FEC FORM 3X	AND DISI	OF RECEIPTS BURSEMENTS An Authorized Committee	RECEIVED FEC HAILCENTER 2022 OCT 31 AM 10: 32 Office Use Only				
1. NAME OF COMMITTEE (in 1	TYPE OR PRINT V	Example: If typing, type over the lines.	e 12FE4M5				
T,E,A,M,S,T,E,	$\begin{bmatrix} C_1O_1M_1M_1O_1N_1W_1E_1A_1L_1T_1H_1A_1S_1S_1N_1A_1O_1F_1S_1C_1H_1O_1O_1L_1A_1D_1M_1I_1N_1S_1T_1R_1A_1T_1O_1R_1S_1A_1A_1A_1A_1A_1A_1A_1A_1A_1A_1A_1A_1A_$						
ADDRESS (number and Check if diffe than previous reported. (AC	rent		P _A 1 ₉ 1 ₂ 3-				
	2 6 0 8	3. IS THIS NEW REPORT (N)	STATE ▲ ZIP CODE ▲ OR I (A)				
July 15 Quarterly October Quarterly January Year-End July 31 M Report (N Year Only	Report Due On: Due On: Due On: Due On: Due On: Construction Report (Q1) (C) 12-Day PRE-Ele Report for Report for Report (Q3) 31 Report (YE) Ald-Year Von-election y) (MY) on Report	Election on General (30G)	(M6) Sep 20 (M9) Dec 20 (M12) (M7) Oct 20 (M10) Jan 31 (YE) Ø General (12G) Runoff (12R) Special (12S) Special (12S)				
5. Covering Period 10'01'2022 through 10'19'2022 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer DONALD J ANTICOLI Signature of Treasurer DALD J ANTICOLI Date 20'2'2' Date 20'2'2' NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.							
Office Use Only			FEC FORM 3X Rev. 05/2016				

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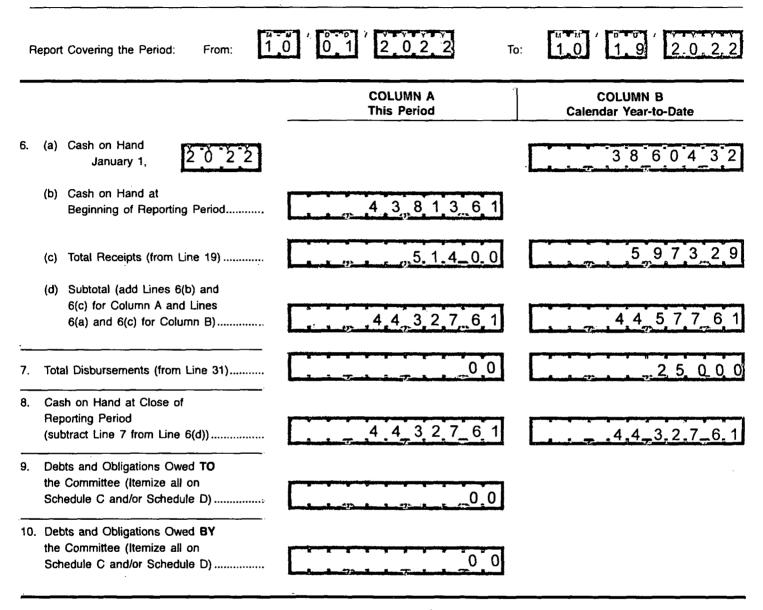
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SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 1050 First Street, N.E. Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

Γ	FEC Form 3X (Rev. 05/2016)	ETAILED SUMMARY PAGE of Receipts	Page 3
W	rite or Type Committee Name	·	
_	•	IOOL ADMINSTRATORS TEAMSTER	S LOCAL 502 PAC
R	eport Covering the Period: From:	0 ′ 0 1 ′ 2 0 2 2 · · ·	
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	 Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		
	All Loans Received		
15.	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other		
	Political Committees Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	0,00	5829
	(b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b))		
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	<u>5</u> 14,00	<u>5,97329</u> <u>,5,97329</u>

1

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC	Form	3X	(Rev.	05/2016)
	II. Di	sbu	rsem	nents

COLUMN A **Total This Period**

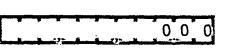
COLUMN B **Calendar Year-to-Date**

- 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share
 - (ii) Non-Federal Share......
 - (b) Other Federal Operating Expenditures
 - (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))
- 22. Transfers to Affiliated/Other Party Committees..... 23. Contributions to
- Federal Candidates/Committees and Other Political Committees..... Independent Expenditures 24.
- (use Schedule E) (Coordinated Party Expenditures (52 U.S.C: § 30116(d)) (use Schedule F)..... 25.
- 26. Loan Repayments Made:
- Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other (a) Than Political Committees
 - (b) Political Party Committees
 - (c) Other Political Committees (such as PACs).....
 - (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))...........
- 29. Other Disbursements (Including Non-Federal Donations).....
- 30. Federal Election Activity (52 U.S.C. § 30101(20))
 - (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share
 - (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds
 - (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))
- 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..
- 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

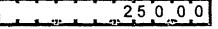
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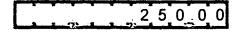
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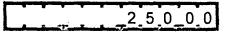


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DETAILED SUMMARY PAGE

of Disbursements

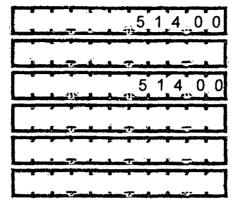
FEC Form 3X (Rev. 05/2016)

Page 5 COLUMN B

III. Net Contributions/ Operating Expenditures

COLUMN A Total This Period

Calendar Year-to-Date



	5,91500
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	5,91500
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and the second	- Anno Tom & Anno Tom Anno

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE OF	
ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
	y information copied from such Reports and St			
<u> </u>	for commercial purposes, other than using the	name and a	ddress of any political committee	to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full)			TEAMOTERS LOCAL 500 RAG
\square				TEAMSTERS LOCAL 502 PAC
Α.	Full Name of Individual (Last, First, Middle Initi	ial) or Full C	organization Name	Date of Receipt
	Mailing Address			
	City	State	Zip Code	````
	City	Jiale		Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.		તા જ પુંચ ગ	, ,
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For:			
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		ng	
<u> </u>	Full Name of Individual (Last, First, Middle Initi			
в.			nganization name	Date of Receipt
	Mailing Address			
	City	State	Zip Code	
				Amount of Each Receipt this Period
	FEC ID number of contributing	С		and the second
	federal political committee.	Ο.	· · · · · · · · · · · · · · · · · · ·	E. E. Stark spectra in spectra in the spectra in
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	Receipt For:		Year-to-Date ▼	-1
	Primary General			3
	Other (specify) V	11 <u></u> n.	An an Ara Ara	
	Full Name of Individual (Last, First, Middle Initi	ial) or Full C	Inganization Name	
C.				Date of Receipt
	Mailing Address			
	City	State	Zip Code	- for dia matrices rusid
				Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	ener a ser en la	
			ng shi ng sa shing	
Descript Form		Occ	upation (for Individual)	Memo Item
		Year-to-Date ▼		
	Primary General			
	Other (specify)	i a	(𝑘) = 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘 𝑘	
r				
s	UBTOTAL of Receipts This Page (optional)			en e
-	OTAL This Period (last page this line number of	only)		· · · · · · · · · · · · · · · · · · ·
1 [°]				n an

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SCHEDULE B (FEC Form 3X)	[
ITEMIZED DISBURSEMENTS	Use separate schedule(s)		FOR LINE M (check only			
	for each category of the Detailed Summary Page		21b	22 23 26 27		
	L		28a	28b 28c x 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)				· · · · · · · · · · · · · · · · · · ·		
COMMONWEALTH ASSN. OF SCH		MINGTOAT	ORS TEAM	ASTERS LOCAL 502 PAC		
Full Name (Last, First, Middle Initial)						
A.				Date of Disbursement		
<u></u>						
Mailing Address				· · ·		
	State	Zip Code		FEC Identification Number		
Purpose of Disbursement	PA	19102				
Non federal candidate			-			
Candidate Name			Category/	Amount of Each Disbursement this Period		
Office Sought:	ment For:		Туре	and a second contract of the second		
Office Sought: House Disburse	ment ⊢or: Primary	General		$\left(\frac{1}{2} \right)^{\frac{1}{2}} = \left(\frac{1}{2} \right)^{\frac{1}{2}} \left($		
President	Other (spe			Memo Item		
State: District:						
Full Name (Last, First, Middle Initial) B.				Date of Disbursement		
Mailing Address						
City	City State Zip Code					
Uny		Zip Code		FEC Identification Number		
Purpose of Disbursement			g i gin gang	C		
Candidate Name	<u> </u>					
Gunardale Maine	Category/ Type	Amount of Each Disbursement this Period				
	Office Sought: House Disbursement For:					
Senate President	General General		L. Profestion (C. C. C. Station (C. C. C			
State: District:	Other (spe	uny)		Memo Item		
Full Name (Last, First, Middle Initial)						
С.				Date of Disbursement		
Mailing Address	·			M - M - / D - / D - /		
City	State	Zip Code	_	FEC Identification Number		
Purpose of Disbursement		_J				
Candidate Name	Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse						
Senate	Primary	General		an de la companya de La cala		
State: District:	Other (spe	ecify) 🔻		Memo Item		
				 The second s		
SUBTOTAL of Disbursements This Page (optional).	••••••••••••••••••		••••••			
	 、		<u>·</u>			
TOTAL This Period (last page this line number only	り		••••• •	of our provide provide the second		

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SCHEDULE C (FEC Form 3X) LOANS

OANS			Use separate schedule(s) PAGE OF for each category of the Detailed Summary Page FOR LINE 13 OF FORM 3X		
AME OF COMMITTEE (In Fu					
		SCHOOL ADM	INSTRATORS TEAMSTERS LOCAL 502 PAC		
LOAN SOURCE Full Nam	e (Last, First, Mi	ddle Initial)	Memo Item Election: Primary General		
Mailing Address		<u> </u>	Other (specify) ▼		
City		State ZII	P Code		
Original Amount of Loan		Cumulative Payme	nt To Date Balance Outstanding at Close of This Perio		
	d Y Y Y Y Y		Due Interest Rate Secured:		
Link All Endernation of Curr	antoro /itrania		Annahandingkand Anathankanikankani		
List All Endorsers or Gua 1. Full Name (Last, First, N			Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
2: Full Name (Last, First, N	liddle Initial)		Name of Employer		
Mailing Address	<u> </u>		Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, N	liddle Initial)	<u> </u>	Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
4., Full Name (Last, First, N	liddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This	Page (optional)				
TOTALS This Period (last pag	e in this line only	y)			
Carry outstanding balance on	ly to LINE 3, Sch	nedule D, for this lin	ne. If no Schedule D, carry forward to appropriate line of Summary		

SCHEDULE C-1	(FEC Form 3X)
LOANS AND LINE	ES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for Information found on					
ition found on					
of Schedule C					

NAME OF COMMITTEE (In Full)					
COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATO	RS TEAMSTERS LOCAL 502 PAC	C00362608			
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)			
Full Name					
Mailing Address					
	Date Incurred or Established				
City State Zip Code					
	Date Due				
	_ <u> </u>				
A. Has loan been restructured? No Yes	If yes, date originally incurre				
B. If line of credit.	Total				
· · · · · · · · · · · · · · · · · · ·	Outstanding				
Amount of this Draw:	Balance:	Laura Trade Trade Trade Trade and a			
C. Are other parties secondarily liable for the debt inc	zurred?				
No Yes (Endorsers and guarantors	must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the		What is the value of this collateral?			
property, goods, negotiable instruments, certificates stocks, accounts receivable, cash on deposit, or ot	e of deposit, chattel papers, ther similar traditional collateral?				
No Yes If yes, specify:		Andread and the second s			
		Does the lender have a perfected security			
		interest in it? No Yes			
E. Are any future contributions or future receipts of In collateral for the loan? No Yes If ye	s, specify:	What is the estimated value?			
		······································			
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).					
Date account established:	Address:				
	City, State, Zip:				
F. If neither of the types of collateral described above	was pledged for this loan, or if the	amount pledged does not equal or exceed			
the loan amount, state the basis upon which this lo	can was made and the basis on w	hich it assures repayment.			
G. COMMITTEE TREASURER		DATE			
Typed Name	······				
Signature					
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION					
 To the best of this institution's knowledge, the are accurate as stated above. 	e terms of the loan and other infor	mation regarding the extension of the loan			
II. The loan was made on terms and conditions	(including interest rate) no more f	avorable at the time than those imposed for			
similar extensions of credit to other borrowers III. This institution is aware of the requirement th	s of comparable credit worthiness.				
complied with the requirements set forth at 1	1 CFR 100.82 and 100.142 in mal	king this loan.			
AUTHORIZED REPRESENTATIVE		DATE			
Typed Name					
Signature	Title				

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS Excluding Loans NAME OF COMMITTEE (In Full) COMMONWEALTH ASSN. OF SCHO A. Full Name (Last, First, Middle Initial) of Debtor		NSTRATORS TEA		PAGE OF FOR LINE NUMBER: (check only one) 9 10 L 502 PAC ebt (Purpose):
Mailing Address City	State	Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Period
B. Full Name (Last, First, Middle Initial) of Debtor of Mailing Address City	or Creditor	Zip Code	Nature of D	ebt (Purpose):
Outstanding Balance Beginning This Period Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor Mailing Address City	or Creditor	Zip Code	Nature of C	ebt (Purpose).
Outstanding Balance Beginning This Period Amount Incurred This Period	Pa	yment This Period	Outstandi	ng Balance at Close of This Period
 SUBTOTALS This Period This Page (optional) TOTALS This Period (last page this line number of 3) TOTAL OUTSTANDING LOANS from Schedule C ADD 2) and 3) and carry forward to appropriate line 	only) C (last page o	only)		

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURE

EMIZED INDEPENDENT EXPENDITURES			PAGE OF FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER V
COMMONWEALTH ASSN. OF SCHOOL ADMINSTR	RATORS TEAMS	STERS LOCAL 502 PAG	C 0 0 3 6 2 6 0 8
Check if24-hour report48-hour report	New rep	ort Amends repor	nt filed on
Full Name of Payee		🗌 Memo	Item Date of Public Distribution/Dissemination
Mailing Address			Amount
City	State	Zip Code	
City	Siale	Zip Code	
Purpose of Expenditure			Date of Disbursement or Obligation
		Category/ Type	
Name of Federal Candidate:		Support	Office Sought: House District:
	. <u> </u>	Oppose	President Senate State:
Calendar Year-To-Date	<u> </u>	****	Disbursement For: Primary General
Per Election for Office Sought	A7)	السفسخف فسق	Other (specify) ►
Full Name of Payee		🗌 Memo	Item Date of Public Distribution/Dissemination
Mailing Address			Amount
City	State	Zip Code	
			Land and the stand and the stand and the
Purpose of Expenditure	1,	Catagony	Date of Disbursement or Obligation
		Category/ Type	
Name of Federal Candidate:		Support	Office Sought: House District:
		Oppose	President Senate State:
Calendar Year-To-Date		·····	Disbursement For: Primary General
Per Election for Office Sought	<u></u>	لعميه	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			
(-,			in the first of the second
(a) SUBTOTAL of Uniternized Independent Expenditure	res	•••••••••••••••••••••••••••••••••••••••	
(a) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
		-	[
Signature		_ Date	
			FEC Schedule E (Form 3X) Rev. 0/20

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SCHEDULE F (FEC Form 3X) ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

(To be used only	by Political Committees in the Gene	ral Election) FOR LINE 25 OF FORM 3X		
AME OF COMMITTEE (In Full)				
COMMONWEALTH ASSN. OF SCHOOL	·	RS LOCAL 502 PAC		
as your committee been designated to make bordinated expenditures by a political party committee? YES NO	Full Name of Subordinate Committee			
YES, name the designating committee:	Mailing Address			
	City	State ZIP Code		
Full Name (Last, First, Middle Initial) of Each Payee	🗌 Memo Item	Purpose of Expenditure		
Mailing Address		Type Date		
City State	Zip Code			
Name of Federal Candidate Supported Office Sough	ht: House State: Senate District:	Amount		
Aggregate General Election Expenditure for this Candidate ►				
Full Name (Last, First, Middle Initial) of Each Payee Mailing Address	🗌 Memo Item	Purpose of Expenditure Category/ Type		
		Date		
City State Name of Federal Candidate Supported Office Soud	Zip Code			
Name of Federal Candidate Supported Office Sough	ht: House State: Senate District: Presidential	Amount		
Aggregate General Election Expenditure for this Candidate ►		andanian7inatanian7inataniani [™] natani		
Full Name (Last, First, Middle Initial) of Each Payee	🗋 Memo Item	Purpose of Expenditure		
Mailing Address		Date Type		
City State	Zip Code			
Name of Federal Candidate Supported Office Sough	ht: House State: Senate District: Presidential	Amount		
Aggregate General Election Expenditure for this Candidate ►		<u> </u>		
SUBTOTAL of Expenditures This Page (optional)	>			
TOTAL This Period (last page this line number only)	••••••••••••••••••••••••••••••••••••••			

FEC Schedule F (Form 3X) Rev. 05/2016

PAGE

OF

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

_____ Presidential-Only Election Year (28% Federal)

_____ Presidential and Senate Election Year (36% Federal)

_____ Senate-Only Election Year (21% Federal)

_____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Federal		
		······································
Nonfederal		······
This ratio applies to	(check all that apply)?	
Administrative	Generic Voter Drive	Public Communications Referencing Party Only

SCHEDULE H2 (FEC Form 3X)	
ALLOCATION RATIOS	PAGE OF
NAME OF COMMITTEE (In Full) COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502	PAC
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.	
Methods of allocation:	
 FUNDRAISING activities are allocated using the "funds received method" where the federal expenses must equal the federal proportion of monies raised. 	proportion of
II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expecte where the federal proportion of disbursements is based on the benefit derived by federal can tivity. For PACs Only: Direct candidate support includes public communications or voter driv federal and nonfederal candidates, regardless of whether there is a reference to a political p are allocated using a time/space method.	ndidates from the ac- ves that refer to both
ACTIVITY OR EVENT IDENTIFIER	
ACTIVITY IS:	NONFEDERAL %
Image: Second state of the second s	%
ACTIVITY OR EVENT IDENTIFIER FEDERAL %	NONFEDERAL %
ACTIVITY IS:	
CHECK IF THE RATIO IS:	» L%
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER	NONFEDERAL %
ACTIVITY IS:	
CHECK IF THE BATIO IS:	»
New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER	NONFEDERAL %
ACTIVITY IS:	
Support	» <u> </u> %
CHECK IF THE RATIO IS: New Revised Same as Previously Reported	
ACTIVITY OR EVENT IDENTIFIER	NONFEDERAL %
ACTIVITY IS:	
Support	» %
CHECK IF THE RATIO IS:	
ACTIVITY OR EVENT IDENTIFIER	NONFEDERAL %
ACTIVITY IS:	[
CHECK IF THE RATIO IS:	» %
New Revised Same as Previously Reported	

2022 - 10 - 51 - 05 - 00424028

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE OF FOR LINE 18a OF FORM 3X

AME OF COMMITTEE (In Full) COMMONWEALTH ASSN. OF SC	HOOL ADMINSTRATORS TEAMST	ERS LOCAL 502 PAC
NAME OF ACCOUNT		TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF TRANSFER RECEIVE	D	
i) Total Administrative		
ii) Generic Voter Drive		
III) Exempt Activities		
iv) Direct Fundraising (List Activity or Ex	vent Identifier)	
a)		
b)		
c) Total Amount Transferred For Direct	t Fundraising	
v) Direct Candidate Support (List Activi	ty or Event Identifier)	
a)		
ь)		
c) Total Amount Transferred For Direct	t Candidate Support	
vi) Public Communications Referring O	nly to Party (Made by PAC)	
τοτ	ALS FOR BREAKDOWN OF TRANSFER I	RECEIVED
TOTAL This Period (Administrative)		من من من م
rotal This Period (Generic Voter Drive)		
TOTAL This Period (Exempt Activities)		
TOTAL This Period (Direct Fundraising)		A
TOTAL This Period (Direct Candidate Support))	
TOTAL This Period (Public Communications R	eferring Only to Party)	
FOTAL This Period (Total Amount Transferred)		

FEC Schedule H3 (Form 3X) Rev. 05/2016

SCHEDULE H4 (FEC Form 3X) DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

	PAGE	OF			
	FOR LIN	E 21a OF FORM 3X			
RS LOCAL 502 PAC					
Allocated Activity	or Event:				

NAME OF COMMITTEE (In Full)

COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PA

A.	Full Name (Last, First, Middle Initial)		🗌 Memo Item	Allocated Activity or Event:	
	Mailing Address			Administrative Fundraising Exempt	
	0.4	Chata	The Code		
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		[]	Allocated Activity or Event Year-To-Date	
	Activity or Event Identifier;			hand and the second sec	
			Category/ Type		
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT

<u>—</u> В.	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
	· · · · ·				Administrative Europraising Exempt -
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
				r	Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:				
	Activity or Event Identifier:		·	 	
				Category/ Type	
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
				* * * *	
<u>.</u>	Full Name (Last, First, Middle Initial)			Memo Item	Allocated Activity or Event:
υ.					Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code	···· <u>·····</u> <u>·</u> ·····	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
	· · · · · · · · · · · · · · · · · · ·				
	Activity or Event Identifier:				
				Category/ Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
			7	1 1 2 1	
s	UBTOTAL of Allocated Federal and NonFederal	Activity This	Page		
	FEDERAL SHARE		NONFEDERAL	SHARE	
				* * ~ *	
τ	OTAL This Period (last page for each line only)(Federal share	to 21(a)(i) and	NonFederal sh	are to 21(a)(ii))
	FEDERAL SHARE	<u></u>	NONFEDERAL	SHARE	TOTAL AMOUNT
				* * * *	
	and the second se	In such that the second se			International Construction Construction Construction

FEC Schedule H4 (Form 3X) Rev. 05/2016

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

To be used by State, District and L	ocal Party Committees Only)	PAGE OF
NAME OF COMMITTEE (In Full)		FOR LINE 18b OF FORM 3X
	CHOOL ADMINSTRATORS TEAM	ISTERS LOCAL 502 PAC
NAME OF ACCOUNT		TOTAL AMOUNT TRANSFERRED
BREAKDOWN OF THIS TRANSFER		
i) Voter Registration		EGISTRATION
Total Amount Transferred for	Voter Registration	
ii) Voter ID		VOTER ID
Total Amount Transferred for	Voter ID	
	hand have	GOTV
Total Amount Transferred for	GOTV	<u>م من من</u>
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for	Generic Campaign Activity	·····
NAME OF ACCOUNT		TOTAL AMOUNT TRANSFERRED
	LIEW V DED V VEVEN	
	handrad hashed hashed	
BREAKDOWN OF THIS TRANSFER		
I) Voter Registration	VOTER R	EGISTRATION
Total Amount Transferred for	Voter Registration	
		VOTER ID
ii) Voter ID Total Amount Transferred for	Voter ID	
iii) GOTV	F	GOTV
Total Amount Transferred for	GOTV A	the state of the s
iv) Generic Campaign Activity		GENERIC CAMPAIGN ACTIVITY
	Generic Campaign Activity	
TOTALS FO	R BREAKDOWN OF TRANSFER RECEIV	/ED (Last Page Only)
TOTAL This Period (Voter Registrati	on)	
	,	terretter de la traduce
TOTAL This Period (Voter ID)		* * * * * * *
· · · ·	محمد سار	The stand from the standard standard
TOTAL This Period (GOTV)		******
	L	<u></u>
TOTAL This Period (Generic Campa	ign Activity)	
		hand and a start and the start
TOTAL This Period (Total Amount o	f Transfers Received)	
	····,	

SCHEDULE H6 (FEC Form 3X)

OR ALLOCATED F	PAGE OF			
be used by State, D	District and Local	Party Committe	es Only)	FOR LINE 30a OF FORM
ME OF COMMITTEE (In Fu	ull)			
	LTH ASSN. OF SCI	HOOL ADMINST	RATORS TEAM	MSTERS LOCAL 502 PAC
A. Full Name (Last, First,	Middle Initial) / Full Orga	anization Name	🗌 Memo Iter	Type of Allocated Activity or Event:
				Voter ID Generic Camp
Mailing Address				Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	
FEDERAL	SHARE +	LEVIN	I SHARE	
D. Tolk blows () and Timb	Niddle Johiol / Full Ore		Memo ite	Type of Allocated Activity or Event:
B. Full Name (Last, First,	Middle Initialy / Full Org.	anization Name		Voter Registration GOTV
				Voter ID Generic Cam
Mailing Address		<u> </u>		Allocated Activity or Event Year-To-Date
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	Date
FEDERAL	SHARE +	LEVIN	I SHARE	= TOTAL AMOUNT
C. Full Name (Last, First,	Middle Initial) / Full Org	anization Name	🗋 Memo Ite	m Type of Allocated Activity or Event:
				Voter ID Generic Cam
Mailing Address	. <u></u>			Allocated Activity or Event Year-To-Date
City	State	Zip Code	 	
Purpose of Disbursement	, h _		Category/ Type	
FEDERAL	SHARE +	LEVIN	I SHARE	
BTOTAL of Shared Federa		-		
FEDERAL	SHARE +	LEVIN	I SHARE	
TAL This Period (last page FEDERAL 3		ierai snare to 30(a)(i	i) and Levin share	to 30(a)(ii)) TOTAL AMOUNT
Kandard Standard			I SHARE	
DTAL This Period for the Le	SVIIT STIALS			•

FEC Schedule H6 (Form 3X) Rev. 05/2016

SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

COMMONWEALTH ASSN. OF SCHOOL ADMINSTRATORS TEAMSTERS LOCAL 502 PAC

NAME OF ACCOUNT

L		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS		
	(a) Itemized (Use Schedule L-A)		
			
	(b) Uniternized		
	(c) Total		
			المسادية مساحدة مسادية مسادية مسادية مسادية مسادية مسادية والمسادية والمسادية والمسادية مسادية مسادية مسادية م والمسادية المسادية المسادية المسادية المسادية مسادية مسادية مسادية والمسادية والمسادية والمسادية مسادية مسادية م
2.	OTHER RECEIPTS	<u> </u>	
3.	TOTAL RECEIPTS		
•••	(Add Lines 1c and 2)		and and a second se
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration		
	(b) Voter ID	and an and the description of th	Annal and Transformed T
	(c) GOTV		
			<u> </u>
	(d) Generic Campaign		
	(e) Total	* * * * * * * *	
		<u></u>	
5.	OTHER DISBURSEMENTS		the the transfer to the target of ta
6.	TOTAL DISBURSEMENTS		
	(Add Lines 4e and 5)		
7.	BEGINNING CASH ON HAND		
<i>.</i>	(for Column B, use cash as of January 1st)		and and a strand and the strand and
8.	RECEIPTS	· · · · · · · · · · · · · · · · · · ·	
0.	(from Line 3)	And Barth Drate to the	
9.	SUBTOTAL	· · · · · · · · · · · · · · · · · · ·	
0.	(Add Lines 7 and 8)		
10.	DISBURSEMENTS		
	(From Une 6)		
11.	ENDING CASH ON HAND		
	(Subtract Line 10 From Line 9)		hand and the second

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the

PAGE

OF

ITEMIZED RECEIPTS OF LEVIN	FUNDS	for each category of the Aggregation Page	FOR LINE NUMBER: 1a 2		
Any information copied from such Reports and Sta or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full)					
COMMONWEALTH ASSN. OF S	CHOOL ADMIN	STRATORS TEAMSTE	RS LOCAL 502 PAC		
Full Name of Individual (Last, First, Middle Initia	Date of Receipt				
Α.			Luand , Loaol , Loacadad		
Mailing Address			أسعيمه السغيبا السعيم		
<u> </u>					
City	State	Zip Code			
Name of Employer (for Individual)	<u>t</u>				
			Aggregate Year-to-Date		
Occupation (for Individual)	Occupation (for Individual)				
Full Name of Individual (Last, First, Middle Initi	al) or Full Organiza	tion Name 🗌 Memo Item	Date of Receipt		
B.					
Mailing Address			Amount of Foot Descit this Desigd		
City	State	Zip Code	Amount of Each Receipt this Period		
Name of Employer (for Individual)	Name of Employer (for Individual)				
Occupation (for Individual)	Occupation (for Individual)				
Full Name of Individual (Last, First, Middle Initi C.	al) or Full Organiza	ition Name 🔲 Memo Item	Date of Receipt		
			- 1/2 - 1/2 - 7 - 1/2 7		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
City	State				
Name of Employer (for Individual)	······				
Occupation (for Individual)			Aggregate Year-to-Date		
			The second se		
Full Name of Individual (Last, First, Middle Initi	al) or Full Organiza	ition Name 🗌 Merno Itern	Date of Receipt		
D.					
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
Name of Employer (for Individual)			A C MALL MALL (MALL		
			Aggregate Year-to-Date		
Occupation (for Individual)	Occupation (for Individual)				
SUBTOTAL of Receipts This Page (optional)		······ •			
TOTAL This Period (last page this line number o	nlv)				

FEC Schedule L-A (Form 3X) Rev. 05/2016

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE OF (check only one) 4a 4c 5		
OF	F LEVIN FUNDS		Aggregation Page	4a 4c 5 4b 4d		
	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)						
/	COMMONWEALTH ASSN. (MSTERS LOCAL 502 PAC				
А.	Full Name (Last, First, Middle Initial) / Full Organi	zation Name	e 🗌 Memo Item	Date of Disbursement		
	Mailing Address			м · · м · · · · · · · · · · · · · · · ·		
	City	State	Zip Code	Amount of Each Disbursement this Period		
	Purpose of Disbursement		J			
	Full Name (Last, First, Middle Initial) / Full Organization Name					
B.				Date of Disbursement		
	Mailing Address					
	City	State	Zip Code	Amount of Each Disbursement this Period		
	Purpose of Disbursement		-L			
<u> </u>	Full Name (Last, First, Middle Initial) / Full Organization Name			Date of Disbursement		
υ.						
	Mailing Address					
	City	State	Zip Code	Amount of Each Disbursement this Period		
	Purpose of Disbursement					
D.	Full Name (Last, First, Middle Initial) / Full Organization Name Memo Item			Date of Disbursement		
	Mailing Address					
	City	State	Zip Code	Amount of Each Disbursement this Period		
	Purpose of Disbursement					
	Full Name (Last, First, Middle Initial) / Full Organization Name			· · · · · · · · · · · · · · · · · · ·		
E.				Date of Disbursement		
	Mailing Address					
	City	State	Zip Code	Amount of Each Disbursement this Period		
	Purpose of Disbursement					
SUBTOTAL of Disbursements This Page (optional)						
T	OTAL This Period (last page this line number only	/)	•••••••	and and the strategiest of the s		

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USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	iness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
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