Campaign Finance Report

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

Filer Identificati Number :	on 9900)251			Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:	Ī	WAR	RD 1	.6 DEI	M EXEC	СОМ								
Street Address:	2315 W CUM	BERLAN	D ST														
City:	PHILADELPHI	Α						State:	PA			Zip Cod	ie: 19	132-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	D FRIDAY PRE- 2. 30 DA PRIM					POST- 3.			AMENDMENT REPORT?		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION						POST- 6. X			TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2014					IG METH				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•					DATE OF ELECTION					Office Code	Par	ty Code	Count	ty
								МО	DAY	Υ	EAR	197	10000	DE	1	51	
								11		4	2014		(SEE IN	STRUCTI	ONS FOR C	ODES)	
•	Receipts and	МО	DAY YE	AR				МО	DAY	Y	EAR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		6 10	20)14	Т	0	11		24	2014						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				858.93						
B. Total Monet	ary Contributions	And Rec	eipts (From Sc	hec	dule	I)	\$			2,	165.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			3,	023.93						
D. Total Expend	ditures (From Sch	edule II	I)				\$			(568.48						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			2,3	355.45						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II))	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00						
			А	FF	IDA	VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f thi	is is	a Can	didate r	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached schedi	ules	filed	l on	paper (or by elect	ronic m	ediun	i, are to t	the best o	f my knov	wledge	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me thi day of	s	20							:	Signature	of Perso	n Submit	ting Re _l	oort		_
	Signatu	ire					-					Prin	ted Name	<u> </u>			_
My Commission Ex	cpires						_					Ema	il				_
	МО	D	AY	YR					Ar	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	itte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of led.	ny knowl	edge and belief t	his	politi	ical	commi	ittee has r	ot viola	ted aı	ny provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	,
Sworn to and subso	ribed before me this										s	ignature (of Candida	ate			-
	day of ————————————————————————————————————						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	ires											Ema					
	МО	D	AY	YR			•		Area	Code		D	aytime T	elephor	ne Numb	er	1

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period									
WARD 16 DEM EXEC COM	From:	6/10/201	<u>4</u> To:	11/24/2014							
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor										
TOTAL for the Reporting	J Period	(1)	\$	65.00							
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)	\$	100.00									
TOTAL for the Reporting	\$	100.00									
3. Contributions Received Over \$250.00 (From Part C and Part D)											
Contributions Received From Political Committees (Part C)			\$	2,000.00							
All Other Contributions (Part D)			\$	0.00							
TOTAL for the Reporting	Period	(3)	\$	2,000.00							
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)											
TOTAL for the Reporting) 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			\$	2,165.00							

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Committee or Candidate			Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

PAGE TOTAL	
\$ 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 Filing Committee or Candidate

Reporting Period

WARD 16 DEM EXEC COM

From:

DATE

<u>6/10/2014</u> **To:**

11/24/2014

AMOUNT

Full Name of Contributor Everette Brown	МО	DAY	YEAR			
Mailing Address 2341 W. Cumberland St						\$ 100.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132	7	22	2014	

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

PAGE TOTAL \$ 100.00

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							
WARD 16 DEM EXEC COM	From:	6/10/2014	То:	11/24/2014				

DATE AMOUNT

Full Name of Contributing Committee Citizens for Jewell Williams	МО	DAY	YEAR			
Mailing Address 2343 N. Smedley Street						\$ 2,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132	10	31	2014	

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

PAGE TOTAL 2,000.00

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.)

Name of Filing Committee or Candidate					Reporting Period					
			Fron	n:						
				D	ATE		АМС	OUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(GE 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	Name of Filing Committee or Candidate			ting Perio				
			From:			To:		
			•	D	ATE		AI	MOUNT
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammary rage,	500.011				\$	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	
WARD 16 DEM EXEC COM	From:	6/10/2014 To:	<u>11/24/2014</u>
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	Name of Filing Committee or Candidate				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	je,		PAGE TOTAL			
Section 2.						\$	0.00			

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period						
					From:		То:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(Plus	4)						
Employer of Contributor					Occupa	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL	
Summary Page, Section 3.									0.00	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
WARD 16 DEM EXEC COM	From	6/10/2014	То:	11/24/2014

			DATE				AMOUNT
To Whom Paid Citizens Bank			мо	DAY	YEAR		
Mailing Address 1500 N. Broad	St		6	30	2014	\$	25.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Monthly Maintenance Fee				
To Whom Paid Citizens Bank			МО	DAY	YEAR		
Mailing Address 1500 N. Broad St			7	31	2014	\$	25.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Monthly Maintenance Fee				
To Whom Paid Citizens Bank			МО	DAY	YEAR		
Mailing Address 1500 N. Broad	St		8	29	2014	\$	25.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Monthly Maintenance Fee				
To Whom Paid Citizens Bank			МО	DAY	YEAR		
Mailing Address 1500 N. Broad St		9	30	2014	\$	25.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Monthly Maintenance Fee				
To Whom Paid Citizens Bank			МО	DAY	YEAR		
Mailing Address 1500 N. Broad St		10	31	2014	\$	25.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Monthly Maintenance Fee				

To Whom Paid Andrew Smith			МО	DAY	YEAR		
Mailing Address 2252 N Woodstock Street		11	5	2014	\$	116.48	
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Reimbursements				
To Whom Paid Steve Jones			МО	DAY	YEAR		
Mailing Address 2621 N Chadwick St			11	5	2014	\$	127.00
City Phjiladelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Reimbursements				
To Whom Paid Regina Smith			МО	DAY	YEAR		
Mailing Address 2252 N Woodstock St		9	2	2014	\$	300.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Accounting Fees for 2 reports				
Enter Grand Total of Expend	itures on Page 1 Pe	port Cover Page Item D	•				PAGE TOTAL
Lines Grand Total of Expend	itures on Page 1, Re	sport Cover Page, Item D	•			\$	668.48