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	2015	C0417				port ed B		CANE	IDATE	✓	СО	MMITTEE		LOBI	BYIST	
Name of Filing C	Committe	e, Candid	ate or L	obbyist:		GOF	RDO	N, TR	ACEY								
Street Address:																	
City:									State:				Zip Code	: 19	142		
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	~
(place X to the right of	6TH TUES	_	4.	2ND FRIDA ELECTION	y pri	≣-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No	\
report type)	ANNUAL	. REPORT	7.	Year 2015					IG METI CHECK				PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by	/ Candidat	te:						DATE	OF ELE	CTIC	DN N	District Number	Office Code	Par	ty Code	County Code
									МО	DAY	Y	EAR	rtumber	couc			51
										8	11	2015		(SEE INS	TRUCTI	ONS FOR C	CODES)
Summary of	•	s and	МО	DAY	YEAR	ł		'	МО	DAY	Y	EAR	FOR	OFFIC	E USE	ONLY	
Expenditures	from:			6 11	2	015	Т	0		7	27	2015					
A. Amount Bro	ught For	ward Fron	n Last R	eport				\$				47.00					
B. Total Moneta	ary Contr	ibutions <i>I</i>	And Rec	eipts (From	Sche	dule	e I)	\$				300.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				347.00					
D. Total Expend	ditures (I	From Sche	edule II	I)				\$:	300.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				47.00					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le II	I)	\$			į	508.00					
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV	')			\$:	259.68		'			
					AFF	IDA	AVI	T SE	CTION	I							
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	didate	report, o	candi	idate sig	ın here.				
I swear (or affirm) correct and comple		report, incl	uding the	e attached sc	hedule	s file	d on	paper o	or by ele	ctronic m	ediun	ı, are to t	the best of	my know	/ledge	and belie	ef , true
Sworn to and subs	cribed bef day of	ore me this		20							:	Signature	of Person	Submitt	ing Rep	ort	
	_	Signatu	re					-					Printe	d Name			
My Commission Ex	cpires							_					Email				
		МО	D	AY	YR					Ar	ea Co	de	Daytime	Telepho	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shal	ll sign h	ere.						
I swear (or affirm) No 320) as amende		ne best of m	ny knowle	edge and beli	ef this	poli	tical	commi	ittee has	not viola	ted aı	ny provisi	ions of the	act of Ju	ine 3,1	937 (P.L.	. 1333,
Sworn to and subsc		re me this										Si	ignature of	Candida	te		
	day of —							_					Printed	Name			
	:	Signature						_					rinteu				
My Commission Exp		<u>.</u>											Email				
	-	МО	D	AY	YR	2		-		Area	Code		Day	time Te	lephon	e Numbe	 er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
GORDON, TRACEY	From:	6/11/201	<u>L5</u> To:	7/27/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	200.00
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	(2)	\$	100.00	
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
			<u> </u>	
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			\$	300.00

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 C	Candidate	R	eporting	Period			
		F	rom:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Comm	nittee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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

GORDON, TRACEY <u>6/11/2015</u> **To:** <u>7/27/2015</u>

Full N	Full Name of Contributor			мо	DAY	YEAR	
Kyle S	Kyle Sampson				27		
Mailin	Mailing Address 255 South 58th st					\$ 100.00	
City	Philadelphia	State	Zip Code (Plus 4)	6	24	2015	

19139

DATE

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

PΑ

PAGE TOTAL \$ 100.00

AMOUNT

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:			То:		
				DA	TE		,	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schee	dule I, Detailed Sun	nmary 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			
			Fror	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	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 Candidate		Report	ing Peri	od			
			From:			To:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	<u> </u>	'			•			
Futor Curred Total of Doub	F an Cabadula I Datailad	I Comment Dame Co		4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	Summary Page, So	ection	4.			\$	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 Peri	od						
GORDON, TRACEY	From:	6/11/2015 To :	7/27/2015					
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 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)	\$	508.00					
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,	•	\$	508.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Ca	me 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 Dart E	on Schodulo II. In Vi	nd Contributions Dotai	ilad Sum	mary Ba	ao [DACE TOTAL			
Enter Grand Total of Part F Section 2.	on Schedule II, In-Ki	na contributions Detai	ileu Sun	шагу Ра	ge,		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				Reporting Period					
GORDON, TRACEY				Fro	From: 6/11/201			15 To : 7/2		7/27/2015
				•			DATE			AMOUNT
Full Name of Contributor					мо		DAY	YEAR		
Kyle Sampson										F00.00
Mailing Address 255 S 58th st						7	10	2015	\$	508.00
City Philadelphia	State		Zip Code(Plus 4))						
	PA		19139							
Employer of Contributor Self Emp	loyed			Occupation Self Employed						
Employer Mailing Address/Principal P	ace of Business	Cit	ty	Stat	te Z	ip (Code(Plus 4)	Descri	otion	of Contribution
255 S 58th st			iladelphia	PA 19139		39	Printing, Postage, enve stamps, ink cartridge, pens			
Enter Grand Total of Part G on So	shadula II. In-K	ind (Contributions D	otaile	o.d					PAGE TOTAL
Summary Page, Section 3.	ileuule II, III-K	iiiu '	Contributions D	CLAIR	Eu					508.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
GORDON, TRACEY	From	6/11/2015	То:	7/27/2015	

					DATE			AMOUNT
To W	nom Paid			МО	DAY	YEAR		
Chelta	heltanham Printing					ILAK		
Mailin	Mailing Address 518 Ryers ave. Building #2, 1st fl			7	22	2015	\$	300.00
City	Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19012	Palm Ca	ards and po	osters		
								PAGE TOTAL
Ente	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							300.00

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period						
GORDON, TRACEY			From:	<u>6/11/2015</u> To:				<u>7/27/2015</u>	
				DATE				Outstanding Balance of Debt	
Name of Creditor Cheltenham Printing Company			мо	DAY	YEAR				
Mailing Address 518 Ryers Ave.				7	22	2015	\$	259.68	
City Cheltenham	State	Zip Code (P	lus 4)	us 4) Description of Debt					
	PA 19012			Printing					
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								PAGE TOTAL	
							\$	259.68	