

# Campaign Finance Report

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

|                                     |         |                         |           |    |           |    |          |    |
|-------------------------------------|---------|-------------------------|-----------|----|-----------|----|----------|----|
| <b>Filer Identification Number:</b> | 8000474 | <b>Report Filed By:</b> | CANDIDATE | 1. | COMMITTEE | 2. | LOBBYIST | 3. |
|-------------------------------------|---------|-------------------------|-----------|----|-----------|----|----------|----|

Name of Filing Committee, Candidate or Lobbyist:  
Ironworkers Local Union 401

Street Address:  
11600 Norcom Road

City: Philadelphia State: PA Zip Code: 19154

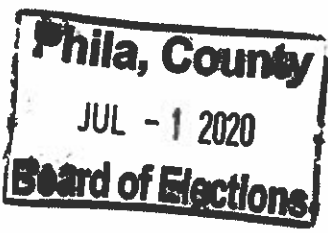
|                       |                          |    |                         |    |                      |    |                     |     |    |   |
|-----------------------|--------------------------|----|-------------------------|----|----------------------|----|---------------------|-----|----|---|
| <b>TYPE OF REPORT</b> | 6th Tuesday Pre-Primary  | 1. | 2nd Friday Pre-Primary  | 2. | 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 | 2020 |
|-------|---------------|----|------|------|

|                                     |                  |     |      |                  |              |             |              |
|-------------------------------------|------------------|-----|------|------------------|--------------|-------------|--------------|
| Name of Office Sought by Candidate: | DATE OF ELECTION |     |      | District Number: | Office Code: | Party Code: | County Code: |
|                                     | MO.              | DAY | YEAR |                  |              |             |              |
|                                     | 11               | 3   | 2020 |                  |              |             | 51           |

| Summary of Receipts and Expenditures from:                     | MO.  | DAY | YEAR | To | MO. | DAY  | YEAR |
|--|--|-----|------|----|-----|------|------|
|  | A. Amount Brought Forward From Last Report |     |      |    |     |      |      |
| B. Total Monetary Contributions and Receipts (From Schedule I) | 5  | 19  | 2020 | 6  | 22  | 2020 |      |
| C. Total Funds Available (Sum of Lines A and B)                |  |     |      |    |     |      |      |
| D. Total Expenditures (From Schedule III)                      |  |     |      |    |     |      |      |
| E. Ending Cash Balance (Subtract Line D from Line C)           |  |     |      |    |     |      |      |
| F. Value of In-Kind Contributions Received (From Schedule II)  |  |     |      |    |     |      |      |
| G. Unpaid Debts and Obligations (From Schedule IV)             |  |     |      |    |     |      |      |

**FOR OFFICE USE ONLY**



**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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

26 day of June 20 20

*[Signature]*  
Signature

My Commission expires 11 19 21  
MO. DAY YEAR

*[Signature]*  
Signature of Person Submitting Report

**KEVIN C BOYLE**  
Printed Name

215 676-3000  
Area Code Daytime Telephone Number

**AFFIDAVIT SECTION**

**PART II - If this is a report of a Candidate's Authorized Committee, candidate shall 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

My Commission expires \_\_\_\_\_ MO. DAY YEAR

\_\_\_\_\_  
Signature of Person Submitting Report

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

\_\_\_\_\_ 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

**SCHEDULE III  
STATEMENT OF EXPENDITURES**

|   |  |  |           |                             |   |
|---|--|--|-----------|-----------------------------|---|
| Name of Filing Committee or Candidate:<br>Ironworkers Local Union 401   |  | Reporting Period:<br>From 05/20/2020 To 06/04/2020 |           |                             |   |
| To Whom Paid:<br>Citizens for Hughes                                    |  | MO.<br>6   | DAY<br>4  | YEAR<br>2020                | \$1,000.00                                |
| Mailing Address:<br>P.O. Box 13031                                      |  |  |           |                             |   |
| City:<br>Philadelphia   |  | State:<br>PA                                       |           | Zip Code (Plus 4):<br>19101 |   |
| Description of Expenditure:<br>Political Contribution                   |  |  |           |                             |   |
| To Whom Paid:<br>Friends of Steve Kinsey                                |  | MO.<br>6   | DAY<br>4  | YEAR<br>2020                | \$2,500.00                                |
| Mailing Address:<br>P.O. Box 27331                                      |  |  |           |                             |   |
| City:<br>Philadelphia   |  | State:<br>PA                                       |           | Zip Code (Plus 4):<br>19118 |   |
| Description of Expenditure:<br>Political Contribution                   |  |  |           |                             |   |
| To Whom Paid:<br>Friends of Tom Mehaffie                                |  | MO.<br>5   | DAY<br>20 | YEAR<br>2020                | \$1,500.00                                |
| Mailing Address:<br>P.O. Box 414  |  |  |           |                             |   |
| City:<br>Harrisburg   |  | State:<br>PA                                       |           | Zip Code (Plus 4):<br>17107 |   |
| Description of Expenditure:<br>Political Contribution                   |  |  |           |                             |   |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |  |  |           |                             | <b>Schedule III Total:<br/>\$5,000.00</b> |