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			CAN	DII	DATE		СОМ	4ITTEE	✓	LOBE	SYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		WAF	RD 1	.6 DE	M EXE	СС	ОМ								
Street Address:	2315 W CUME	BERLANI) ST															
City:	PHILADELPHI/	4						State:	l	PA			Zip Code: 19132-0000					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	Y PRE	- 2	2.	30 DA		Р	OST-	3.		AMENDM REPORT		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	y pre	≣- !	5.	30 DA		Р	OST-	6.		TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPORT	7. X	Year 2014					NG MET					PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	te:						DATE	0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Cour	
								МО		DAY	YI	AR	197	code	DEM	1	51	
									11		4	2014		(SEE IN	STRUCTIO	ONS FOR (CODES)
	Receipts and	МО	DAY	YEAR	R			МО		DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:	1	11 25	2	014	Т	0		12	Š	31	2014						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				2,3	355.45						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	1)	\$					0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				2,3	355.45						
D. Total Expen	ditures (From Sch	edule II	I)				\$				2	200.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line (C)			\$				2,1	55.45]					
F. Value Of In-	Kind Contributions	Receive	ed (From So	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	chedule IV)			\$					0.00			•			
				AFF	IDA	١٧٧	T SE	CTIO	N									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere.	If thi	is is	a Car	ndidate	e re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and complete) that this report, incl ete.	uding the	attached sch	nedule	s filed	d on	paper	or by el	ectr	onic m	edium	, are to t	he best o	f my kno	wledge a	and beli	ef , tr	ue.
Sworn to and subs	cribed before me this	:	20								5	ignature	of Perso	n Submit	ting Rep	ort		-
							- -						Prin	ted Name	e			-
My Commission Ex	Signatu kpires	re							-				Ema	il				-
	мо	DA	λΥ	YR			_		•	Are	ea Cod	le		e Teleph	none Nu	mber		_
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	polit	ical	comm	ittee ha	s no	ot viola	ted an	y provisi	ions of th	e act of J	une 3,19	937 (P.L	. 133	3,
Sworn to and subso	ribed before me this											Si	ignature o	of Candid	ate			-
	day of						_											_
	Ci-matur-						-						Printe	d Name				
My Commission Exp	Signature pires								-				Ema	il				_
	МО	D/	AY	YR	l		•			Area	Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Reporting Period						
WARD 16 DEM EXEC COM	From:	11/25/20	<u>14</u> To:	12/31/2014				
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)			\$	0.00				
All Other Contributions (Part B)			\$	0.00				
TOTAL for the Reporting) 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) Period	(3)	\$	0.00				
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			\$	0.00				

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Reporting Period					
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE 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 of Canadate			Reporting Period From: To:					
					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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fron	om: To:				
				D	ATE		АМО	DUNT
Full Name of Contributor				МО	DAY	YEAR		
lailing ddress State Zip Code (Plus 4)							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
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	ummary Page,	Section	on 3.			PAG	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 C	Candidate		Report	ing Perio	bd			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description								
Enter Grand Total of Part E o	n Schedule T. Detailed	l Summary Page	Section	4.			PAGE TOTA	AL
		· • • • • • • • • • • • • • • • • • • •					\$	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 Per	riod	
WARD 16 DEM EXEC COM	From:	11/25/2014 To :	12/31/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	g Period					
WARD 16 DEM EXEC COM	Fro	rom	11/25	5/2014	To:	12/31/2014
			DATE			AMOUNT
To Whom Paid	м	мо	DAY	YEAR		

				DATE		AMOUNI
To Whom Paid Citizens Bank			мо	DAY	YEAR	
Mailing Address 1500 N Broa	ad St		11	28	2014	\$ 25.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132	1	otion of Exp y Bank Fee		
To Whom Paid Citizens Bank			МО	DAY	YEAR	
Mailing Address 1500 N Broa	ad St		12	4	2014	\$ 150.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132	1	otion of Exp	penditure	
To Whom Paid Citizens Bank			МО	DAY	YEAR	
Mailing Address 1500 N Broa	ad St		12	31	2014	\$ 25.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132	1 -	otion of Exp y Bank Fee		
Enter Grand Total of Expend	litures on Page 1, Re	eport Cover Page, Item D				PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL	
	\$	200.00