### **Campaign Finance Report**

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

| Filer Identification 20120004 Report Filed By: CANDIDATE COMMITTEE LOBBYIST |                             |            |           |                        |        |        |             |                |                    |                                    |        |            |                    |                |          |          |                |
|---|-----------------------------|------------|-----------|------------------------|--------|--------|-------------|----------------|--------------------|------------------------------------|--------|------------|--------------------|----------------|----------|----------|----------------|
| Name of Filing C  | Committee, Ca               | andida     | te or Lo  | obbyist:               |        | HAI    | RRIS        | , JORI         | DAN CIT            | IZENS                              | FOR    |            |                    |                |          |          |                |
| Street Address:   | 615 CHE                     | STNU       | T ST PC   | BOX 3971               | 7      |        |             |                |                    |                                    |        |            |                    |                |          |          |                |
| City:   | PHILADE                     | LPHIA      | ١         |                        |        |        |             |                | State:             | PA                                 |        |            | Zip Cod            | <b>ie:</b> 19  | 105      |          |                |
| TYPE OF<br>REPORT   | 6TH TUESDAY<br>PRE-PRIMARY  |            | 1.        | 2ND FRIDAY<br>PRIMARY  | PRE    | -      | 2. <b>X</b> | 30 DA<br>PRIMA |                    | POST-                              | 3.     |            | AMENDM<br>REPORT   |                | Yes      | No       |                |
| (place X to<br>the right of   | 6TH TUESDAY<br>PRE-ELECTION |            | 4.        | 2ND FRIDAY<br>ELECTION | PRE    | -      | 5.          | 30 DA<br>ELECT |                    | POST-                              | 6.     |            | TERMINA<br>REPORT  |                | Yes      | No       | <b>~</b>       |
| report type)  | ANNUAL REF                  | PORT       | 7.        | <b>Year</b> 2014       |        |        |             |                | IG METH<br>CHECK C |                                    |        |            | PAPER D            |                |          | DISKE    | ГТЕ            |
| Name of Office S  | Sought by Car               | ndidat     | e:        |                        |        |        |             |                | DATE (             | OF ELE                             | CTIC   | N          | District<br>Number | Office<br>Code | Pari     | ty Code  | County<br>Code |
|   | ,                           |            |           |                        |        |        |             |                | МО                 | DAY                                | Y      | EAR        | 186                | STH            | DEM      | <b>!</b> | 51             |
| REPRESENTATI  | VE IN THE G                 | SENER      | AL ASS    | EMBLY                  |        |        |             |                | 1:                 | L                                  | 4      | 2014       |                    | (SEE IN        | STRUCTIO | NS FOR C | ODES)          |
| Expenditures from:  |                             |            |           |                        |        |        | DAY         | Y              | EAR                | FO                                 | R OFFI | CE USE     | ONLY               |                |          |          |                |
| Expenditures  | i ii Oiii:                  |            |           | 1 1                    | 2      | 014    | 4 T         | 0              | į                  | 5                                  | 6      | 2014       |                    |                |          |          |                |
| A. Amount Brought Forward From Last Report                                  |                             |            |           |                        |        |        |             | \$             |                    |                                    | 13,    | 557.48     |                    |                |          |          |                |
| B. Total Monetary Contributions And Receipts (From Schedule I)              |                             |            |           |                        |        |        |             |                |                    |                                    | 26,    | 550.00     |                    |                |          |          |                |
| C. Total Funds Available (Sum Of Lines A and B)                             |                             |            |           |                        |        |        |             | \$             |                    |                                    | 40,    | 107.48     |                    |                |          |          |                |
| D. Total Expenditures (From Schedule III)                                   |                             |            |           |                        |        |        |             | \$             |                    |                                    | 9,!    | 573.44     |                    |                |          |          |                |
| E. Ending Cash Balance (Subtract Line D From Line C)                        |                             |            |           |                        |        |        |             | \$             |                    |                                    | 30,5   | 34.04      | ]                  |                |          |          |                |
| F. Value Of In-   | Kind Contribu               | utions     | Receive   | ed (From Sc            | hedu   | le I   | <b>I</b> )  | \$             |                    |                                    |        | 0.00       |                    |                |          |          |                |
| G. Unpaid Debt  | ts And Obliga               | tions      | (From S   | Schedule IV)           | )      |        |             | \$             |                    |                                    |        | 0.00       |                    |                |          |          |                |
|   |                             |            |           |                        | AFF    | ID     | AVI         | T SE           | CTION              |                                    |        |            |                    |                |          |          |                |
| PART I - If this is   |                             | =          | -         | _                      |        |        |             |                |                    |                                    |        | _          |                    |                |          |          |                |
| I swear (or affirm) correct and complete                                    |                             | rt, incl   | uding the | attached sch           | edules | s file | ed on       | paper (        | or by elec         | tronic m                           | edium  | , are to t | the best o         | f my kno       | wledge a | nd belie | f , true       |
| Sworn to and subs   | cribed before n             | me this    |           | 20                     |        |        |             |                |                    |                                    |        | Signature  | of Perso           | n Submit       | ting Rep | ort      |                |
|   |                             | : <b>-</b> |           | -                      |        |        |             | -<br>-         |                    |                                    |        |            | Prin               | ted Name       | e        |          |                |
| My Commission Ex  |                             | ignatur    | e         |                        |        |        |             |                |                    |                                    |        |            | Ema                | il             |          |          |                |
|   | мо                          |            | DA        | AY                     | YR     |        |             | -              |                    | Ar                                 | ea Co  | de         | Daytim             | e Teleph       | one Nur  | nber     |                |
| Part II- If this is   | a report of a               | a cand     | idate's   | authorized (           | Comn   | nitte  | ee, C       | andida         | ate shall          | sign h                             | ere.   |            |                    |                |          |          |                |
| I swear (or affirm)<br>No 320) as amende                                    |                             | est of m   | y knowle  | edge and belie         | f this | pol    | litical     | commi          | ittee has          | not viola                          | ted ar | ıy provis  | ions of th         | e act of J     | une 3,19 | 37 (P.L. | 1333,          |
| Sworn to and subsc  | ribed before m              | e this     |           |                        |        |        |             |                |                    |                                    |        | s          | ignature o         | of Candid      | ate      |          |                |
|   | day of                      |            |           |                        |        |        |             | _              |                    |                                    |        |            |                    |                |          |          |                |
|   | <u> </u>                    | -4         |           |                        |        |        |             | -              |                    |                                    |        |            | Printe             | d Name         |          |          |                |
| My Commission Exp   | _                           | ature      |           |                        |        |        |             |                |                    |                                    |        |            | Ema                | il             |          |          |                |
|   | м                           | 10         | D/        | AY                     | YR     | l      |             | •              |                    | Area Code Daytime Telephone Number |        |            |                    |                |          | er       |                |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| · -  |           |          |              |                 |
|--|-----------|----------|--------------|-----------------|
| Name of Filing Committee or Candidate  | Reporting | g Period |              |                 |
| HARRIS, JORDAN CITIZENS FOR  | From:     | 1/1/201  | <u>4</u> To: | <u>5/6/2014</u> |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |                 |
| TOTAL for the Reporting  | ) Period  | (1)      | \$           | 0.00            |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |          |              |                 |
| Contributions Received From Political Committees (Part A)  |           |          | \$           | 1,750.00        |
| All Other Contributions (Part B)   | \$        | 800.00   |              |                 |
| TOTAL for the Reporting  | \$        | 2,550.00 |              |                 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |          |              |                 |
| Contributions Received From Political Committees (Part C)  |           |          | \$           | 23,500.00       |
| All Other Contributions (Part D)   |           |          | \$           | 500.00          |
| TOTAL for the Reporting  | ) Period  | (3)      | \$           | 24,000.00       |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |          |              |                 |
| TOTAL for the Reporting  | j Period  | (4)      | \$           | 0.00            |
|  |           |          |              |                 |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |          | \$           | 26,550.00       |

#### 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 Candid                                 | ame of Filing Committee or Candidate |                                 |          | eporting I | Period |                |    |          |
|--|--------------------------------------|---------------------------------|----------|------------|--------|----------------|----|----------|
| HARRIS, JORDAN CITIZENS FOR  |                                      |                                 | Fr       | om:        | 1/1/20 | ) <u>14</u> To | :  | 5/6/2014 |
|  |                                      |                                 |          |            | DATE   |                |    | AMOUNT   |
| Full Name of Contributing Committee Pa Academy of Audiology PAC    |                                      |                                 |          | мо         | DAY    | YEAR           |    |          |
| Mailing Address 908 N 2nd St                                       |                                      |                                 |          |            |        |                | \$ | 250.00   |
| <b>City</b> Harrisburg   | <b>State</b><br>PA                   | Zip Code (Plu<br>17102          | s 4)     | 4          | 24     | 2014           |    |          |
| Full Name of Contributing Committee PAA PAC (PA AUDIOLOGY)         |                                      |                                 |          |            | DAY    | YEAR           |    |          |
| Mailing Address 908 N 2ND ST.  City HARRISBURG                     | State Zin Code (Plus 4)              |                                 |          |            |        | 2014           | \$ | 250.00   |
| Full Name of Contributing Committee HIGHMARK PAC OF HIGHMARK INC   |                                      |                                 |          | мо         | DAY    | YEAR           |    |          |
| Mailing Address 1800 CENTER S                                      | īΤ                                   |                                 |          |            |        |                | \$ | 250.00   |
| City CAMP HILL   | State<br>PA                          | <b>Zip Code (Plu</b> 17089-0000 |          | 5          | 5      | 2014           |    |          |
| Full Name of Contributing Committee PARENTS & TEACHERS FOR PUTTING | STUDENTS FIR                         | RST                             |          | МО         | DAY    | YEAR           |    |          |
| Mailing Address PO BOX 153   | le                                   |                                 |          | 5          | 5      | 2014           | \$ | 250.00   |
| <b>City</b> HARRISBURG   | <b>State</b><br>PA                   | Zip Code (Plu<br>17108          | s 4)<br> |            |        |                |    |          |
| Full Name of Contributing Committee Green Partners State PAC       |                                      |                                 |          | МО         | DAY    | YEAR           |    |          |
| Mailing Address PO Box 11972                                       |                                      |                                 |          |            |        |                | \$ | 250.00   |
| <b>City</b> Harrisburg   | State<br>PA                          | Zip Code (Plu<br>17158          | s 4)     | 5          | 5      | 2014           |    |          |

|   | ARKWEST LIBERTY PAC |  |      |          | YEAR             |                  |
|---|---------------------|--|------|----------|------------------|------------------|
| Mailing Address 1515 ARAPAHOE ST TWR1 #1600 |                     |  |      | 5        |                  | <b>\$</b> 250.00 |
| City DENVER                                 | State<br>CO         |  |      |          |                  |                  |
|   |                     |  |      |          |                  |                  |
| Full Name of Contribu<br>UGI State PAC      | iting Committee     |  | МО   | DAY      | YEAR             |                  |
|   | 2526 N. 11th St.    |  | мо 5 | DAY<br>5 | <b>YEAR</b> 2014 | \$ 250.00        |

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

**PAGE TOTAL** \$ 1,750.00

### 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 Candida  | nme of Filing Committee or Candidate |                                   |     | Reporting Period |       |                 |          |            |
|--|--------------------------------------|-----------------------------------|-----|------------------|-------|-----------------|----------|------------|
| HARRIS, JORDAN CITIZENS FOR  |                                      |                                   | Fro | m:               | 1/1/2 | 2014 <b>T</b> o | 5/6/2014 |            |
|  |                                      |                                   |     |                  | DATE  |                 |          | AMOUNT     |
| Full Name of Contributor Ronald Wallace                                      |                                      |                                   |     | МО               | DAY   | YEAR            |          |            |
| Mailing Address 123 Main St  |                                      |                                   |     |                  |       |                 | \$       | 200.00     |
| <b>City</b> Philadelphia   | <b>State</b><br>PA                   | <b>Zip Code (Plus 4)</b><br>19146 |     | 4                | 24    | 2014            |          |            |
| Full Name of Contributor CITIZENS FOR A GROWING ECONOMY                      |                                      |                                   |     |                  | DAY   | YEAR            |          |            |
| Mailing Address 116 PINE ST, 5TH FL  City HARRISHURG State Zip Code (Plus 4) |                                      |                                   |     | 2                | 26    | 2014            | \$       | 250.00     |
| City HARRISBURG  | PA                                   | 17101-0000                        |     |                  |       |                 |          |            |
| <b>Full Name of Contributor</b> Tamisha N. Richardson                        |                                      |                                   |     | МО               | DAY   | YEAR            |          |            |
| Mailing Address 1410 S. 20th St.   |                                      |                                   |     |                  | 26    | 2014            | \$       | 100.00     |
| <b>City</b> Philadelphia   | <b>State</b><br>PA                   | <b>Zip Code (Plus 4)</b><br>19146 |     | 2                | 26    | 2014            |          |            |
| Full Name of Contributor Mellisa Heller                                      |                                      |                                   |     | МО               | DAY   | YEAR            |          |            |
| Mailing Address 651 Winding Way  |                                      |                                   |     | F                | 4     | 2014            | \$       | 250.00     |
| <b>City</b> Merion   | State<br>PA                          | <b>Zip Code (Plus 4)</b><br>19066 |     | 5                | 1     | 2014            |          |            |
|  | 1                                    |                                   |     |                  |       |                 |          | DAGE TOTAL |

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

**PAGE TOTAL \$** 800.00

#### **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                      |                 |    |               |      |    |                 |
|--|--------------------|-----------------------------|-----------------|----|---------------|------|----|-----------------|
| HARRIS, JORDAN CITIZENS FOR  |                    |                             | From:           | 1/ | <u>1/2014</u> | То:  |    | <u>5/6/2014</u> |
|  |                    |                             |                 | DA | TE            |      | Α  | MOUNT           |
| Full Name of Contributing Committee WESTERN PA LABORERS PAC                                |                    |                             |                 | МО | DAY           | YEAR |    |                 |
| Mailing Address 12 8TH ST, 6TH FL  |                    |                             |                 |    |               |      | \$ | 2,500.00        |
| City PITTSBURGH  | <b>State</b><br>PA | e (Plus 4)                  | 2               | 26 | 2014          |      |    |                 |
| Full Name of Contributing Committee STUDENTS FIRST PAC                                     |                    |                             |                 |    | DAY           | YEAR |    |                 |
| Mailing Address PO BOX 416  City MAYANISWOOD State Zip Code (Plus 4)                       |                    |                             |                 | 3  | 10            | 2014 | \$ | 5,000.00        |
| City WYNNEWOOD   | PA PA              | <b>Zip Code</b><br>190960   |                 | 7  | 10            | 2014 |    |                 |
| Full Name of Contributing Committee STUDENTS FIRST PAC                                     |                    |                             |                 | мо | DAY           | YEAR |    |                 |
| Mailing Address PO BOX 416   |                    |                             |                 |    |               |      | \$ | 5,000.00        |
| City WYNNEWOOD   | <b>State</b><br>PA | <b>Zip Code</b><br>190960   | <b>(Plus 4)</b> | 4  | 24            | 2014 |    |                 |
| Full Name of Contributing Committee  APSCUF/CAP(ASSN PA ST COL/UNIV FA                     | ACL)               |                             |                 | МО | DAY           | YEAR |    |                 |
| Mailing Address 319 N FRONT ST   |                    |                             |                 | 5  |               |      | \$ | 500.00          |
| <b>City</b> HARRISBURG   | <b>State</b><br>PA | Zip Code (Plus 4) 171080000 |                 |    | 1             | 2014 |    |                 |
| Full Name of Contributing Committee  Local Union #98 IBEW COMMITTEE ON POLITICAL EDICATION |                    |                             |                 |    | DAY           | YEAR |    |                 |
| Mailing Address 1719 Spring Garden   |                    |                             |                 |    |               | 2611 | \$ | 10,000.00       |
| <b>City</b> Philadelphia   | State<br>PA        | <b>Zip Code</b>             | e (Plus 4)      | 5  | 5             | 2014 |    |                 |

| Full Name of Contributing Commi | МО                                      | DAY | YEAR |  |      |           |
|---------------------------------|---|-----|------|--|------|-----------|
| Mailing Address P.O. BOX 545    |   |     |      |  |      | \$ 500.00 |
| City HARRISBURG                 | City HARRISBURG State Zip Code (Plus 4) |     |      |  | 2014 |           |
|                                 | PA 171080000                            |     |      |  |      |           |

**PAGE TOTAL**\$ 23,500.00

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

## 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 Candid                                      | me of Filing Committee or Candidate |                                |            |         | orting Pe | riod         |                |                     |                         |
|---|-------------------------------------|--------------------------------|------------|---------|-----------|--------------|----------------|---------------------|-------------------------|
| HARRIS, JORDAN CITIZENS FOR   |                                     |                                |            | Fror    | n:        | <u>1/1/2</u> | <u>014</u> To: | To: <u>5/6/2014</u> |                         |
|   |                                     |                                |            |         | D         | ATE          |                | AM                  | 10UNT                   |
| Full Name of Contributor Charlene E. Doffoney                           |                                     |                                |            |         | МО        | DAY          | YEAR           |                     |                         |
| Mailing 4 Hanover Pl Address  City Sicklerville State Zip Code (Plus 4) |                                     |                                |            | 2       | 26        | 2014         | \$             | 500.00              |                         |
| <b>City</b> Sicklerville  | <b>State</b><br>NJ                  | <b>Zip Code (Plus 4)</b> 06081 |            |         | 2         | 26           | 2014           |                     |                         |
| Employer Name NA  |                                     |                                |            |         | Occupat   | tion<br>N    | IA             |                     |                         |
| Employer Mailing Address/Principal<br>Business<br>NA                    | Place of                            |                                | City       |         |           | State        |                | Zip Code            | e (Plus 4)              |
| Enter Grand Total of Part C on S  | Schedule I, Deta                    | iled Sumi                      | mary Page, | Section | on 3.     | I            | <u> </u>       |                     | <b>AGE TOTAL</b> 500.00 |
|   |                                     |                                |            |         |           |              |                |                     |                         |

## 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                |                  | Report  | ting Perio | bd  |      |     |          |
|-------------------------------|--------------------------|------------------|---------|------------|-----|------|-----|----------|
|                               |                          |                  | From:   |            |     | To:  |     |          |
|                               |                          |                  |         | D          | ATE |      | AM  | OUNT     |
| Full Name                     |                          |                  |         | МО         | DAY | YEAR |     |          |
| Mailing Address               |                          |                  |         |            |     |      | \$  | 0.00     |
| City                          | State                    | Zip Code (       | Plus 4) |            |     |      |     |          |
| Receipt Description           | •                        | •                |         | •          | •   | •    | _   |          |
| Enter Grand Total of Part E o | on Schedule I. Detaile   | d Summary Page   | Section | 4          |     |      | PAG | GE TOTAL |
|                               | m deficación 1, detailes | z Sammary r age, | occion  | ••         |     |      | \$  | 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  | Reporting Period |                            |                 |  |  |  |  |  |
|--|------------------|----------------------------|-----------------|--|--|--|--|--|
| HARRIS, JORDAN CITIZENS FOR  | From:            | <u>1/1/2014</u> <b>To:</b> | <u>5/6/2014</u> |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR  |                  |                            |                 |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (1)        | \$                         | 0.00            |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)   |                  |                            |                 |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (2)        | \$                         | 0.00            |  |  |  |  |  |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                  |                            |                 |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (3)        | \$                         | 0.00            |  |  |  |  |  |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                  | \$                         | 0.00            |  |  |  |  |  |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candid | ate                 |                       | Reporting | g Period      |        |           |            |  |
|------------------------------------|---------------------|-----------------------|-----------|---------------|--------|-----------|------------|--|
|                                    |                     |                       | From:     |               |        | То:       |            |  |
|                                    |                     |                       |           | DATE          |        |           | AMOUNT     |  |
| Full Name of Contributor           |                     |                       | МО        | DAY           | YEAR   |           |            |  |
| Mailing Address                    |                     |                       |           |               |        | <b>\$</b> | 0.00       |  |
| City                               | State               | Zip Code (Plus 4)     |           |               |        |           |            |  |
| Description of Contribution:       |                     |                       |           |               |        |           |            |  |
| Enter Grand Total of Part F on S   | chedule II In-Kir   | nd Contributions Deta | iled Sum  | mary Pag      | ле Г   |           | PAGE TOTAL |  |
| Section 2.                         | incudic 11, 111 Kii | ia contributions beta | nea Sam   | illial y I as | ,<br>, |           | PAGE TOTAL |  |
|                                    |                     |                       |           |               |        | \$        | 0.00       |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidat                            | ame of Filing Committee or Candidate |         |                  | Re     | porting F | Period    |           |        |       |                        |
|---|--------------------------------------|---------|------------------|--------|-----------|-----------|-----------|--------|-------|------------------------|
|   |                                      |         |                  |        | Fro       | om:       |           | To:    |       |                        |
|   |                                      |         |                  |        |           |           | DATE      |        |       | AMOUNT                 |
| Full Name of Contributor  |                                      |         |                  |        |           | мо        | DAY       | YEAR   |       |                        |
| Mailing Address   |                                      |         |                  |        |           |           |           |        | \$    | 0.00                   |
| City  | State                                |         | Zip Code(Plus 4) |        |           |           |           |        |       |                        |
| Employer of Contributor   | -1                                   |         | •                |        |           | Occupa    | tion      |        |       |                        |
| Employer Mailing Address/Principal Place of Business City State |                                      |         |                  |        |           | Zip<br>4) | Code(Plus | Descri | ption | of Contribution        |
| Enter Grand Total of Part G on So<br>Summary Page, Section 3.   | hedule II,                           | In-Kind | Contributi       | ons De | taile     | ed        |           |        |       | <b>PAGE TOTAL</b> 0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |          |     |          |
|---------------------------------------|------------------|----------|-----|----------|
| HARRIS, JORDAN CITIZENS FOR           | From             | 1/1/2014 | То: | 5/6/2014 |

|  |                    |                                   |   | DATE                     |           |    | AMOUNT |
|--|--------------------|-----------------------------------|---|--------------------------|-----------|----|--------|
| <b>To Whom Paid</b><br>Harriet Henley            |                    |                                   | мо                                      | DAY                      | YEAR      |    |        |
| Mailing Address 1420 S. Patt                     | ton St             |                                   | 4                                       | 30                       | 2014      | \$ | 150.00 |
| <b>City</b> Philadelphia                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 19146    | <b>Descrip</b><br>Petitito              | ntion of Exp             |           |    |        |
| <b>To Whom Paid</b><br>Molly Brannigans          |                    |                                   | МО                                      | DAY                      | YEAR      |    |        |
| Mailing Address Walnut St                        |                    |                                   | 4                                       | 30                       | 2014      | \$ | 305.00 |
| <b>City</b> Harrisburg                           | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17101 | <b>Descrip</b> Fund R                   | ntion of Exp<br>aiser    |           |    |        |
| <b>To Whom Paid</b><br>Statement Original        |                    |                                   | МО                                      | DAY                      | YEAR      |    |        |
| Mailing Address 1624 S. Broa                     | ad St              |                                   | 4                                       | 7                        | 2014      | \$ | 102.70 |
| <b>City</b> Philadelphia                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19145 | Description of Expenditure T-shirts     |                          |           |    |        |
| <b>To Whom Paid</b><br>Programs Employing People | ·                  | ·                                 | МО                                      | DAY                      | YEAR      |    |        |
| Mailing Address 1200 S. Broa                     | ad St              |                                   | 3                                       | 31                       | 2014      | \$ | 200.00 |
| <b>City</b> Philadelphia                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19146 | Description of Expenditure Space Rental |                          |           |    |        |
| <b>To Whom Paid</b><br>Kennedy Printing Co       |                    |                                   | мо                                      | DAY                      | YEAR      |    |        |
| Mailing Address 543Baltimor                      | e Ave              |                                   | 3                                       | 31                       | 2014      | \$ | 371.52 |
| <b>City</b> Philadelphia                         | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19143 |   | otion of Exp<br>Printing | penditure |    |        |
|  |                    |                                   |   |                          |           |    |        |

|                                    | мо  | DAY   | YEAR   |  |   |   |
|------------------------------------|---|---|--|--|---|---|
|                                    | 3   | 31  | 2014   | \$   |   | 69.34   |
| <b>Zip Code (Plus 4)</b> 30341     | 1   |   | penditure  |  |   |   |
|                                    | МО  | DAY   | YEAR   |  |   |   |
| Mailing Address 8000 Essington Ave |   |   |  |  |   | 470.50  |
| <b>Zip Code (Plus 4)</b> 19153     |   |   | enditure   |  |   |   |
|                                    | МО  | DAY   | YEAR   |  |   |   |
|                                    | 3   | 27  | 2014   | \$   |   | 22.08   |
| <b>Zip Code (Plus 4)</b><br>19153  | Description of Expenditure Travel Insurance |   |  |  |   |   |
|                                    | МО  | DAY   | YEAR   |  |   |   |
|                                    |   |   |  |  |   |   |
|                                    | 3   | 25  | 2014   | \$   |   | 150.00  |
| <b>Zip Code (Plus 4)</b> 19146     |   | 25<br>otion of Exp  |  | \$   |   | 150.00  |
|                                    | Descrip                                     |   |  | \$   |   | 150.00  |
|                                    | <b>Descrip</b><br>Notary                    | otion of Exp  | penditure  | \$   |   | 150.00  |
|                                    | MO 3  | DAY   | YEAR 2014  | \$   |   |   |
| 19146  Zip Code (Plus 4)           | MO 3  | DAY 21  | YEAR 2014  | \$   |   |   |
| 19146  Zip Code (Plus 4)           | MO  3  Descrip Field On                     | DAY  21  btion of Expressions   | YEAR 2014 Denditure  | \$   |   |   |
|                                    | Zip Code (Plus 4)<br>19153                  | Zip Code (Plus 4) 30341  Descrip Car Ser  MO  Zip Code (Plus 4) 19153  Descrip Flight to  MO  Zip Code (Plus 4) Descrip Flight to  Travel 1 | Zip Code (Plus 4) 30341  Description of Exp. Car Service  MO DAY  3 27  Zip Code (Plus 4) 19153  Description of Exp. Flight to Atlanta  MO DAY  3 27  Zip Code (Plus 4) 19153  Description of Exp. Flight to Atlanta  Travel Insurance | Zip Code (Plus 4) 30341  Description of Expenditure Car Service  MO DAY YEAR  3 27 2014  Zip Code (Plus 4) 19153  Description of Expenditure Flight to Atlanta  MO DAY YEAR  3 27 2014  Description of Expenditure Flight to Atlanta  Zip Code (Plus 4) 19153  Description of Expenditure Travel Insurance | Zip Code (Plus 4) 30341  Description of Expenditure Car Service  MO DAY YEAR  3 27 2014 \$  Zip Code (Plus 4) 19153  Description of Expenditure Flight to Atlanta  MO DAY YEAR  3 27 2014 \$  Zip Code (Plus 4) 19153  Description of Expenditure Flight to Atlanta  Fight to Atlanta  Description of Expenditure Flight to Atlanta | Zip Code (Plus 4) 30341  Description of Expenditure Car Service  MO DAY YEAR  3 27 2014 \$  Zip Code (Plus 4) 19153  Description of Expenditure Flight to Atlanta  MO DAY YEAR  3 27 2014 \$  Zip Code (Plus 4) 19153  Description of Expenditure Flight to Atlanta |

|  |                    |                                   |  |              |                  | FAC | SE 15  |
|--|--------------------|-----------------------------------|--|--------------|------------------|-----|--------|
| <b>To Whom Paid</b> Diane Jones          |                    |                                   | мо                                       | DAY          | YEAR             |     |        |
| Mailing Address 1806 Morris              |                    |                                   | 3  | 21           | 2014             | \$  | 100.00 |
| <b>City</b> Philadelphia                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19145 | <b>Descrip</b><br>Petition               | otion of Exp | penditure        |     |        |
| <b>To Whom Paid</b><br>Margaret Griffin  |                    |                                   | МО                                       | DAY          | YEAR             |     |        |
| Mailing Address 2718 Earp S              | t                  |                                   | 3  | 18           | 2014             | \$  | 150.00 |
| <b>City</b> Philadelphia                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19146 | <b>Descrip</b><br>Petition               | otion of Exp | penditure        |     |        |
| <b>To Whom Paid</b><br>The Flyers Guy    |                    |                                   | МО                                       | DAY          | YEAR             |     |        |
| Mailing Address 4311 SW 93               | St                 |                                   | 3  | 18           | 2014             | \$  | 187.00 |
| <b>City</b> Fortlauderdale               | State<br>FL        | <b>Zip Code (Plus 4)</b> 33328    | <b>Description of Expenditure</b> Flyers |              |                  |     |        |
| <b>To Whom Paid</b><br>Camille Claiborne |                    |                                   | МО                                       | DAY          | YEAR             |     |        |
| Mailing Address 8040 Temple              | e Rd               |                                   | 3  | 10           | 2014             | \$  | 100.00 |
| <b>City</b> Philadelphia                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19150 | <b>Descrip</b><br>Petition               | otion of Exp | penditure        |     |        |
| <b>To Whom Paid</b><br>Mary Smitherson   |                    |                                   | МО                                       | DAY          | YEAR             |     |        |
| Mailing Address 1201 S. 23rd             | d St               |                                   | 3  | 17           | 2014             | \$  | 150.00 |
| <b>City</b> Philadelphia                 | State              | Zip Code (Plus 4)                 |  | otion of Exp | enditure         |     |        |
| ·  | PA                 | 19146                             | Petiton                                  | S<br>        |                  |     |        |
| <b>To Whom Paid</b> Arlene Wilson        | PA                 | 19146                             | Petiton<br>MO                            | DAY          | YEAR             |     |        |
| To Whom Paid                             |                    | 19146                             |  |              | <b>YEAR</b> 2014 | \$  | 20.00  |

| To Whom Paid  |  |  |                                    |    |  |                  |
|---|--|--|------------------------------------|----|--|------------------|
| Harlem Globtrotter Tickets  | МО   | DAY  | YEAR                               |    |  |                  |
| Mailing Address Liacours Center   | 3  | 10   | 2014                               | \$ |  | 149.25           |
| City Philadelphia State Zip Code (Plus 4) PA 19121  | Descrip  | otion of Exp<br>eer Tickets  |                                    |    |  |                  |
| To Whom Paid Albert W. Smith II   | МО   | DAY  | YEAR                               |    |  |                  |
| Mailing Address 2934 Watkins St   | 3  | 10   | 2014                               | \$ |  | 150.00           |
| CityPhiladelphiaStateZip Code (Plus 4)PA19145   | Descrip  | otion of Exp   |                                    |    |  |                  |
| To Whom Paid Wells Fargo Bank   | МО   | DAY  | YEAR                               |    |  |                  |
| Mailing Address 700 Adams Ave   | 3  | 10   | 2014                               | \$ |  | 3.00             |
|   | Description of Expenditure Online Bank Service |  |                                    |    |  |                  |
| CityPhiladelphiaStateZip Code (Plus 4)PA19124   | Descrip  |  |                                    |    |  |                  |
| Pilladelphia  | Descrip  |  |                                    |    |  |                  |
| To Whom Paid  | Online   | Bank Serv  | ice                                | \$ |  | 162.00           |
| To Whom Paid Margaret Griffin   | Online MO                                      | DAY  5 otion of Exp  | YEAR 2014                          | \$ |  | 162.00           |
| To Whom Paid Margaret Griffin  Mailing Address 2718 Earp St  City Philadelphia  State  Zip Code (Plus 4)  | Online  MO  3  Descrip                         | DAY  5 otion of Exp  | YEAR 2014                          | \$ |  | 162.00           |
| To Whom Paid Margaret Griffin  Mailing Address 2718 Earp St  City Philadelphia State PA 19145  To Whom Paid   | Mo  3  Descrip                                 | DAY  5 ption of Expans   | YEAR 2014 Denditure                | \$ |  | 162.00<br>623.70 |
| To Whom Paid Margaret Griffin  Mailing Address 2718 Earp St  City Philadelphia State PA 19145  To Whom Paid Lee Monument Co   | MO  3  Descrip Petition  MO  3                 | DAY  5  ption of Expans  DAY  3  | YEAR 2014 Penditure YEAR 2014      | \$ |  |                  |
| To Whom Paid Margaret Griffin  Mailing Address 2718 Earp St  City Philadelphia State PA 19145  To Whom Paid Lee Monument Co  Mailing Address 908 W. Godfrey  City Philaelphia State Zip Code (Plus 4)  2                              | MO  3  Descrip Petition  MO  3  Descrip        | DAY  5  ption of Expans  DAY  3  | YEAR 2014 Penditure YEAR 2014      | \$ |  |                  |
| To Whom Paid Margaret Griffin  Mailing Address 2718 Earp St  City Philadelphia State PA 19145  To Whom Paid Lee Monument Co  Mailing Address 908 W. Godfrey  City Philaelphia State PA 19120  To Whom Paid  City Philaelphia PA 19120 | MO  3  Description  MO  3  Description         | DAY  5 Dition of Exposion of E | YEAR 2014 Penditure 2014 Penditure | \$ |  |                  |

|   |                     |                          |         |              |                |          | 17102 17   |
|---|---------------------|--------------------------|---------|--------------|----------------|----------|------------|
| <b>To Whom Paid</b><br>Dominique Johnson  |                     |                          | мо      | DAY          | YEAR           |          |            |
| Mailing Address 1727 Christia             | an St               |                          | 2       | 27           | 2014           | \$       | 200.00     |
| <b>City</b> Philadelphia                  | State               | Zip Code (Plus 4)        | Descri  | tion of Exp  | enditure       | 1        |            |
| · i illiadelpilla                         | PA 19146            |                          |         |              |                | '        |            |
| <b>To Whom Paid</b><br>K and A Catering   | ·                   |                          | мо      | DAY          | YEAR           |          |            |
| Mailing Address 1429 S. 23rd              | i St                |                          | 2       | 25           | 2014           | \$       | 325.00     |
| <b>City</b> Philaelphia                   | State               | Zip Code (Plus 4)        | Descrip | tion of Exp  | l<br>nenditure | <u> </u> |            |
| , Fillidelpilla                           | PA                  | 19146                    | Caterin |              | Jenuiture      |          |            |
| <b>To Whom Paid</b><br>USPS               |                     |                          | МО      | DAY          | YEAR           |          |            |
| Mailing Address 615 Chestnu               | t St                |                          | 2       | 18           | 2014           | \$       | 29.00      |
| <b>City</b> Philadelphia                  | State               | Zip Code (Plus 4)        | Descrit | tion of Exp  | enditure       | <u> </u> |            |
| тіпадсіріна                               | PA                  | 19107                    | P.O. Bo |              |                |          |            |
| <b>To Whom Paid</b><br>Unice Oogies Pizza |                     |                          | МО      | DAY          | YEAR           |          |            |
| Mailing Address 2119 W. Org               | on Ave              |                          | 2       | 18           | 2014           | \$       | 30.68      |
| <b>City</b> Philaelphia                   | State               | Zip Code (Plus 4)        | Descri  | tion of Exp  | ı<br>Denditure | <u> </u> |            |
| rimacipina                                | PA                  | 19145                    | 1       | or Staff Me  |                |          |            |
| <b>To Whom Paid</b><br>Dawn Chavous       |                     |                          | МО      | DAY          | YEAR           |          |            |
| Mailing Address Elsworth St               |                     |                          | 1       | 8            | 2014           | \$       | 4,000.00   |
| <b>City</b> Philadelphia                  | State               | Zip Code (Plus 4)        | Descrip | otion of Exp | enditure       |          |            |
|   | PA                  | 19146                    | 1       | ıs Campaig   |                |          |            |
| <b>To Whom Paid</b><br>The Flyers Guy     |                     |                          | МО      | DAY          | YEAR           |          |            |
| Mailing Address 4311 S. 93rd              | i St                |                          | 3       | 5            | 2014           | \$       | 591.22     |
| <b>City</b> Fortlauderdale                | State               | Zip Code (Plus 4)        | Descri  | tion of Exp  | enditure       |          |            |
| Tordauderdale                             | FL                  | 33328                    | Flyers  |              |                |          |            |
|   |                     |                          |         |              |                |          | PAGE TOTAL |
| Enter Grand Total of Expendi              | tures on Page 1, Re | eport Cover Page, Item D | ).      |              |                | \$       | 9,573.44   |
|   |                     |                          |         |              |                |          |            |