# **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 :	ion 2015	0358			Repo Filed		C	ANDI	DATE	СОМ	MITTEE	✓	LOBI	BYIST						
Name of Filing C	Committee, Candida	ate or Lol	bbyist:		URBAN	I ENG	SINEE	RS, II	NC. PAC	2										
Street Address:	530 WALNUT	STREET,	7TH FLOC	R																
City:	PHILADELPHI4	٩					Stat	te:	e: PA <b>Zip Code:</b> 19106											
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		-				DAY MARY	P	POST-	3.	AMENDM REPORT		Yes	No	· 🗸					
(place X to the right of	6TH TUESDAY PRE-ELECTION						DAY CTION		POST- 6	5.	TERMIN/ REPORT		Yes	No	· 🗸					
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2016				ING M ) CHE				PAPER		$\checkmark$	DISKE	TTE					
Name of Office S	ought by Candidat	te:					DA	τε ο	F ELEC	TION	District Number	Office Code	Par	ty Code	County Code					
							мо		DAY	YEAR										
			-					11	8	3 2016	]	(SEE INS	TRUCTI	ONS FOR	CODES)					
	Receipts and	мо	DAY	YEAR	1		мо		DAY	YEAR	FC	R OFFIC	E USE	ONLY						
Expenditures	s from:	1	1 29	2	016	го		12	3	1 2016										
A. Amount Bro	ught Forward Fron	n Last Re	port				\$			0.00										
B. Total Moneta	ary Contributions A	And Rece	ipts (Fron	n Sche	dule I)		\$			2,000.00										
C. Total Funds	Available (Sum Of	Lines A a	and B)				\$			2,000.00										
D. Total Expen	ditures (From Sche	edule III)	)				\$			0.00										
E. Ending Cash	Balance (Subtract	t Line D F	rom Line	C)			\$			2,000.00	4									
F. Value Of In-	Kind Contributions	Receive	d (From S	chedu	le II)		\$			0.00	4									
G. Unpaid Debt	ts And Obligations	(From Sc	chedule IV	<b>'</b> )			\$			0.00		,								
				AFF	IDAV	IT S	ECTI	ON												
PART I - If this is	s a Committee repo	ort, treas	urer sign	here. 1	If this i	s a C	andida	ate re	eport, ca	indidate si	gn here.									
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the a	attached sc	hedules	s filed or	ı pape	er or by	electi	ronic mee	dium, are to	the best o	f my know	vledge	and beli	ef , true					
Sworn to and subs	cribed before me this day of		20							Signatur	e of Perso	n Submitt	ing Rep	oort						
	Signatu	re				_					Prin	ted Name								
My Commission Ex	cpires										Ema	il								
	мо	DA	Y	YR					Area	a Code	Daytim	e Teleph	one Nu	mber						
Part II- If this is	a report of a cand	lidate's a	uthorized	Comm	nittee, (	Candi	idate s	shall	sign hei	re.										
I swear (or affirm) No 320) as amende	that to the best of med.	ny knowled	lge and beli	ef this	politica	l com	mittee	has n	ot violate	ed any provis	sions of th	e act of Ju	ine 3,1	937 (P.I	1333,					
Sworn to and subsc	ribed before me this									5	Signature o	of Candida	ite							
	day of		20								Printe	d Name								
	Signature																			
My Commission Exp	-										Ema	il								
	мо	DA	Y	YR		_			Area C	ode	D	aytime Te	elephor	e Numb	Area Code Daytime Telephone Number					

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** URBAN ENGINEERS, INC. PAC From: <u>11/29/2016</u> **To:** 12/31/2016 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 2,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 2,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 2,000.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

# 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:										
					DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City State Zip Code (Plus 4)											
							Γ	PAGE TOTAL			

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

0.00

\$

PART B 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 Candidat	e			orting P	eriod	_					
			Fro	From: To:							
					DATE			AMOUNT			
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City State Zip Code (Plus 4)											
								PAGE TOTAL			
Enter Grand Total of Part A on S	Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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:			То:					
				DA	TE		А	MOUNT			
Full Name of Contributing Com	mittee			мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Cod	e (Plus 4)								
						ſ		PAGE TOTAL			
Enter Grand Total of Part C o	on Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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 Report					orting Period					
URBAN ENGINEERS, INC. PAC				Fron	n:	<u>11/29/2</u>	<u>016</u> То	<b>b:</b> <u>12/31/2016</u>		
					DATE AMOUNT					
Full Name of Contributor GEORGE WILLIS					мо	DAY	YEAR			
lailing 1724 W. 6TH STREET ddress								<b>\$</b> 500.00		
City ERIE	State	Zip Code (Plus 4)			10	3	2016			
	РА	165	505							
Employer Name URBAN ENGINEERS, I	NC.				Occupat	ion (	CIVIL EN	IGINEER - OFFICE M		
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip Code (Plus 4)		
530 WALNUT STREET7TH FLOOR			PHILADE	PHIA		PA		19106		
Full Name of Contributor BERNARD CAROLAN					мо	DAY	YEAR			
Mailing Address 4561 E. YATES ROAD								<b>\$</b> 500.00		
City BENSALEM	State	Zip	Code (Plus	4)	10	5	2016			
	РА	190	)20							
Employer Name URBAN ENGINEERS, I	NC.				Occupation CPA					
Employer Mailing Address/Principal Place Business	e of		City			Zip Code (Plus 4)				
530 WALNUT STREET7TH FLOOR			PHILADEI	PHIA		PA		19106		
Full Name of Contributor JOSEPH MCATEE					мо	DAY	YEAR			
Mailing Address 1613 THISTLEWOOD	DRIVE							<b>\$</b> 1,000.00		
City WASHINGTON CROSSING	State	te Zip Code (Plus 4)			10	27	2016			
PA 18977										
Employer Name URBAN ENGINEERS, INC.					Occupat	IGINEER				
Employer Mailing Address/Principal Plac Business	e of		City		State Zi			Zip Code (Plus 4)		
530 WALNUT STREET7TH FLOOR			PHILADEI	PHIA	PA			19106		

\$

## 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:					: То:						
				D	ATE			AMOUNT			
Full Name				мо	DAY	YEAR					
Mailing Address							\$	i	0.00		
City	State	Zip Code (	Plus 4)								
Receipt Description				I							
Enter Grand Total of Part E c	n Schedule I. Detailer	l Summary Page	Section	4				PAGE TOT	AL		
	in Schedule I, Detailet	i Summaly Paye,	Section	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	od	
URBAN ENGINEERS, INC. PAC	From:	<u>11/29/2016</u> то:	<u>12/31/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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:			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 Sched Section 2.	iled Sum	mary Pag	je,	PAGE TOTAL			
					4	6	0.00

#### PAGE 11

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

Name of Filing Committee or Candidate					Re	Reporting Period						
					Fro	om:		To:	То:			
							DATE			AMOUNT		
Full Name of Contributor						мо	DAY	DAY YEAR				
Mailing Address									\$	0.00		
City	State	Zip Code(Plus 4)										
Employer of Contributor	•				Occupation							
Employer Mailing Address/Principal Place of City State			State		Zip 4)	Zip Code(Plus 4)		Description of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							<b>PAGE TOTAL</b> 0.00					

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period						
	From			То:								
		DATE		AMOUNT								
To Whom Paid	мо	DAY	YEAR									
Mailing Address						\$	0.00					
City	Zip Code (Plus 4)	Description of Expenditure										
Enter Grand Total of Expenditures of	<b>`</b>				PAGE TOTAL							
	Jil Page 1, Report C	over Page, Item I				\$	0.00					