Campaign Finance Report

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

Filer Identification 2000190 Report Filed By:								CAND	IDATE		СОМ	4ITTEE	✓	LOBE	BYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		PAF	Т (Р	A FEC	TEACH) COM	SUP	T					
Street Address:	1816 CHESTN	IUT ST														
City:	PHILADELPHIA	4						State:	PA			Zip Cod	de: 19	9103		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2. X	30 DA		POST-	3.		AMENDM REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	<u>-</u> !	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2010					NG METH CHECK C				PAPER			DISKE	TTE
Name of Office S	- Sought by Candida	te:						DATE (OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	County
								МО	DAY	Y	/EAR		10000			
								1:	L	2	2010		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	١	/EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s from:		1 1	2	010	T	0	!	5	3	2010					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			12	,597.56					
B. Total Monetary Contributions And Receipts (From Schedule I)										548.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 13,145.56																
D. Total Expenditures (From Schedule III) \$ 7,510.44																
E. Ending Cash	Balance (Subtract	t Line D	From Line (C)			\$			5,	635.12					
F. Value Of In-	Kind Contributions	Receiv	ed (From So	chedu	le II)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•		
				AFF	IDA	١٧٧	T SE	CTION								
	s a Committee rep	-	_								_					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	nedules	s filed	d on	paper	or by elec	tronic n	nediui	m, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me this day of	i	20								Signature	of Perso	n Submit	ting Rep	ort	
	Signatu	ro					- -					Prin	ted Name	e		
My Commission Ex	_											Ema	il			
	мо	D	AY	YR					A	rea Co	ode	Daytim	e Telepi	none Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shal	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 viol	ated a	iny provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										S	ignature o	of Candid	ate		
	day of						-					Printe	d Name			
	Signature						-									
My Commission Exp	vires											Ema	il			
	МО	D	AY	YR	l		•		Area	Code	2	Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
PAFT (PA FED TEACH) COM SUPT	From:	1/1/201	<u>0</u> To:	5/3/2010
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	177.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	371.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	371.00
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			\$	548.00

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 Candi	date		Reporting	Period			
PAFT (PA FED TEACH) COM SUPT			From:	1/1/20) <u>10</u> To	:	5/3/2010
				DATE			AMOUNT
Full Name of Contributing Committee			мо	DAY	YEAR		
NEW CASTLE							F2 00
Mailing Address 420 FERN ST		1	4	22	2010	\$	53.00
City NEW CASTLE	State	Zip Code (Plus 4	i)				
	PA	16101					
Full Name of Contributing Committee		·	мо	DAY	YEAR		
NEW CASTLE			1-10	DA!	ILAK		
Mailing Address 420 FERN ST			4	22	2010	\$	53.00
City NEW CASTLE	State	Zip Code (Plus 4	I)				
	PA	16101					
Full Name of Contributing Committee	<u> </u>		мо	DAY	YEAR		
NEW CASTLE			М	DAI	ILAK		
Mailing Address 420 FERN ST			4	22	2010	\$	53.00
City NEW CASTLE	State	Zip Code (Plus 4	I)				
	PA	16101					
Full Name of Contributing Committee)	<u> </u>	МО	DAY	YEAR		
NEW CASTLE			1-10	DA!	ILAK		
Mailing Address 420 FERN ST			4	22	2010	\$	53.00
City NEW CASTLE	State	Zip Code (Plus 4	i)				
	PA	16101					
Full Name of Contributing Committee)	<u> </u>	МО	DAY	YEAR		
NEW CASTLE			140	DAI	ILAK		
Mailing Address 420 FERN ST			4	22	2010	\$	53.00
City NEW CASTLE	State	Zip Code (Plus 4	1)				
	PA	16101					
Full Name of Contributing Committee	<u>'</u>		мо	DAY	YEAR		
NEW CASTLE			1.0				
Mailing Address 420 FERN ST			4	22	2010	\$	53.00
City NEW CASTLE	State	Zip Code (Plus 4	i)				
	PA	16101					
Full Name of Contributing Committee	<u>'</u>		мо	DAY	YEAR		
NEW CASTLE			1.10				
Mailing Address 420 FERN ST			4	22	2010	\$	53.00
City NEW CASTLE	State	Zip Code (Plus 4	1)				
	PA	16101					

PAGE TOTAL

371.00

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

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.

Name of Filing Com	nittee or Candidate		Rep	orting F	Period			
From:						То) :	
		ı			DATE			AMOUNT
Full Name of Contribut	tor			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
								PAGE TOTAL

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		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 P	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	1			Repo	orting Pe	riod			
				Fron	n:		To	o:	
					D	ATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zip Code (F	lus 4	1)					
Employer Name	•	I			Occupa	tion	•	•	
Employer Mailing Address/Principal Pla	ace of Business	City		,		State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Detailed S	ummary Pag	ge, S	ectio	on 3.				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 Candidate		Report	ing Peri	od			
			From:			To:		
		•		C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	•	•			•	•	•	
Futor Curred Total of Bout	Fan Cabadula I. Datailad	Summer Base S	! !	4				PAGE TOTAL
Enter Grand Total of Part	E ON Schedule 1, Detalled	Summary Page, Se	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	I						
PAFT (PA FED TEACH) COM SUPT	From:	<u>1/1/2010</u> To:	<u>5/3/2010</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Candidate			Reporting Period					
		1	From:			То:		
		<u>.</u>		DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						 		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•	•		•		
					-			
Enter Grand Total of Part F on Sche	dule II, In-Kin	d Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTA	AL
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Rep	orting	Period			
			Fro	m:		To:		
					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 Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of C	ontribution
Enter Grand Total of Part G on Scho	edule II. In-Kin	d Contributions D	etaile	ed .				PAGE TOTAL
Summary Page, Section 3.								0.00

SCHEDULE III **STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate	Reporting Period					
PAFT (PA FED TEACH) COM SUPT	From	<u>1/:</u>	1/2010	To:	5/3/2010	
		DATE			AMOUNT	
To Whom Paid	МО	DAY	YEAR			

To Whom Paid				Law		
CITIZENS FOR BISHOP			МО	DAY	YEAR	
Mailing Address			4	5	2010	\$ 5,000.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
			CONT			
To Whom Paid			мо	DAY	YEAR	
FRIENDS OF JAMES ROEBUC	CK		М		I EAR	
Mailing Address			4	9	2010	\$ 2,500.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
			CONT			
To Whom Paid			мо	DAY	YEAR	
AMALGAMATED BANK			МС	DAI	ILAN	
Mailing Address			3	31	2010	\$ 10.44
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
			SERVIC	E CHARGE		
						PAGE TOTAL
Enter Grand Total of Expe	enditures on Page 1, Re	port Cover Page, Item D	•			\$ 7,510.44

G.C.	Journal	p couc (us .)	Description of Expenditure		
			SERVICE CHARGE		
				PAGE TOTAL	
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			\$	7,510.44	