#### **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 2000	189			Rep File			CAND	NDIDATE COMMITTEE \( \square \) LOBBYIST						BYIST		
Name of Filing Committee, Candidate or Lobbyist: PHILA FED TEACH (PFT) COM SUPT																	
Street Address:	1816 CHESTN	UT ST															
City:	PHILADELPHI/	4						State:	PA	PA			<b>Zip Code:</b> 19103				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- PRIMARY				30 DA		POST-	3.		AMENDM REPORT		Yes	No	<b>\</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	4. 2ND FRIDAY PRE ELECTION			5.	30 DA		POST-	6.		TERMIN/ REPORT		Yes	No	<b>\</b>	
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2000		FILING METHOD ( ) CHECK ONE					PAPER	PAPER DISKETTE						
Name of Office S	- Sought by Candida	te:						DATE	OF ELE	CTIC	N	District Number	Office Code	Par	ty Code	County	
								МО	DAY	Y	EAR	ituilibei	Touc			Couc	
								1	1	7	2000		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	1			МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	s trom:		1 1		1	Т	0	1	2	31	2000						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$	_		43,	413.93						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$			17,887.00							
C. Total Funds Available (Sum Of Lines A and B)							\$			61,	300.93						
D. Total Expenditures (From Schedule III)							\$				0.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			61,3	300.93						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II	)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00			'			
				AFF	IDA	۱VI	T SE	CTION									
	s a Committee rep	•	-														
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	e attached scl	nedules	s filed	l on	paper	or by elec	tronic m	edium	ı, are to t	the best o	f my kno	wledge	and belie	f , true	
Sworn to and subs	cribed before me this day of	;	20							9	Signature	of Perso	n Submit	ting Rep	ort		
	Signatu	ra					- -					Prin	ted Nam	e			
My Commission Ex	_											Ema	il				
	мо	D	AY	YR					Aı	ea Co	de	Daytim	e Telepi	hone Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shal	l sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has	not viola	ited ar	ny provis	ions of th	e act of J	lune 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this										s	ignature (	of Candid	late			
	day of						-					Printe	d Name				
	Signature						-										
My Commission Exp	pires											Ema	il				
	МО	D	AY	YR			-		Area	Code		D	aytime 1	Telephon	e Numbe	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period		
PHILA FED TEACH (PFT) COM SUPT	From:	То:	12/31/2000
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g Period (1)	\$	17,887.00
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)	\$	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		\$	17,887.00

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate			Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

**PAGE TOTAL**\$ 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 Committee of Camulate				Reporting Period From: To:				
					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		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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	Reporting Period							
			Froi	m:		To	<b>)</b> :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	PAGE TOTAL 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	Name of Filing Committee or Candidate			ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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		
PHILA FED TEACH (PFT) COM SUPT	From:	To:	12/31/2000
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	<b>\$</b>	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)	<b>\$</b>	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	Reporting Period							
	From:			То:				
				DATE		AMOUNT		
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	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	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	Reporting Period					
F					Fro	From:			То:		
					•		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	ption	of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00	

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporting Period						
			From	То:			
				DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	) Description of Expenditure				
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L	).			\$	0.00