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			Repor Filed		CAND	IDATE		СОМІ	MITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:	ı	URBAN	I ENG	INEERS,	INC PA	C							
Street Address: 530 WALNUT STREET 7TH FLOOR																
City:	PHILADELPHI	A					State: PA Zip Code: 1					de: 19	106-3	685		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					DAY 1ARY	POST-	3.		AMENDN REPORT		Yes	N	C	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					0 DAY POST- 6. X				TERMIN REPORT		Yes	N	C	\checkmark
report type)	ANNUAL REPORT	7.	Year 2017				NG METH				PAPER		\checkmark	DISK	ETTE	
Name of Office Sought by Candidate:							DATE (OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
							мо	DAY	Y	EAR	Number	coue			Teor	
							11	L	7	2017		(SEE INS	TRUCTI	ONS FOR	CODES	;)
	Receipts and	мо	DAY	YEAR	1		мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:	1	.0 24	20	017 -	ГО	1	1	27	2017						
A. Amount Bro	ught Forward Fror	n Last Re	eport		·	5	5		1,	550.00	1					
B. Total Monetary Contributions And Receipts (From Schedule I)							\$			100.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			0.00						
D. Total Expen	ditures (From Sch	edule III	[)				\$			0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			0.00						
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)		\$			0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	/)		9	\$			0.00						
				AFF	IDAV	IT SI	ECTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.]	lf this i	s a Ca	indidate r	eport,	candi	idate sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	luding the	attached sc	hedules	s filed or	n pape	r or by elec	tronic m	ediun	n, are to t	the best o	of my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	scribed before me this day of	5	20							Signatur	e of Perso	n Submitt	ing Rep	ort		-
	Signatu	re				_					Prin	ted Name				-
My Commission E	-										Ema	il				-
	мо	DA	NY	YR				Ar	ea Co	de	Daytin	ne Teleph	one Nu	mber		_
Part II- If this is	a report of a can	didate's a	authorized	Comm	nittee,	Candi	date shall	sign h	ere.							
I swear (or affirm) No 320) as amendo) that to the best of n ed.	ny knowle	dge and beli	ef this	politica	l com	nittee has	not viola	ted a	ny provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subso	ribed before me this									s	ignature	of Candida	ite			-
	day of										Printe	ed Name				-
	Signature					_										_
My Commission Exp	bires										Ema	11				
	мо	DA	NY	YR		_		Area	Code		D	aytime Te	elephon	e Numl	per	-

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
URBAN ENGINEERS, INC PAC	<u>10/24/20</u> 2	<u>17</u> To:	<u>11/27/2017</u>	
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J Period	(1)	\$	100.00
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)	\$	0.00		
TOTAL for the Reporting	\$	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)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	J 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			\$	100.00

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 Candidate				Reporting Period						
			Fro	om:		То	:			
					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	m:		Тс):	
					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	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Commit	ttee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C on	Schedule I, Detail	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	Reporting Period	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	iedule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	0.00

I

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	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					1	1				
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL	
Linter Granu Total of Part E		i Suillilai y Page,	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	od	
URBAN ENGINEERS, INC PAC	From:	<u>10/24/2017</u> To:	<u>11/27/2017</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	2	
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re				Reporting Period					
	From:			То:					
				DATE		АМО	UNT		
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.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	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 AMOUN				
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(P	Plus 4)							
Employer of Contributor						Occupat	tion		•		
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption o	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00