#### **Campaign Finance Report**

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

| Filer Identificati<br>Number :           | <b>on</b> 201                                            | .50282      |             |                |         | Rep<br>File |      |          | CAN      | IDI   | DATE     |             | COMN             | 1ITTEE             | <b>✓</b>       | LOBI         | BYIS <sup>-</sup> |               |          |
|------------------------------------------|----------------------------------------------------------|-------------|-------------|----------------|---------|-------------|------|----------|----------|-------|----------|-------------|------------------|--------------------|----------------|--------------|-------------------|---------------|----------|
| Name of Filing C                         | ommittee, Candi                                          | date or L   | obbyi       | st:            |         | DAW         | 'KII | NS, JA   | SON      | FRII  | ENDS     | OF          | <u> </u>         |                    |                |              |                   |               |          |
| Street Address:                          | 6333 GLENL                                               | OCH STR     | REET        |                |         |             |      |          |          |       |          |             |                  |                    |                |              |                   |               |          |
| City:                                    | PHILADELPH<br>-                                          | IA          |             |                |         |             |      |          | State    | :     | PA       |             |                  | Zip Cod            | le: 19         | 135          |                   |               | _        |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY                               | 1.          | 2ND<br>PRIM | FRIDAY<br>ARY  | / PRE-  | . 2         |      | 30 DA    |          | Р     | OST-     | 3. <b>X</b> |                  | AMENDM<br>REPORT?  |                | Yes          | <b>\</b>          | No            |          |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION                              | 4.          |             | FRIDAY<br>TION | / PRE   | - 5         |      | 30 DA    |          | Р     | OST-     | 6.          |                  | TERMINA<br>REPORT? |                | Yes          |                   | No            | <b>\</b> |
| report type)                             | ANNUAL REPOR                                             | <b>T</b> 7. | Year        | 2016           |         |             |      |          | OHECK    |       | _        |             |                  | PAPER              |                | $\checkmark$ | DIS               | (ETTE         |          |
| Name of Office S                         | ought by Candid                                          | ate:        |             |                |         |             |      |          | DATE     | E OI  | F ELE    | CTIC        | ON               | District<br>Number | Office<br>Code | Par          | ty Co             | le Cou<br>Cod |          |
| REPRESENTATI                             | VE IN THE GENE                                           | ERAL ASS    | SEMBL       | Υ.             |         |             |      |          | МО       |       | DAY      | Y           | EAR              | 179                | STH            | DEN          | 1                 | 51            |          |
|                                          |                                                          |             | _           |                |         |             |      |          |          | 11    |          | 8           | 2016             |                    | (SEE INS       | TRUCTI       | ONS FO            | R CODES       | 5)       |
| Summary of Expenditures                  |                                                          | МО          | DA          |                | YEAR    |             | _    | 0        | МО       |       | DAY      |             | EAR              | FO                 | R OFFIC        | E USE        | ONL               | Y             |          |
| -                                        |                                                          |             | 4           | 12             | 20      | 016         | •    | ı        |          | 5     | -        | 16          | 2016             |                    |                |              |                   |               |          |
|                                          | ught Forward Fro<br>———————————————————————————————————— |             | -           |                | Sche    | dule        | I)   | \$<br>\$ |          |       |          |             | 788.82<br>900.00 |                    |                |              |                   |               |          |
| C. Total Funds                           | Available (Sum (                                         | Of Lines A  | and I       | В)             |         |             |      | \$       |          |       |          | 17,         | 688.82           |                    |                |              |                   |               |          |
| D. Total Expend                          | ditures (From Sc                                         | hedule II   | I)          |                |         |             |      | \$       |          |       |          |             | 261.70           |                    |                |              |                   |               |          |
| E. Ending Cash                           | Balance (Subtra                                          | ct Line D   | From        | Line C         | E)      |             |      | \$       |          |       |          | 5,4         | 427.12           |                    |                |              |                   |               |          |
| F. Value Of In-                          | Kind Contribution                                        | ns Receiv   | ed (Fı      | rom Sc         | hedul   | e II)       | )    | \$       |          |       |          |             | 0.00             |                    |                |              |                   |               |          |
| G. Unpaid Debt                           | s And Obligation                                         | s (From S   | Sched       | ule IV         | )       |             |      | \$       |          |       |          | 5,9         | 944.53           |                    |                |              |                   |               |          |
|                                          |                                                          |             |             |                | AFF     | IDA         | VI   | T SE     | CTIO     | N     |          |             |                  |                    |                |              |                   |               |          |
| PART I - If this is                      | a Committee re                                           | port, trea  | surer       | sign h         | nere. I | f thi       | s is | a Car    | ndidate  | e re  | port, c  | candi       | idate sig        | ın here.           |                |              |                   |               |          |
| I swear (or affirm) correct and comple   | that this report, in<br>ete.                             | cluding the | e attac     | hed sch        | edules  | filed       | on   | paper    | or by el | lectr | onic m   | ediun       | ı, are to t      | he best o          | f my know      | /ledge       | and b             | elief , tı    | rue      |
| Sworn to and subs                        | cribed before me th<br>day of                            | ıis         | 20          |                |         |             |      |          |          | •     |          | :           | Signature        | of Perso           | n Submitt      | ing Rep      | ort               |               | _        |
|                                          | Signat                                                   | ture        | _           |                |         |             |      | -        |          | •     |          |             |                  | Prin               | ted Name       |              |                   |               | _        |
| My Commission Ex                         | pires                                                    |             |             |                |         |             |      |          |          | -     |          |             |                  | Emai               | il             |              |                   |               |          |
|                                          | мо                                                       | D           | AY          |                | YR      |             |      |          |          |       | Are      | ea Co       | de               | Daytim             | e Teleph       | one Nu       | mber              |               |          |
| Part II- If this is                      | a report of a ca                                         | ndidate's   | autho       | orized         | Comm    | ittee       | e, C | andid    | ate sh   | all s | sign he  | ere.        |                  |                    |                |              |                   |               |          |
| I swear (or affirm)<br>No 320) as amende |                                                          | my knowl    | edge a      | nd belie       | ef this | politi      | cal  | comm     | ittee ha | as no | ot viola | ted aı      | ny provisi       | ions of the        | e act of Ju    | ine 3,1      | 937 (I            | P.L. 133      | 3,       |
| Sworn to and subsc                       |                                                          | s           | 20          |                |         |             |      |          |          |       |          |             | Si               | ignature o         | of Candida     | te           |                   |               | _        |
|                                          | day of                                                   |             | _ 20<br>_   |                |         |             |      | -        |          |       |          |             |                  | Printe             | d Name         |              |                   |               | -        |
| My Commission F                          | Signature                                                | <u> </u>    |             |                |         |             |      | -        |          | -     |          |             |                  | Ema                | il             |              |                   |               | _        |
| My Commission Exp                        |                                                          |             |             |                |         |             |      | _        |          |       |          |             |                  | 2                  |                |              |                   |               | _        |
|                                          | МО                                                       | D           | AY          |                | YR      |             |      |          |          |       | Area     | Code        |                  | Da                 | ytime Te       | lephor       | e Nur             | nber          |          |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| · -                                                                                                                                                            |           |                 |              |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|--------------|------------------|
| Name of Filing Committee or Candidate                                                                                                                          | Reporting | g Period        |              |                  |
| DAWKINS, JASON FRIENDS OF                                                                                                                                      | From:     | <u>4/12/201</u> | <u>6</u> To: | <u>5/16/2016</u> |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor                                                                                        |           |                 |              |                  |
| TOTAL for the Reporting                                                                                                                                        | ) Period  | (1)             | \$           | 50.00            |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)                                                                                      |           |                 |              |                  |
| Contributions Received From Political Committees (Part A)                                                                                                      |           |                 | \$           | 850.00           |
| All Other Contributions (Part B)                                                                                                                               |           |                 | \$           | 0.00             |
| TOTAL for the Reporting                                                                                                                                        | ) Period  | (2)             | \$           | 850.00           |
| 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 |           |                 | \$           | 900.00           |

#### **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 Candidat                        | Name of Filing Committee or Candidate |                | Re | Reporting Period |         |                        |           |                  |  |  |
|-------------------------------------------------------------|---------------------------------------|----------------|----|------------------|---------|------------------------|-----------|------------------|--|--|
| DAWKINS, JASON FRIENDS OF                                   |                                       |                | Fr | om:              | 4/12/20 | <u>)16</u> <b>To</b> : | ł         | <u>5/16/2016</u> |  |  |
|                                                             |                                       |                |    |                  | DATE    |                        |           | AMOUNT           |  |  |
| Full Name of Contributing Committee PABAR PAC (PA BAR ASSN) |                                       |                |    | мо               | DAY     | YEAR                   |           |                  |  |  |
| Mailing Address 100 SOUTH STRE                              | ET                                    |                |    |                  |         | 2016                   | <b> </b>  | 250.00           |  |  |
| City HARRISBURG                                             | State                                 | Zip Code (Plus | 4) | 4                | 12      | 2016                   |           |                  |  |  |
| ,                                                           | PA                                    | 171010000      | ,  |                  |         |                        |           |                  |  |  |
| Full Name of Contributing Committee                         | Į.                                    | 1              |    |                  |         |                        |           |                  |  |  |
| LAWPAC (PA ASSOC. FOR JUSTICE)                              |                                       |                |    | МО               | DAY     | YEAR                   |           |                  |  |  |
| Mailing Address 121 S BROAD - S                             | STE 600                               |                |    | 4                | 19      | 2016                   | <b>\$</b> | 250.00           |  |  |
| City PHILADELPHIA                                           | State                                 | Zip Code (Plus | 4) |                  | 19      | 2010                   |           |                  |  |  |
|                                                             | PA                                    | 191074594      |    |                  |         |                        |           |                  |  |  |
| Full Name of Contributing Committee                         |                                       | !              |    | мо               | DAY     | YEAR                   |           |                  |  |  |
| HEALTH PARTNERS PLANS PAC                                   |                                       |                |    | МО               | DAY     | YEAR                   |           |                  |  |  |
| Mailing Address 901 MARKET ST,                              | SUITE 500                             |                |    | 4                | 21      | 2016                   | \$        | 100.00           |  |  |
| City PHILADELPHIA                                           | State                                 | Zip Code (Plus | 4) |                  |         |                        |           |                  |  |  |
|                                                             | PA                                    | 19107-0000     |    |                  |         |                        |           |                  |  |  |
| Full Name of Contributing Committee                         |                                       |                |    |                  |         |                        |           |                  |  |  |
| IATSE Local 8 Pac                                           |                                       |                |    | МО               | DAY     | YEAR                   |           |                  |  |  |
| Mailing Address 2237 Hartranft S                            | treet                                 |                |    | 4                | 21      | 2016                   | \$        | 250.00           |  |  |
| <b>City</b> Philadelphia                                    | State                                 | Zip Code (Plus | 4) |                  |         | 2010                   |           |                  |  |  |
|                                                             | PA                                    | 19145          |    |                  |         |                        |           |                  |  |  |
|                                                             |                                       |                |    |                  |         |                        |           |                  |  |  |

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

**PAGE TOTAL** 850.00

### 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.

| Name of Filing Commi     | ttee or Candidate |                   | Rep  | orting P | eriod |      |    |        |
|--------------------------|-------------------|-------------------|------|----------|-------|------|----|--------|
|                          |                   |                   | Fron | n:       |       | То   | o: |        |
|                          |                   | I                 |      |          | DATE  |      |    | AMOUNT |
| Full Name of Contributor |                   |                   |      | мо       | DAY   | YEAR |    |        |
| Mailing Address          |                   |                   |      |          |       |      | \$ | 0.00   |
| City                     | State             | Zip Code (Plus 4) |      |          |       | Ĭ    |    |        |

#### **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 Ca | ndidate                 |              | Reporting   | Period |     |      |          |            |
|--------------------------------|-------------------------|--------------|-------------|--------|-----|------|----------|------------|
|                                |                         |              | From:       |        |     | То:  |          |            |
|                                |                         |              |             | DA     | TE  |      | A        | MOUNT      |
| Full Name of Contributing Comn | nittee                  |              |             | мо     | DAY | YEAR |          | 0.00       |
| Mailing Address                |                         |              |             |        |     |      | <b>*</b> | 0.00       |
| City                           | State                   | Zip Code     | e (Plus 4)  |        |     |      |          |            |
|                                |                         |              |             |        |     |      |          | PAGE TOTAL |
| Enter Grand Total of Part C o  | on Schedule I, Detailed | d 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 | 2                |         |              | Rep        | orting Pe | riod  |      |            |              |
|---------------------------------------|------------------|---------|--------------|------------|-----------|-------|------|------------|--------------|
|                                       |                  |         |              | Fron       | n:        |       | To   | <b>)</b> : |              |
|                                       |                  |         |              |            | D         | ATE   |      |            | AMOUNT       |
| Full Name of Contributor              |                  |         |              |            | мо        | DAY   | YEAR | \$         | 0.00         |
| Mailing Address                       |                  |         |              |            |           |       |      |            |              |
| City                                  | State            | Zi      | p Code (Plus | <b>(4)</b> |           |       |      |            |              |
| Employer Name                         | •                |         |              |            | Occupa    | tion  | -    | -          |              |
| Employer Mailing Address/Principal Pl | ace of Business  |         | City         |            | •         | State |      | Zip Co     | ode (Plus 4) |
| Enter Grand Total of Part C on Sch    | edule I, Detaile | ed Sumr | mary Page,   | Section    | 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>                  | <b>'</b>          |        |          | •   |      |    |            |
| Futor Curred Total of Doub | F an Cabadula I Datailad  | I Comment Page 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 Perio | d                     |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|------------------|
| DAWKINS, JASON FRIENDS OF                                                                                                                          | From:           | 4/12/2016 <b>To</b> : | <u>5/16/2016</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 Candidate          |                    |                     | Reporting | g Period |      |          |            |      |
|------------------------------------------------|--------------------|---------------------|-----------|----------|------|----------|------------|------|
|                                                |                    |                     | From:     |          |      | To:      |            |      |
|                                                |                    |                     |           | DATE     |      |          | AMOUNT     |      |
| Full Name of Contributor                       |                    |                     | мо        | DAY      | YEAR |          |            |      |
| Mailing Address                                |                    | _                   |           |          |      | <b> </b> |            | 0.00 |
| City                                           | State              | Zip Code (Plus 4)   |           |          |      |          |            |      |
| Description of Contribution:                   |                    | •                   | •         |          |      | •        |            |      |
|                                                |                    |                     |           |          |      |          |            |      |
| Enter Grand Total of Part F on Sche Section 2. | dule II, In-Kind ( | Contributions Detai | iled Sum  | mary 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 | Period         |       |      |                 |      |
|----------------------------------------|----------------|-----|------------------|--------|---------|----------------|-------|------|-----------------|------|
|                                        |                |     |                  | Fro    | m:      |                | To:   |      |                 |      |
|                                        |                |     |                  |        |         | DATE           |       |      | AMOUN           | т    |
| Full Name of Contributor               |                |     |                  |        | мо      | DAY            | YEAR  |      |                 |      |
| Mailing Address                        |                |     |                  |        |         |                |       | 1    | \$              | 0.00 |
| City                                   | State          |     | Zip Code(Plus 4) |        |         |                |       |      |                 |      |
| Employer of Contributor                |                |     |                  |        | Occup   | oation         |       |      |                 |      |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty               | Stat   | e Zi    | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch     | edule II, In-K | ind | Contributions D  | etaile | ed      |                |       |      | PAGE T          | OTAL |
| Summary Page, Section 3.               |                |     |                  |        |         |                |       |      |                 | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |           |     |                  |  |
|---------------------------------------|------------------|-----------|-----|------------------|--|
| DAWKINS, JASON FRIENDS OF             | From             | 4/12/2016 | То: | <u>5/16/2016</u> |  |

|                                |              |                   |          | DATE        |          |          | AMOUNT   |
|--------------------------------|--------------|-------------------|----------|-------------|----------|----------|----------|
| To Whom Paid                   |              |                   | МО       | DAY         | YEAR     |          |          |
| USPS                           |              |                   | 140      |             | IZAK     |          |          |
| Mailing Address 2628 West C    | hester Pike  |                   | 5        | 13          | 2016     | \$       | 6.45     |
| City Bromall                   | State        | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure |          |          |
|                                | PA           | 19073             | Postage  | !           |          |          |          |
| To Whom Paid                   |              |                   | мо       | DAY         | YEAR     |          |          |
| Friends of Morgan Cephas       |              |                   | 140      |             | ILAK     |          |          |
| Mailing Address PO Box 2810    | 5            |                   | 4        | 21          | 2016     | \$       | 2,000.00 |
| <b>City</b> Philadelphia       | State        | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure |          |          |
|                                | PA           | 19131             | Contrib  | ution to Mo | C Campai | gn       |          |
| To Whom Paid                   |              |                   | МО       | DAY         | YEAR     |          |          |
| Santander                      |              |                   | 140      |             | ILAK     |          |          |
| Mailing Address 3001 West C    | hester Pike  |                   | 4        | 26          | 2016     | \$       | 3.50     |
| City Bromall                   | State        | Zip Code (Plus 4) | Descrip  |             |          |          |          |
|                                | PA           | 19073             | Bank Fe  | ee          |          |          |          |
| To Whom Paid                   |              |                   | мо       | DAY         | YEAR     |          |          |
| Petition Workers               |              |                   | MO       | DAI         | ILAK     |          |          |
| Mailing Address 4915 Frankfo   | ord Avenue   |                   | 4        | 15          | 2016     | \$       | 4,000.00 |
| <b>City</b> Philadelphia       | State        | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure |          |          |
|                                | PA           | 19124             | Petition | Workers     |          |          |          |
| To Whom Paid                   |              |                   | МО       | DAY         | YEAR     |          |          |
| 35th Democratic Ward           |              |                   | МО       | DAT         | TEAR     |          |          |
| Mailing Address 620 Allengro   | ve Street    |                   | 4        | 26          | 2016     | \$       | 250.00   |
| <b>City</b> Philadelphia       | State        | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure | l        |          |
|                                | PA           | 19124             | Contrib  | tion        |          |          |          |
| To Whom Paid                   |              |                   | МС       | DAY         | VEAD     |          |          |
| Philadelphia Democratic Commit | tee          |                   | МО       | DAT         | YEAR     |          |          |
| Mailing Address 219 Spring G   | arden Street |                   | 4        | 21          | 2016     | \$       | 2,000.00 |
| <b>City</b> Philadelphia       | State        | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure | <u> </u> |          |
|                                | PA           | 19123             | Contrib  |             |          |          |          |
|                                |              |                   | 1        | -           |          |          |          |

| To Whom Paid                                                     |                    |                   | мо                                   | DAY      | YEAR |            |           |  |  |
|------------------------------------------------------------------|--------------------|-------------------|--------------------------------------|----------|------|------------|-----------|--|--|
| Pay Pal                                                          |                    |                   | 140                                  |          | ILAK |            |           |  |  |
| Mailing Address 2211 North First Street                          |                    |                   | 5                                    | 4        | 2016 | \$         | 1.75      |  |  |
| City San Jose State Zip Code (Plus 4)                            |                    |                   | Description of Expenditure           |          |      |            |           |  |  |
|                                                                  | CA                 | 95131             | Pay pal fee                          |          |      |            |           |  |  |
| To Whom Paid                                                     |                    |                   | МО                                   | DAY      | YEAR |            |           |  |  |
| 23rd Ward                                                        |                    |                   | 140                                  |          | ILAK |            |           |  |  |
| Mailing Address 1215 Haworth Street                              |                    |                   | 4                                    | 25       | 2016 | \$         | 1,000.00  |  |  |
| <b>City</b> Philadelphia                                         | State              | Zip Code (Plus 4) | Description of Expenditure  Donation |          |      |            |           |  |  |
|                                                                  | PA                 | 19124             |                                      |          |      |            |           |  |  |
| To Whom Paid                                                     |                    |                   | МО                                   | DAY      | YEAR |            |           |  |  |
| 42nd Ward                                                        |                    |                   | 140                                  |          | ILAK |            |           |  |  |
| Mailing Address PO Box 24419                                     |                    |                   | 4                                    | 18       | 2016 | \$         | 1,000.00  |  |  |
| City Philadelphia State Zip Code (Plus 4)                        |                    |                   | Description of Expenditure           |          |      |            |           |  |  |
|                                                                  | PA                 | 19120             | Donation                             |          |      |            |           |  |  |
| To Whom Paid                                                     |                    |                   | МО                                   | DAY      | YEAR |            |           |  |  |
| Petition Workers                                                 |                    |                   | 140                                  |          | ILAK |            |           |  |  |
| Mailing Address 4915 Frankford Avenue                            |                    |                   | 4                                    | 26       | 2016 | \$         | 2,000.00  |  |  |
| y Philadelphia State Zip Code (Plus 4) Description of Expenditur |                    |                   |                                      | enditure |      |            |           |  |  |
|                                                                  | PA                 | 19124             | Petition Workers                     |          |      |            |           |  |  |
|                                                                  |                    |                   |                                      |          |      | PAGE TOTAL |           |  |  |
| Enter Grand Total of Expenditures o                              | n Page 1, Report C | over Page, Item D | •                                    |          |      | \$         | 12,261.70 |  |  |

## 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 |                             |      |      |           |                              |  |
|-------------------------------------------------------------------------|-------|-------------|------------------|-----------------------------|------|------|-----------|------------------------------|--|
| DAWKINS, JASON FRIENDS OF Fro                                           |       |             | From:            | <u>4/12/2016</u> <b>To:</b> |      |      |           | 5/16/2016                    |  |
|                                                                         |       |             |                  |                             | DATE |      |           | utstanding<br>alance of Debt |  |
| Name of Creditor Jason Dawkins                                          |       |             |                  | мо                          | DAY  | YEAR |           |                              |  |
| Mailing Address 4612 Lesher Street                                      |       |             |                  | 5                           | 15   | 2016 | <b>\$</b> | 5,944.53                     |  |
| City Philadelphia                                                       | State | Zip Code (P | lus 4)           | Description of Debt         |      |      | ·         |                              |  |
|                                                                         | PA    | 19124       | Campaign Expense |                             |      |      |           |                              |  |
|                                                                         |       |             |                  |                             |      |      |           | PAGE TOTAL                   |  |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |       |             |                  |                             |      |      | \$        | 5,944.53                     |  |