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			Repo			CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		AFT-I	PEN	INSYL	VANIA									_
Street Address:																	
City:	PHILADELPHI -	A						State:	PA			Zip Cod	le: 19	9103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	2.		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY ELECTION	PRE	- 5.		30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No		/
report type)	ANNUAL REPORT	7.	Year 2010					IG METH				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:	_					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
	· ,							МО	DAY	YE	AR	Number	Todac	<u> </u>		couc	
								11		2	2010		(SEE IN	STRUCTI	ONS FOR C	ODES)	,
	Receipts and	МО	DAY	/EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1	20	010	T	0	9		13	2010						
A. Amount Bro	ught Forward Froi	n Last R	eport				\$			5,6	96.00						
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule 1	I)	\$			9	959.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			6,6	55.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$			7	80.39						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$			5,8	74.61						
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sch	edul	e II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From	Schedule IV)				\$				0.00			•			
				AFF:	IDA'	VI٦	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. I	f this	s is	a Can	ididate r	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	dules	filed	on p	paper (or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me this day of	5	20							S	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	re					· -					Prin	ted Name	e			-
My Commission Ex	cpires						_					Ema	il				_
	мо	D	AY	YR					Ar	ea Cod	e	Daytim	e Telepl	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	omm	ittee	, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ny knowl	edge and belief	this	politio	cal	commi	ittee has r	not violated any provisions of the act of June 3,1937 (P.L. 1333,						3,		
Sworn to and subsc	ribed before me this										S	ignature o	of Candid	ate			-
	day of —— ————						-					Printe	d Name				-
	Signature						•										_
My Commission Exp	pires											Ema	"				
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er	·

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
AFT-PENNSYLVANIA	From:	1/1/201	<u>0</u> To:	9/13/2010
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	694.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	265.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	265.00
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			\$	959.00

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				
AFT-PENNSYLVANIA			Fre	om:	1/1/	20	<u>10</u> To:		9/13/2010
					DATE				AMOUNT
Full Name of Contributing Committee				мо	DAY		YEAR		
NEW CASTLE AREA SCHOOL DIST				МО	DAI		ILAK		
Mailing Address	T	1		7	2	21	2010	\$	53.00
City NEW CASTLE	State	Zip Code (Plus	4)			-			
	PA								
Full Name of Contributing Committee				мо	DAY		YEAR		
NEW CASTLE AREA SCHOOL DIST									
Mailing Address		l	-	7	2	21	2010	\$	53.00
City NEW CASTLE	State PA	Zip Code (Plus	4)			١			
	PA								
Full Name of Contributing Committee				мо	DAY		YEAR		
NEW CASTLE AREA SCHOOL DIST				МО	DAI		ILAK		
Mailing Address	Γ	1		7	2	21	2010	\$	53.00
City NEW CASTLE	State	Zip Code (Plus	4)						
	PA								
Full Name of Contributing Committee				МО	DAY		VEAD		
NEW CASTLE AREA SCHOOL DIST				МО	DAY		YEAR		
Mailing Address				7	2	₂₁	2010	\$	53.00
City NEW CASTLE	State	Zip Code (Plus	4)						
	PA								
Full Name of Contributing Committee					DAY		WEAR		
NEW CASTLE AREA SCHOOL DIST				МО	DAY		YEAR		
Mailing Address				7	5	21	2010	\$	53.00
City NEW CASTLE	State	Zip Code (Plus	4)		_	-			
	PA								
	l	<u> </u>				1		_	PAGE TOTAL

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

PAGE TOTAL \$ 265.00

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 Committe	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	o :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
1								
Mailing Address							\$	0.00
Mailing Address City	State	Zip Code (Plus 4	1)				\$	0.00

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

9/16/2025 2:09:23 PM

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	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7		0.00
City	State	Zip Cod	e (Plus 4)						
							-	PAGE TO	TAL
Enter Grand Total of Part C on Scheo	lule 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			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	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 of	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	•					
Enter Grand Total of Part I	on Schodulo I. Dotailed	Summary Dage	Soction	4			PAGE TOTAL
cincer Granu Total of Part I	on Schedule 1, Detailed	Summary Page,	Section	⊶.			\$ 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>1/1/2010</u> To:	9/13/2010
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	ndidate		Reportin	g 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				Rep	porting	Period			
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
AFT-PENNSYLVANIA			From	<u>1/</u>	1/2010	То:	9/13/2010
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
VOID CHECK							
Mailing Address						\$	(2,000.00)
City	State	Zip Code (Plus 4)		tion of Exp			
To Whom Paid	·	<u> </u>	МО	DAY	YEAR		
SE - RSVP			MO	DAI	ILAK		
Mailing Address						\$	2,000.00
City	State	Zip Code (Plus 4)	1	tion of Exp IBUTION -		CHECK	
To Whom Paid		·	мо	DAY	YEAR		
HEFFLER RADETICH & SAITT	A						750.00
Mailing Address			9	9	2010	\$	750.00
City	State	Zip Code (Plus 4)	Descrip ACCOU	tion of Exp	enditure		
To Whom Paid AMALGAMATED BANK			мо	DAY	YEAR		
Mailing Address						\$	30.39
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
				E CHARGE		.16 JULY	9.56 AUG
							PAGE TOTAL
Enter Grand Total of Expe	nditures on Page 1, Re	eport Cover Page, Item I) .			\$	780.39