



# Campaign Finance Report

(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				
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.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4. X	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		
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	FOR OFFICE USE ONLY			
				6	11	2019	TO	MO	DAY	YEAR
							9	16	2019	
A. Amount Brought Forward From Last Report				\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		145,773.86				
C. Total Funds Available (Sum Of Lines A and B)				\$		145,773.86				
D. Total Expenditures (From Schedule III)				\$		145,773.86				
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 24th day of September 2019

*Linda E. Bates*  
Signature

*Elissa McBride*  
Signature of Person Submitting Report

**LINDA E. BATES**  
MODERATOR PUBLIC DISTRICT OF COLUMBIA  
My Commission Expires September 30, 2019

**Elissa McBride**  
Printed Name  
chui@afscme.org  
Email (202) 429-1088  
Area Code 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, ) as amended.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

*Linda E. Bates*  
Signature

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
AFSCME PEOPLE PUBLIC EMP ORG TO PROMOTE LEG EQUALITY	From: <u>6/11/2019</u> To: <u>9/16/2019</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>		
	<b>TOTAL for the Reporting Period</b>	(1) \$ 145,773.86

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>		
Contributions Received From Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
<b>TOTAL for the Reporting Period</b>	<b>(2)</b>	<b>\$ 0.00</b>

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>		
Contributions Received From Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
<b>TOTAL for the Reporting Period</b>	<b>(3)</b>	<b>\$ 0.00</b>

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)</b>		
	<b>TOTAL for the Reporting Period</b>	(4) \$ 0.00

<b>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.)</b>	<b>\$</b>	<b>145,773.86</b>
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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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>	
	<b>From:</b>	<b>To:</b>

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

<b>PAGE TOTAL</b>
<b>\$ 0.00</b>

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.  
(Exclude contributions from political committees reported in Part A)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

				DATE	AMOUNT
<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>		
<b>Mailing Address</b>					\$ 0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>			

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

<b>PAGE TOTAL</b>
\$ 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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	From: _____ To: _____

Full Name of Contributing Committee	DATE			AMOUNT
	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.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	From: _____ To: _____

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

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

<b>PAGE TOTAL</b>
\$ 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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

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

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

<b>PAGE TOTAL</b>
\$ 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>6/11/2019</u> To: <u>9/16/2019</u>
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period (2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>	
TOTAL for the Reporting Period (3)	\$ 0.00
<b>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.)</b>	<b>\$ 0.00</b>



**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OF \$50.01 TO \$250.00**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	From: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
<b>Mailing Address</b>				\$ 0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		

**Description of Contribution:**

<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>	<b>PAGE TOTAL</b>
	\$ 0.00

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
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	
<b>Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.</b>						<b>PAGE TOTAL</b> 0.00	

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

<b>Name of Filing Committee or Candidate</b> AFSCME PEOPLE PUBLIC EMP ORG TO PROMOTE LEG EQUALITY	<b>Reporting Period</b> From <u>6/11/2019</u> To: <u>9/16/2019</u>
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			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
AFSCME Council 13 PAL Committee				
<b>Mailing Address</b> 4031 Executive Park Drive	6	26	2019	\$ 51,478.47
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111		<b>Description of Expenditure</b> Direct Contribution
AFSCME Council 13 PAL Committee				
<b>Mailing Address</b> 4031 Executive Park Drive	7	29	2019	\$ 49,556.94
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111		<b>Description of Expenditure</b> Direct Contribution
AFSCME Council 13 PAL Committee				
<b>Mailing Address</b> 4031 Executive Park Drive	8	26	2019	\$ 44,738.45
<b>City</b> Harrisburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17111		<b>Description of Expenditure</b> Direct Contribution
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>				<b>PAGE TOTAL</b> \$ 145,773.86