn to and subs	cribed before me this day of		20							Signature	of Candida	ite				
						-				Printe	ed Name					
My Commission Ex	Signature pires					-				Ema	il					
	мо	D4	AY	YR	1	-		Area C	ode	D	aytime Te	elephon	e Numb	er		

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PAFT (PA FED TEACH) COM SUPT P From: <u>1/1/2009</u> **To:** 3/30/2009 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 152.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 106.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 106.00 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) 2,000.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 2,258.00 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 Candidat	Name of Filing Committee or Candidate Re			porting I	Period			
PAFT (PA FED TEACH) COM SUPT P Fro			om:	<u>1/</u>	3/30/2009			
					DAT	E		AMOUNT
Full Name of Contributing Committee NEW CASTLE AREA SCH DIST				мо	DAY		YEAR	
Mailing Address				2		11	2009	\$ 53.00
City NEW CASTLE	<b>State</b> PA	Zip Code (Plus 4	4)	L			2005	
Full Name of Contributing Committee NEW CASTLE AREA SCH DIST				мо	DAY		YEAR	
Mailing Address				2		11	2009	\$ 53.00
City NEW CASTLE	<b>State</b> PA	Zip Code (Plus 4	4)	Z		11	2009	
								PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

106.00

\$

Use this Part to it	emize all other 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s wi ortin	ith an ng per	aggreg iod.			rom
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс	):	
					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, Detail	ed Summary Pag	je, Se	ection 2	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					
						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 Sche	dule I, Detailed Sun	nmary Pa	age, Sectio	n 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				orting Pe	riod			
			Froi	n:		Т	):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	<b>AGE TOTAL</b> 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			Report	ing Perio	d		
PAFT (PA FED TEACH) COM SUPT P From:			From:		<u>1/1/200</u>	<u>3/30/2009</u>	
				D	ATE		AMOUNT
Full Name HEFFLER RADETICH & SAITTA				мо	DAY	YEAR	\$ 2,000.00
Mailing Address				3	6	200	
City PHILA	State	Zip Code (	Plus 4)	J	0	200	
	РА	19103					
Receipt Description REFUND-OVERCH	HARGED AUDIT	•					
		_		_			PAGE TOTAL
Enter Grand Total of Part E on Schedu	le I, Detailed Sumn	nary Page,	Section	4.			\$ 2,000.00

### 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		
PAFT (PA FED TEACH) COM SUPT P	From:	<u>1/1/2009</u> <b>To:</b>	<u>3/30/2009</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 Re			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:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate			Rej	porting I	Period		
				From:			
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address			-				<b>\$</b> 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupa	ation		
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			<b>PAGE TOTAL</b> 0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
PAFT (PA FED TEACH) COM SUPT P			From	<u>1/</u>	<u>1/2009</u>	То:	<u>3/30/2009</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
CITIZENS TO ELECT DWIGHT EVANS			110						
Mailing Address			2	5	2009	\$	1,000.00		
City	State	Zip Code (Plus 4)	Descript CONT						
To Whom Paid			мо	DAY	YEAR				
VOLUNTEERS FOR DAVID ARGALL									
Mailing Address			2	5	2009	\$	500.00		
City State Zip Code (Plus 4)			Description of Expenditure						
			CONT						
To Whom Paid LOGAN FOR SENATE			мо	DAY	YEAR				
Mailing Address			2	5	2009	\$	300.00		
City	State	Zip Code (Plus 4)	Description of Expenditure						
			CONT			-			
To Whom Paid			мо	DAY	YEAR				
FRIENDS OF KAREN BEYER									
Mailing Address			2	5	2009	\$	300.00		
City	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
			CONT			-			
To Whom Paid			мо	DAY	YEAR				
FRIENDS OF JOHN GORDNER									
Mailing Address			3	9	2009	\$	500.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
			CONT			-			
To Whom Paid			мо	DAY	YEAR				
FRIENDS OF DOMINIC PILEGGI									
Mailing Address			3	9	2009	\$	1,000.00		
City	State	Zip Code (Plus 4)		tion of Exp	enditure				
			CONT						

To Whom Paid			мо	DAY	YEAR		
DEPASQUALE FOR THE 95TH			MO				
Mailing Address			3	9	2009	\$	300.00
City State Zip Code (Plus 4)		Description of Expenditure					
			CONT				
To Whom Paid			мо	DAY	YEAR		
AMALGAMATED BANK OF NY			MO				
Mailing Address			1	31	2009	\$	22.08
City NEW YORK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	NY		JAN/FEE	3			
							PAGE TOTAL
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	3,922.08