

# 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 : 9900251		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: WARD 16 DEM EXEC COM									
Street Address: 2315 W CUMBERLAND ST									
City: PHILADELPHIA					State: PA		Zip Code: 19132-0000		
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY POST-	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/> No
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY ELECTION POST-	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2015	FILING METHOD ( ) CHECK ONE		PAPER		<input checked="" type="checkbox"/>	DISKETTE
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code
					MO	DAY	YEAR	DEM 51	
					11	3	2015	(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY
		9	15	2015		10	19	2015	
A. Amount Brought Forward From Last Report					\$ 8,429.83				
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 540.00				
C. Total Funds Available (Sum Of Lines A and B)					\$ 8,969.83				
D. Total Expenditures (From Schedule III)					\$ 1,175.00				
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 7,794.83				
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

Printed Name

Signature

Email

My Commission Expires

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
WARD 16 DEM EXEC COM	From: <u>9/15/2015</u> To: <u>10/19/2015</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 540.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 540.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 540.00
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**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.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  WARD 16 DEM EXEC COM	<b>Reporting Period</b>  <b>From:</b> <u>9/15/2015</u> <b>To:</b> <u>10/19/2015</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Andrew Smith							
<b>Mailing Address</b> 2252 N Woodstock St				10	5	2015	\$      540.00
<b>City</b> Philadelphia	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  19132					
<b>Employer Name</b> Retired				<b>Occupation</b> Retired			
<b>Employer Mailing Address/Principal Place of Business</b>  Retired			<b>City</b>  Philadelphia		<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  19132	

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

<b>PAGE TOTAL</b>
\$      540.00

## 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: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
WARD 16 DEM EXEC COM		From: <u>9/15/2015</u> To: <u>10/19/2015</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
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.						<b>PAGE TOTAL</b>  \$ 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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
WARD 16 DEM EXEC COM	From <u>9/15/2015</u> To: <u>10/19/2015</u>

DATE				AMOUNT		
To Whom Paid Regina Smith			MO	DAY	YEAR	\$ 150.00
Mailing Address 2252 N Woodstock Street			9	22	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Accounting Fees			
To Whom Paid Carribean Feast			MO	DAY	YEAR	\$ 700.00
Mailing Address Broad Rising Sun Ave			9	30	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19140	Description of Expenditure Ward Cook Out Event			
To Whom Paid Citizen Bank			MO	DAY	YEAR	\$ 25.00
Mailing Address 1500 N Broad St			9	30	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19122	Description of Expenditure Monthly Bank Fee			
To Whom Paid Lou & Choos			MO	DAY	YEAR	\$ 300.00
Mailing Address 21st & Hunting Park Ave			10	7	2015	
City Philadelphia	State PA	Zip Code (Plus 4) 19129	Description of Expenditure Ward Fundraiser			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,175.00

