



Campaign Finance Report

303804

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

Filer Identification Number: 8200558		Report Filed By:	CANDIDATE	COMMITTEE	<input checked="" type="checkbox"/>	LOBBYIST	<input type="checkbox"/>			
Name of Filing Committee, Candidate or Lobbyist: AFSCME PEOPLE PUBLIC EMP ORG TO PROMOTE LEG EQUALITY										
Street Address: 1625 L STREET,NW										
City: WASHINGTON			State: DC		Zip Code: 20036-0000					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2019		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE	<input type="checkbox"/>
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2019		4	1	2019		
A. Amount Brought Forward From Last Report				\$	0.00		COUNTY BD. OF ELECTRICIANS 2019 APR 17 P 2:45 CITY COMMISSIONERS			
B. Total Monetary Contributions And Receipts (From Schedule I)				\$	220,702.13					
C. Total Funds Available (Sum Of Lines A and B)				\$	220,702.13					
D. Total Expenditures (From Schedule III)				\$	220,702.13					
E. Ending Cash Balance (Subtract Line D From Line C)				\$	0.00					
F. Value Of In-Kind Contributions Received (From Schedule II)				\$	0.00					
G. Unpaid Debts And Obligations (From Schedule IV)				\$	0.00					

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

12th day of April 20 19

Linda E. Bates
Signature

My Commission Expires

9/30/19

LINDA E. BATES
NOTARY PUBLIC DISTRICT OF COLUMBIA

My Commission Expires September 30, 2019

Elissa McBride
Signature of Person Submitting Report

Signature of Person Submitting Report

Elissa McBride

Printed Name

chui@afscme.org

(202) 429-1088 Email

Daytime Telephone Number

Part II - If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

20

Signature

Signature

My Commission Expires

MO DAY YR

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
AFSCME PEOPLE PUBLIC EMP ORG TO PROMOTE LEG EQUALITY	From: <u>1/1/2019</u> To: <u>4/1/2019</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 220,702.13

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 220,702.13
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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			
			From:			To:
			DATE		AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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 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.
(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate			Reporting Period			
			From:		To:	
			DATE		AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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: _____ To: _____

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

PART D
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
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 0.00

**PART E
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	Reporting Period	
	From:	To:

Full Name	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Receipt Description				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 AFSCME PEOPLE PUBLIC EMP ORG TO PROMOTE LEG EQUALITY	Reporting Period From: <u>1/1/2019</u> To: <u>4/1/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code(Plus 4)				
Employer of Contributor			Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate AFSCME PEOPLE PUBLIC EMP ORG TO PROMOTE LEG EQUALITY	Reporting Period From <u>1/1/2019</u> To: <u>4/1/2019</u>
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				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	
AFSCME Council 13 PAL Committee							
Mailing Address 4031 Executive Park Drive				1	8	2019	\$ 47,731.45
City Harrisburg	State PA	Zip Code (Plus 4) 17111		Description of Expenditure Direct Contribution			
AFSCME Council 13 PAL Committee							
Mailing Address 4031 Executive Park Drive				2	6	2019	\$ 51,045.63
City Harrisburg	State PA	Zip Code (Plus 4) 17111		Description of Expenditure Direct Contribution			
AFSCME Council 13 PAL Committee							
Mailing Address 4031 Executive Park Drive				3	14	2019	\$ 53,223.31
City Harrisburg	State PA	Zip Code (Plus 4) 17111		Description of Expenditure Direct Contribution			
AFSCME Council 13 PAL Committee							
Mailing Address 4031 Executive Park Drive				3	28	2019	\$ 42,901.74
City Harrisburg	State PA	Zip Code (Plus 4) 17111		Description of Expenditure Direct Contribution			
Citizens for Isaiah Thomas							
Mailing Address P.O. Box 22545				3	1	2019	\$ 11,900.00
City Philadelphia	State PA	Zip Code (Plus 4) 19110		Description of Expenditure Direct Contribution			

To Whom Paid Kenney for Philadelphia			MO	DAY	YEAR	
Mailing Address P.O. Box 60065			3	1	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Description of Expenditure Direct Contribution			
To Whom Paid Committee to Elect Ethelind Baylor			MO	DAY	YEAR	
Mailing Address P.O. Box 22623			3	1	2019	
City Philadelphia	State PA	Zip Code (Plus 4) 19110	Description of Expenditure Direct Contribution			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 220,702.13