### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                  | <b>on</b> 200                | 00190        |                      |           |        | ported E    |        | CAN       | DIE   | DATE     |        | СОМ        | 4ITTEE             | <b>✓</b>       | LOB     | BYIST   |           |          |
|---|------------------------------|--------------|----------------------|-----------|--------|-------------|--------|-----------|-------|----------|--------|------------|--------------------|----------------|---------|---------|-----------|----------|
| Name of Filing C                                | ommittee, Cand               | idate or L   | obbyist:             |           | PAF    | T (P        | A FEC  | TEAC      | H)    | COM      | SUPT   |            |                    |                |         |         |           |          |
| Street Address:                                 |                              |              |                      |           |        |             |        |           |       |          |        |            |                    |                |         |         |           |          |
| City:   | PHILADELPH                   | ·ΙΑ          |                      |           |        |             |        | State:    |       | PA       |        |            | Zip Cod            | l <b>e:</b> 19 | 103     |         |           |          |
| TYPE OF<br>REPORT                               | 6TH TUESDAY<br>PRE-PRIMARY   | 1.           | 2ND FRIDA<br>PRIMARY | AY PRE    | -      | 2. <b>X</b> | 30 DA  |           | P     | OST-     | 3.     |            | AMENDM<br>REPORT?  |                | Yes     | N       | 0         | <b>\</b> |
| (place X to<br>the right of                     | 6TH TUESDAY<br>PRE-ELECTION  | 4.           | 2ND FRIDA            | AY PRE    | E-     | 5.          | 30 DA  |           | P     | OST-     | 6.     |            | TERMINA<br>REPORT? |                | Yes     | N       | 0         | <b>\</b> |
| report type)                                    | ANNUAL REPOR                 | T 7.         | <b>Year</b> 2001     | -         |        |             |        | NG MET    |       | ~ —      |        |            | PAPER              | <b>√</b>       | DISK    | ETTE    |           |          |
| Name of Office S                                | ought by Candic              | late:        |                      |           |        |             |        | DATE      | OI    | F ELE    | CTIO   | N          | District<br>Number | Office<br>Code | Pai     | ty Cod  | Code      |          |
|   |                              |              |                      |           |        |             |        | МО        |       | DAY      | YE     | AR         |                    |                |         |         |           |          |
|   |                              |              |                      |           |        |             |        | :         | 11    |          | 6      | 2001       |                    | (SEE INS       | TRUCTI  | ONS FOR | CODES     | )        |
|   | Receipts and                 | МО           | DAY                  | YEAR      | ≀      |             |        | МО        |       | DAY      | YI     | AR         | FO                 | R OFFIC        | E USE   | ONLY    | ,         |          |
| Expenditures                                    | from:                        |              | 1 1                  | L         | 1      | Т           | 0      |           | 4     | ;        | 30     | 2001       |                    |                |         |         |           |          |
| A. Amount Bro                                   | ught Forward Fr              | om Last R    | Report               |           |        |             | \$     |           |       |          | 1,4    | 192.82     |                    |                |         |         |           |          |
| B. Total Moneta                                 | ary Contribution             | s And Rec    | eipts (Fron          | n Sche    | dule   | ı)          | \$     |           |       | 5,083.00 |        |            |                    |                |         |         |           |          |
| C. Total Funds Available (Sum Of Lines A and B) |                              |              |                      |           |        |             | \$     |           |       |          | 6,5    | 575.82     |                    |                |         |         |           |          |
| D. Total Expenditures (From Schedule III)       |                              |              |                      |           |        | \$          |        |           |       | 1,9      | 00.00  |            |                    |                |         |         |           |          |
| E. Ending Cash                                  | Balance (Subtra              | ct Line D    | From Line            | C)        |        |             | \$     |           |       |          | 4,6    | 75.82      |                    |                |         |         |           |          |
| F. Value Of In-                                 | Kind Contributio             | ns Receiv    | ed (From S           | Schedu    | le II  | ()          | \$     |           |       |          |        | 0.00       |                    |                |         |         |           |          |
| G. Unpaid Debt                                  | s And Obligation             | ıs (From S   | Schedule I\          | V)        |        |             | \$     |           |       |          |        | 0.00       |                    |                |         |         |           |          |
|   |                              |              |                      | AFF       | ID/    | lVΑ         | T SE   | CTIO      | N     |          |        |            |                    |                |         |         |           |          |
| PART I - If this is                             |                              | -            | _                    |           |        |             |        |           |       |          |        | _          |                    |                |         |         |           |          |
| I swear (or affirm) correct and complete        |                              | icluding the | e attached so        | chedule   | s file | d on        | paper  | or by ele | ectr  | onic m   | edium  | , are to t | the best of        | my knov        | vledge  | and be  | lief , tr | ue       |
| Sworn to and subs                               | cribed before me t<br>day of | his          | 20                   |           |        |             |        |           | -     |          | S      | Signature  | of Persoi          | n Submitt      | ing Re  | oort    |           | _        |
|   | Signa                        | ture         |                      |           |        |             | -<br>- |           | -     |          |        |            | Print              | ted Name       |         |         |           | -        |
| My Commission Ex                                | cpires                       |              |                      |           |        |             | _      |           | -     |          |        |            | Emai               | I              |         |         |           |          |
|   | МО                           | D            | AY                   | YR        |        |             |        |           |       | Are      | ea Cod | le         | Daytim             | e Teleph       | one Nu  | mber    |           |          |
| Part II- If this is                             | a report of a ca             | ndidate's    | authorized           | l Comn    | nitte  | e, C        | andid  | ate sha   | all s | ign he   | ere.   |            |                    |                |         |         |           |          |
| I swear (or affirm)<br>No 320) as amende        |                              | f my knowl   | edge and bel         | lief this | polit  | tical       | comm   | ittee ha  | s no  | t viola  | ted an | y provis   | ions of the        | e act of Ju    | ine 3,1 | 937 (P  | L. 133    | 3,       |
| Sworn to and subsc                              | ribed before me th<br>day of | is           | 20                   |           |        |             |        |           |       |          |        | s          | ignature o         | f Candida      | ite     |         |           | _        |
|   |                              |              | _ 20                 |           |        |             | -      |           | ,     |          |        |            | Printe             | d Name         |         |         |           | -        |
|   | Signatur                     | e            |                      |           |        |             | -      |           | -     |          |        |            |                    |                |         |         |           | _        |
| My Commission Exp                               | ires                         |              |                      |           |        |             |        |           |       |          |        |            | Emai               | ı              |         |         |           |          |
|   | МО                           | D            | AY                   | YR        | t      |             | _      |           | ,     | Area     | Code   |            | Da                 | ytime Te       | elephor | ne Num  | ber       | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting Period |      |                  |
|--|------------------|------|------------------|
| PAFT (PA FED TEACH) COM SUPT   | From:            | To:  | <u>4/30/2001</u> |
| 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)  |                  | \$   | 83.00            |
| All Other Contributions (Part B)   | \$               | 0.00 |                  |
| TOTAL for the Reporting  | Period (2)       | \$   | 83.00            |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |                  |      |                  |
| Contributions Received From Political Committees (Part C)  |                  | \$   | 5,000.00         |
| All Other Contributions (Part D)   |                  | \$   | 0.00             |
| TOTAL for the Reporting  | Period (3)       | \$   | 5,000.00         |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |                  |      |                  |
| TOTAL for the Reporting  | y 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 |                  | \$   | 5,083.00         |

#### **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 Candidate | Reporting Period |     |           |
|---------------------------------------|------------------|-----|-----------|
| PAFT (PA FED TEACH) COM SUPT          | From:            | То: | 4/30/2001 |
|                                       | DATE             |     | AMOUNT    |

| Full Name of Contributing Committee |                         |       |                   |    | DAY | VEAD |             |
|-------------------------------------|-------------------------|-------|-------------------|----|-----|------|-------------|
| NEW (                               | CASTLE AREA SCHOOL DIST |       |                   | МО | DAY | YEAR |             |
| Mailing Address                     |                         |       |                   |    |     |      | \$<br>83.00 |
| City                                | NEW CASTLE              | State | Zip Code (Plus 4) |    |     |      |             |
|                                     |                         | PA    | 16101             |    |     |      |             |

PAGE TOTAL 83.00

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

### 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 Commi     | tee or Candidate |                | Rep | oorting P | eriod |      |            |        |
|--------------------------|------------------|----------------|-----|-----------|-------|------|------------|--------|
|                          |                  |                | Fro | m:        |       | To   | <b>)</b> : |        |
|                          |                  |                |     |           | DATE  |      |            | AMOUNT |
| Full Name of Contributor |                  |                |     | мо        | DAY   | YEAR |            |        |
|                          |                  |                |     |           |       |      | 1          |        |
| Mailing Address          |                  |                |     |           |       |      | \$         | 0.00   |
| Mailing Address City     | State            | Zip Code (Plus | 4)  |           |       |      | \$         | 0.00   |

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 | Reporting Period |     |                  |
|---------------------------------------|------------------|-----|------------------|
| PAFT (PA FED TEACH) COM SUPT          | From:            | То: | <u>4/30/2001</u> |

|                                     |                                   |                   | DA | TE  |       | AMOUNT             |
|-------------------------------------|-----------------------------------|-------------------|----|-----|-------|--------------------|
| Full Name of Contributing Committee |                                   |                   | мо | DAY | YEAR  |                    |
| PFT COMM TO SUPT PUBLIC EDUCATION   | PFT COMM TO SUPT PUBLIC EDUCATION |                   |    |     | 12/11 | <b>\$</b> 5,000.00 |
| Mailing Address                     |                                   |                   | 4  | 10  | 2001  | ,,,,,,,            |
| City PHILA                          | State                             | Zip Code (Plus 4) | ]  | 10  | 2001  |                    |
|                                     | PA                                | 19103             |    |     |       |                    |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$** 5,000.00

### 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 |                  |         | Repo         | Reporting Period |        |       |      |        |                 |
|---------------------------------------|------------------|---------|--------------|------------------|--------|-------|------|--------|-----------------|
|                                       |                  |         |              | Fron             | n:     |       | To   | ):     |                 |
|                                       |                  |         |              |                  | D      | ATE   |      |        | AMOUNT          |
| Full Name of Contributor              |                  |         |              |                  | мо     | DAY   | YEAR | \$     | 0.00            |
| Mailing Address                       |                  |         |              |                  |        |       |      |        |                 |
| City                                  | State            | Zi      | p Code (Plus | s 4)             |        |       |      |        |                 |
| Employer Name                         | •                | •       |              |                  | Occupa | tion  |      |        |                 |
| Employer Mailing Address/Principal Pl | ace of Business  |         | City         |                  |        | State |      | Zip Co | ode (Plus 4)    |
| Enter Grand Total of Part C on Sch    | edule I, Detaile | ed Sumn | nary 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 | \$<br>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, Detalled | Summary Page, | Section | <b>4.</b> |     |      | \$<br>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 (PA FED TEACH) COM SUPT   | From:            | To: | 4/30/2001 |  |  |  |  |  |  |
| 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   | TF)              |     |           |  |  |  |  |  |  |
| 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 |      |          |            |      |  |
|--|--------------------|---------------------|----------|------------------|------|----------|------------|------|--|
|  | From: To:          |                     |          |                  |      |          |            |      |  |
|  |                    |                     |          | 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 Sche Section 2. | dule II, In-Kind ( | Contributions Detai | iled Sum | mary Pag         | je,  |          | 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            |

## STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate            |       |                   | Reporti                         | ng Period |      |     |           |
|--|-------|-------------------|---------------------------------|-----------|------|-----|-----------|
| PAFT (PA FED TEACH) COM SUPT                     |       |                   | From                            |           |      | То: | 4/30/2001 |
|  |       |                   |                                 | DATE      |      |     | AMOUNT    |
| To Whom Paid                                     |       |                   | мо                              | DAY       | YEAR |     |           |
| REP STEVEN NICHOL                                |       |                   | 1-10                            |           |      |     |           |
| Mailing Address                                  |       |                   | 4                               | 17        | 2001 | \$  | 200.00    |
| City   | State | Zip Code (Plus 4) | Description of Expenditure CONT |           |      |     |           |
| To Whom Paid  KATHY MANDERINO FOR STATE REP COMM |       |                   | мо                              | DAY       | YEAR |     |           |
| Mailing Address                                  |       |                   | 4                               | 17        | 2001 | \$  | 300.00    |
| City   | State | Zip Code (Plus 4) | Description of Expenditure CONT |           |      |     |           |
| To Whom Paid                                     |       |                   |                                 | DAY       | VEAD |     |           |
| COMMITTEE TO ELECT LITA COHEN                    |       |                   | МО                              | DAY       | YEAR |     |           |
| Mailing Address                                  |       |                   | 4                               | 17        | 2001 | \$  | 350.00    |
| City   | State | Zip Code (Plus 4) | Description of Expenditure CONT |           |      |     |           |
| To Whom Paid DELUCA FOR LEG COMM                 |       |                   | мо                              | DAY       | YEAR |     |           |
| Mailing Address                                  |       |                   | 4                               | 17        | 2001 | \$  | 250.00    |
| City   | State | Zip Code (Plus 4) | Description of Expenditure CONT |           |      |     |           |
| To Whom Paid                                     |       |                   | МО                              | DAY       | YEAR |     |           |
| COMM TO ELECT JACK WAGNER                        |       |                   | МО                              | DAY       | TEAR |     |           |
| Mailing Address                                  |       |                   | 4                               | 17        | 2001 | \$  | 300.00    |
| City   | State | Zip Code (Plus 4) | Description of Expenditure CONT |           |      |     |           |
| To Whom Paid                                     |       |                   | MO                              | DAY       | YEAR |     |           |
| BEN VINCI  |       |                   | МО                              | DAT       | TEAR |     |           |
| Mailing Address                                  |       |                   | 4                               | 17        | 2001 | \$  | 500.00    |
| City   | State | Zip Code (Plus 4) | Description of Expenditure      |           |      |     |           |

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

CONT

**PAGE TOTAL** 

1,900.00