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	190			Rep File			CAN	DII	DATE		COMN	DMMITTEE LOBBYIST							
Name of Filing C	Committee, Candid	ate or L	obbyist:		PAFT	Г-РЕ	NNS	YLVAN.	ΙA											
Street Address:																				
City:	PHILADELPHI	A						State:	!	PA Zip Code: 19103										
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	- 2	2.	30 DA		Р	OST-	3.		AMENDM REPORT?	Yes]	No	\				
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA ELECTION	Y PRE	Ē- 5	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes		No	\		
report type)	ANNUAL REPORT	7.	Year 2009					NG MET					PAPER		\	DIS	KETTE			
Name of Office S	Sought by Candida	te:	-					DATE	0	F ELE	CTIC	N	District Number	Office Code	Pa	rty C	ode Cor			
	,							МО		DAY	YI	AR	Number	code			- Ico.			
11 3 20											2009		(SEE IN	STRUCT	IONS I	OR CODE	S)			
Summary of Receipts and MO DAY YEAR MO DAY YEAR													FO	R OFFI	CE USI	ON	LY			
Expenditures	from:		1 1	. 2	009	T	0		9	:	14	2009								
A. Amount Bro	ught Forward Froi	n Last R	eport				\$				3,:	139.01								
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$					216.00								
C. Total Funds Available (Sum Of Lines A and B) \$ 3,355.01																				
D. Total Expend	ditures (From Sch	edule II	I)				\$				2	260.42								
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				3,0	94.59								
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II))	\$					0.00								
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	/)			\$					0.00			•					
				AFF	IDA	VI	ΓSE	CTIO	N											
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If thi	is is	a Car	ndidate	e re	port, o	andi	date sig	ın here.							
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sc	hedules	s filed	l on	paper	or by el	ectr	onic m	edium	, are to t	he best of	my kno	wledge	and	belief , t	true		
Sworn to and subs	cribed before me this day of	5	20								S	ignature	of Person	n Submit	ting Re	port		_		
	Signatu	ıre					-						Print	ed Name	9			-		
My Commission Ex	cpires						_		-				Emai	I						
	МО	D	AY	YR						Arc	ea Cod	le	Daytim	e Teleph	none Nu	ımbe	r			
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andid	ate sha	all s	sign he	ere.									
I swear (or affirm) No 320) as amende	that to the best of r	ny knowle	edge and beli	ief this	politi	ical	comm	ittee ha	s no	ot viola	ted an	y provisi	ions of the	act of J	une 3,1	937	(P.L. 13	33,		
Sworn to and subso	ribed before me this											Si	ignature o	f Candid	ate			-		
	day of						-						Printe	d Name				-		
	Signature						-		-									_		
My Commission Exp	ires												Emai	I						
	МО	D.	AY	YR			•			Area	Code		Da	ytime T	elepho	ne Nu	ımber	_		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

betanea banmary rage	-			
Name of Filing Committee or Candidate	Reporting I	Period		
PAFT-PENNSYLVANIA	From:	1/1/200	<u>9</u> To:	9/14/2009
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	216.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	216.00
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 and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page		ınt	\$	216.00

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		Re	porting F	Period				
PAFT-PENNSYLVANIA			Fr	om:	1/	1/20	<u>09</u> To :		9/14/2009
					DAT	E			AMOUNT
Full Name of Contributing Committee				мо	DAY		YEAR		
NEW CASTLE AREA SCHOOL DISTRICT									
Mailing Address				7		27	2009	\$	54.00
City	State	Zip Code (Plus	4)						
Full Name of Contributing Committee									
NEW CASTLE AREA SCHOOL DISTRICT				МО	DAY		YEAR		
Mailing Address				7		27	2009	\$	54.00
City	State	Zip Code (Plus	4)	/		2/	2009		
Full Name of Contributing Committee				МО.	DAY		VEAD		
NEW CASTLE AREA SCHOOL DISTRICT				МО	DAY		YEAR		
Mailing Address				7		27	2009	\$	54.00
City	State	Zip Code (Plus	4)	·		۷/	2009		
Full Name of Contributing Committee				мо	DAY		YEAR		
NEW CASTLE AREA SCHOOL DISTRICT				140	DAI		ILAK		
Mailing Address				7		27	2009	\$	54.00
City	State	Zip Code (Plus	4)	,		-	2003		
								<u> </u>	
									DACE TOTAL

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

PAGE TOTAL \$ 216.00

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	or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	o :	
					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.

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	nme of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary 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			Rep	orting Pe	riod			
			Fro	m:		To) :	
				D	ATE		AI	MOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Pl	ıs 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ice of Business	City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Pag	e, Secti	on 3.			P.	O.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		Report	ing Peri	od			
			From:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	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		
PAFT-PENNSYLVANIA	From:	<u>1/1/2009</u> To:	9/14/2009
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Ca	Reporting Period						
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						- \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•				
					Г		
Enter Grand Total of Part F of Section 2.	n Schedule II, In-Ki	nd Contributions Detai	led Sum	ımary Pa	ge,		PAGE TOTAL
						\$	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 _l	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

Mailing Address City State Zip Code (Plus 4) Description AUDIT To Whom Paid AMALGAMATED BANK Mailing Address City State Zip Code (Plus 4) Description SERVICE Code (Plus 4) Description SERVICE Code (Plus 4) To Whom Paid AMALGAMATED BANK Mailing Address AMO Divided Plus 4) Description SERVICE Code (Plus 4)	g Period			
Mailing Address City State Zip Code (Plus 4) Description AUDIT To Whom Paid AMALGAMATED BANK Mailing Address City State Zip Code (Plus 4) Description SERVICE C To Whom Paid AMALGAMATED BANK Mailing Address 7 City State Zip Code (Plus 4) Description SERVICE C To Whom Paid AMALGAMATED BANK Mailing Address 7 City State Zip Code (Plus 4) Description SERVICE C To Whom Paid AMALGAMATED BANK Mailing Address AMALGAMATED BANK Mo DA BA BA BA BA BA BA BA BA BA	1/1	/1/2009	То:	9/14/2009
Mo Discription Address City State Zip Code (Plus 4) Description AUDIT To Whom Paid AMALGAMATED BANK Mailing Address 6 City State Zip Code (Plus 4) Description SERVICE CODE	DATE			AMOUNT
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To Whom Paid AMALGAMATED BANK Mailing Address To Whom Paid AMALGAMATED BANK To Whom Paid AMALGAMATED BANK Mailing Address To Whom Paid AMALGAMATED BANK Mailing Address 8	30	2009	\$	10.36
To Whom Paid AMALGAMATED BANK Mailing Address City State Zip Code (Plus 4) SERVICE C To Whom Paid AMALGAMATED BANK Mailing Address Mo Divinition of the control of the	on of Exp	penditure	1	
AMALGAMATED BANK Mo DA Mo DA Mailing Address 7 City State Zip Code (Plus 4) Description SERVICE C To Whom Paid AMALGAMATED BANK Mailing Address 8	CHARGE	<u> </u>		
AMALGAMATED BANK Mailing Address City State Zip Code (Plus 4) SERVICE C To Whom Paid AMALGAMATED BANK Mailing Address 8	DAY	YEAR		
City State Zip Code (Plus 4) Description SERVICE CODE (Plus 4) Description				
To Whom Paid AMALGAMATED BANK Mailing Address 8	31	2009	\$	13.06
AMALGAMATED BANK Mailing Address 8	-		•	
AMALGAMATED BANK Mailing Address 8	DAY	YEAR		
	DA I	I LAK		
City State Zip Code (Plus 4) Description	31	2009	\$	12.00
	on of Exp	penditure	•	
SERVICE C	SERVICE CHARGE			

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

260.42