

Campaign Finance Report

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

Filer Identification Number :		20120004		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: HARRIS, JORDAN CITIZENS FOR												
Street Address: 615 CHESTNUT ST PO BOX 39717												
City: PHILADELPHIA						State: PA			Zip Code: 19105			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes		No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7. X	Year 2014		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	186	STH	DEM	51
						11	4	2014	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	25	2014		12	31	2014				
A. Amount Brought Forward From Last Report						\$ 13,389.78						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 13,389.78						
D. Total Expenditures (From Schedule III)						\$ 5,035.61						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 8,354.17						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Signature

Printed Name

My Commission Expires

Email

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
HARRIS, JORDAN CITIZENS FOR	From: <u>11/25/2014</u> To: <u>12/31/2014</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)	\$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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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 Candidate	Reporting Period
	From: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			MO	DAY	YEAR	<div style="display: flex; align-items: center;"> \$ 0.00 </div>
Mailing Address						
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
<div style="display: flex; align-items: center;"> \$ 0.00 </div>

<div><div>PART B</div><div>ALL OTHER CONTRIBUTIONS</div><div>\$50.01 TO \$250.00</div><div>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)</div></div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				
						\$ 0.00

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 Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 0.00

PART D
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
	From: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

PART E 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	Reporting Period From: To:
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			DATE	AMOUNT
Full Name	MO	DAY	YEAR	
Mailing Address				\$ 0.00
<div style="display: flex; justify-content: space-between;"> City State Zip Code (Plus 4) </div>				
Receipt Description				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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>11/25/2014</u> To: <u>12/31/2014</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.							PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
HARRIS, JORDAN CITIZENS FOR	From <u>11/25/2014</u> To: <u>12/31/2014</u>

DATE				AMOUNT		
To Whom Paid 1800Flowers.com			MO	DAY	YEAR	\$ 66.98
Mailing Address One Old Country Rd. Suite 500			12	2	2014	
City Carle Place	State NY	Zip Code (Plus 4) 11514	Description of Expenditure Flowers			
To Whom Paid Jordan Harris			MO	DAY	YEAR	\$ 749.46
Mailing Address 1353 S. 31 st			12	3	2014	
City Philadelphia	State PA	Zip Code (Plus 4) 19146	Description of Expenditure Reimbursement			
To Whom Paid National Counsel of Negro Women			MO	DAY	YEAR	\$ 100.00
Mailing Address 633 Pennsylvania Ave			12	12	2014	
City Washington	State DC	Zip Code (Plus 4) 20004	Description of Expenditure Booklet Ad			
To Whom Paid Wells Fargo Bank			MO	DAY	YEAR	\$ 3.00
Mailing Address PO Box 6995			12	8	2014	
City Portland	State OR	Zip Code (Plus 4) 97228	Description of Expenditure Bank Fees			
To Whom Paid Amtrack Moble			MO	DAY	YEAR	\$ 97.20
Mailing Address 60 Massachusetts Ave			12	12	2014	
City Washington	State DC	Zip Code (Plus 4) 20004	Description of Expenditure Travel			

To Whom Paid Amtrack Moble			MO	DAY	YEAR	\$ 20.70
Mailing Address 60 Massachusetts Ave			12	15	2014	
City Washington	State DC	Zip Code (Plus 4) 20004	Description of Expenditure Transportation			

To Whom Paid Uber Technologies			MO	DAY	YEAR	\$ 27.00
Mailing Address 800 Market St.			12	15	2014	
City San Francisco	State CA	Zip Code (Plus 4) 94102	Description of Expenditure Taxi			

To Whom Paid Uber Technologies			MO	DAY	YEAR	\$ 16.00
Mailing Address 800 Market St.			12	15	2014	
City San Francisco	State CA	Zip Code (Plus 4) 94102	Description of Expenditure Taxi			

To Whom Paid Uber Technologies			MO	DAY	YEAR	\$ 25.00
Mailing Address 800 Market St.			12	15	2014	
City San Francisco	State CA	Zip Code (Plus 4) 94102	Description of Expenditure Taxi			

To Whom Paid The W Hotel			MO	DAY	YEAR	\$ 1,175.25
Mailing Address 7 W 34th St.			12	16	2014	
City New York	State NY	Zip Code (Plus 4) 10022	Description of Expenditure Hotel			

To Whom Paid Jordan Harris			MO	DAY	YEAR	\$ 1,694.02
Mailing Address 1353 S. 31 st			12	26	2014	
City Philadelphia	State PA	Zip Code (Plus 4) 19146	Description of Expenditure Reimbursement			

To Whom Paid Lincoln Post 89			MO	DAY	YEAR	
Mailing Address 1940 Federal St			12	29	2014	
City Philadelphia	State PA	Zip Code (Plus 4) 19146	Description of Expenditure Holiday Party			

To Whom Paid Robert C. Mack III			MO	DAY	YEAR	
Mailing Address 2344 Watkins St			12	29	2014	
City Philadelphia	State PA	Zip Code (Plus 4) 19145	Description of Expenditure Photography			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 5,035.61

