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 Number :							port ed B		CAND	IDATE		СОМ	4ITTEE	✓	LOBE	YIST	
Name of Filing C	Committee, Ca	ndidate	or Lo	bbyist:	•	HAR	RRIS	, JORI	DAN CIT	IZENS	FOR						
Street Address:	615 CHES	STNUT S	ST PO	BOX 39717	7												
City:	PHILADEL	PHIA							State:	PA			Zip Cod	ie: 19	105		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRIDAY ELECTION	PRE	- [5. X	30 DA ELECT		POST-	6.		TERMINATION Yes REPORT?			No	~
report type)	ANNUAL REP	ORT 7.		Year 2014					IG METH CHECK C				PAPER		/	DISKE	TTE
Name of Office S	Sought by Can	didate:							DATE (OF ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
									МО	DAY	YI	AR	187	STH	DEM		51
REPRESENTATI	VE IN THE GE	NERAL	ASSE	EMBLY					11	L	4	2014		(SEE IN	STRUCTIO	ONS FOR C	ODES)
Summary of		d M	0	DAY Y	/EAR				МО	DAY	YI	EAR	FO	R OFFIC	CE USE	ONLY	
Expenditures	s trom:			9 16	20	014	T	0	10)	20	2014					
A. Amount Bro	ught Forward	From La	st Re	port				\$	-		7,3	363.89					
B. Total Moneta	ary Contributi	ons And	Rece	ipts (From S	Sche	dule	ı)	\$				0.00					
C. Total Funds	Available (Su	m Of Lin	es A	and B)				\$			7,3	363.89					
D. Total Expend	ditures (From	Schedu	le III)				\$			3	390.08					
E. Ending Cash	Balance (Sub	tract Lir	ne D F	rom Line C))			\$			6,9	73.81]				
F. Value Of In-	Kind Contribu	tions Re	ceive	d (From Sch	nedul	le II	:)	\$				0.00					
G. Unpaid Debt	s And Obligat	ions (Fr	om S	chedule IV)				\$				0.00			,		
					AFF	IDA	۱۷۶	ΓSE	CTION								
PART I - If this is	s a Committee	report,	treas	surer sign he	ere. 1	[f thi	is is	a Can	ndidate r	eport,	candi	date sig	ın here.				
I swear (or affirm) correct and comple		t, includin	ng the	attached sche	dules	filed	d on	paper o	or by elec	tronic m	edium	, are to t	he best o	f my knov	wledge a	and belie	ef , true
Sworn to and subs	cribed before m day of	e this		20							5	ignature	of Perso	n Submitt	ting Rep	ort	
	— Sig	ınature						-					Prin	ted Name			
My Commission Ex	cpires							_					Ema	il			
	МО		DA	Υ	ΥR					Ar	ea Cod	le	Daytim	e Teleph	one Nu	nber	
Part II- If this is	a report of a	candida	te's a	uthorized C	omn	nitte	e, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		t of my kı	nowle	dge and belief	this	polit	tical	commi	ittee has	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc		this										s	ignature o	of Candida	ate		
	day of							-					Printe	d Name			
	Signa	ture						-									
My Commission Exp	_	-											Ema	il			
	мс)	DA	Υ	YR			•		Area	Code		Da	aytime T	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
HARRIS, JORDAN CITIZENS FOR	From:	9/16/2014	<u>4</u> То:	10/20/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	J Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

0.00

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 Filling Committee of Canadate					Reporting Period From: To:				
			Fro	m:		10):		
					DATE		AMOUNT		
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

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

PAGE TOTAL \$0.00

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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.)

ame of Filing Committee or Candidate				Reporting Period					
				Fror	n:		To) :	
			_		D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name					Occupa	tion	•	•	
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	PAGE TOTAL 0.00

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Total of Fair 2 of	r benedule 1/ betanet	z Summary r uge,	Section	•			\$	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 Perio	d	
HARRIS, JORDAN CITIZENS FOR	From:	<u>9/16/2014</u> To:	10/20/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ame of Filing Committee or Candidate Re				Reporting Period					
			From:			To:				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						\$	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 Sun	nmary Pag	ge,		PAGE TOTAL			
Section 2.						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	lame of Filing Committee or Candidate					porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir	ng Period			
HARRIS, JORDAN CITIZENS FOR			From	9/16	5/2014	То:	10/20/2014
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Global Leadership							
Mailing Address 4601 Girard Ave			9	19	2014	\$	100.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19131	Donatio	on			
To Whom Paid Hotels.com LP			мо	DAY	YEAR		
Mailing Address 5400 LBJ Freeway, S	Suite 500		9	26	2014	\$	180.08
City Dallas	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	TX	75240	Hotel R	oom			
To Whom Paid Donnie Moore			МО	DAY	YEAR		
Mailing Address 2022 Sigel St			9	26	2014	\$	110.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
·	PA	19145	Reimbu	ırsement			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

390.08

\$