Commonwealth of Pennsylvania

Campaign Finance Statement

File this in lieu of a full report *only* if aggregate receipts, expenditures, or liabilities, incurred each did not exceed $250.00 during the reporting period.

Filer Identification Number:	8100155	Report Filed By:	CANDIDATE	1.	COMMITTEE	2. X	LOBBYIST	3.

Name of Filing Committee, Candidate or Lobbyist:
AFSCME DC 47

Street Address:
1606 Walnut Street

City:	State:	Zip Code:
Philadelphia	PA	19103

TYPE OF REPORT											
	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2. X	30 Day Post Primary	3.	Amendment Report?	Yes		No	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes		No	X
Other	Annual Report	7.	YEAR	2019							

Name of Office Sought by Candidate:	DATE OF ELECTION MO.	DAY	YEAR	District Number:	Office Code:	Party Code:	County Code:
	5	21	2019				

Dates of Reporting Period MO. 4 DAY 2 YEAR 2019 **To** MO. 5 DAY 6 YEAR 2019

FOR OFFICE USE ONLY

2019 JUN 14 P

Cash Balance at End of Reporting Period:	$630.78
Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period:	$0.00

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.
If statement is filed on behalf of a Candidate, the Candidate must sign here.
If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I swear (or affirm) that the aggregate receipts or disbursements or liabilities incurred during the reporting period indicated above did not exceed two hundred and fifty dollars ($250.00) and this report is, to the best of my knwoledge and belief, true, correct and complete.

Sworn to and subscribed before me this

11th day of June 20 19

Commonwealth of Pennsylvania - Notary Seal
GLORIA KINSEY - Notary Public
Philadelphia County
My Commission Expires Jun 9, 2022
Commission Number 1256312

Gloria Kinsey
Signature

Robert Wallington Sr
Signature of Person Submitting Report

Robert Wallington Sr
Printed Name

My Commission expires 6 MO. 9 DAY 2022 YEAR

215 Area Code 893-3742 Daytime Telephone Number

AFFIDAVIT SECTION

PART II -

If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here.

I swear (or affirm) that 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

____ day of ____ 20 ____

Signature of Person Submitting Report

Signature

Printed Name

My Commission expires MO. DAY YEAR

Area Code Daytime Telephone Number

Department of State Bureau of Commissions, Elections and Legislation
210 North Office Building Harrisburg, PA 17120-0029 (717)787-5280

Based on BSEB-503