#### **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	20150	358				Repo Filed			CA	NDII	DATE		COMN	1ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing C	ommittee, C	andida	te or Lo	bbyis	t:	i	URBA	N I	ENGI	NEER	S, I	NC PA	С							
Street Address:	530 WAI	LNUT S	TREET	7TH F	FLOOI	R														
City:	PHILADE -	ELPHIA								State	e:	PA		Zip Cod	9106-3685					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND F PRIMA		PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDMENT REPORT?		Yes		lo	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND F ELECT		/ PRE	- 5.		30 DAY F ELECTION			OST-	ST- 6.		TERMINATION REPORT?		Yes	١	lo	<b>/</b>
report type)	ANNUAL RE	PORT	7.	Year	2017					ING METHOD ) CHECK ONE				PAPER	<b>√</b>	DISK	ETTE			
Name of Office S	ought by Ca	ndidate	e:							DAT	ΕO	F ELE	CTIC	N	District Number	Office Code	Pai	rty Cod	e Coui	
										МО		DAY	Y	EAR			I			_
											11		7	2017		(SEE INS	TRUCTI	ONS FO	R CODES	5)
Summary of		nd	МО	DA	Y	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONL	1	
Expenditures	from:			9	19	20	017	T	0		10	:	23	2017						
A. Amount Brought Forward From Last Report \$									1,	300.00										
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 500.00																				
C. Total Funds Available (Sum Of Lines A and B) \$ 1,800.00																				
D. Total Expenditures (From Schedule III) \$									:	250.00										
E. Ending Cash Balance (Subtract Line D From Line C)							\$				1,5	50.00								
F. Value Of In-	Kind Contrib	utions	Receive	ed (Fr	om Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obliga	ations (	From S	chedu	ile IV	)			\$					0.00		,				
						AFF:	IDA۱	/I7	ΓSE	CTI	NC									
PART I - If this is		-	-		_									_						
I swear (or affirm) correct and comple		ort, inclu	ding the	attach	ed sch	edules	filed o	on p	oaper	or by e	electr	onic m	edium	ı, are to t	he best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before r day of	me this		20							•			Signature	of Persoi	n Submitt	ing Re	port		
		ignature							-						Print	ted Name				-
My Commission Ex											•				Emai	ı				_
	мо		DA	Υ		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	a candi	date's	authoi	rized	Comm	ittee,	, Ca	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	/ knowle	dge an	d belie	ef this	politic	al	comm	ittee h	as no	ot viola	ted ar	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P	.L. 133	з,
Sworn to and subsc		e this												Si	ignature o	f Candida	ite			-
	day of ——			20 -					-						Printe	d Name				_
	Sign	ature							-											_
My Commission Exp	_														Emai	il				
	M	10	DA	λΥ		YR						Area Code Daytime Telephone Number						_		

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period					
URBAN ENGINEERS, INC PAC	From:	9/19/201	<u>7</u> To:	10/23/2017			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	g 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)	All Other Contributions (Part B)						
TOTAL for the Reporting	(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)			\$	500.00			
TOTAL for the Reporting	g Period	(3)	\$	500.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting	g 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			\$	500.00			

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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 Filling Committee of Candidate			Reporting Period From: To:					
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed 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			Rep	orting Pe	riod			
URBAN ENGINEERS, INC PAC			Fron	n:	9/19/2	<u>017</u> <b>T</b> o	: <u>10</u>	)/23/2017
				D/	<b>ATE</b>		AMO	JNT
Full Name of Contributor				мо	DAY	YEAR		
Jeffrey Roken								
Mailing 666 Ferne Boulevard				10	1	2017	\$	500.00
City Drexel Hill	State	Zip Code (Plus	s 4)	10	5	2017		
	PA	19026						
Employer Name Urban Engineers, Inc.				Occupat	ion E	ingineer	ing	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (	Plus 4)
530 Walnut Street, 7th Floor		Philadelp	hia		PA		19106	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PAGI	E TOTAL
	·	, ,					\$	500.00

## 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 Ca	ndidate		Repor	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•				•	•	
Enter Grand Total of Part E on	Schedule T Detailed	l Summary Page	Section	4			ı	PAGE TOTAL
zinci. Grana rotal or rait z on	ocilculate 1, Detailet	. Janimary rage,	Section				\$	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							
URBAN ENGINEERS, INC PAC	From:	<u>9/19/2017</u> <b>To:</b>	10/23/2017						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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)	\$	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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	1				Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
URBAN ENGINEERS, INC PAC	From	9/19/2017	То:	10/23/2017
		DATE		AMOUNT

				DAIL		AHOONI
To Whom Paid Friends of Val Arkoosh	riends of Val Arkoosh					
Mailing Address P.O. Box 1	iling Address P.O. Box 1177 9					\$ 250.00
<b>City</b> Norristown	State PA	<b>Zip Code (Plus 4)</b> 19404	1 -	otion of Exp 2017, We		
Enter Grand Total of Expen	\$ <b>PAGE TOTAL</b> 250.00					