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 9	90025	51				port ed B		CAN	IIDI	DATE		COM	1ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Car	ndidate	e or Lo	bbyist:		WAF	RD 1	l6 DE	M EXE	СС	ОМ								
Street Address:	2315 W C	UMBEI	RLAND) ST															
City:	PHILADEL	.PHIA							State	:	PA			Zip Cod	le: 19	132-0	000		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	POST- 3.			AMENDM REPORT?	Yes	N	0	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION		. X	2ND FRIDA ELECTION	Y PRE	E	5.	30 DA		Р	OST-	6.		TERMINA REPORT?	Yes	N	0	\	
report type)	ANNUAL REPO	ORT 7.		Year 2017					NG ME		_			PAPER		\checkmark	DISK	ETTE	
Name of Office S	ought by Cand	didate:				-			DATI	E OI	F ELE	CTIC	N	District Number	Office Code	Par	ty Cod	Cour	
									МО		DAY	YI	AR			DEN	1	51	
										11		7	2017		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		d [МО	DAY	YEAR	2			МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	Trom:			6 6	2	017	Т	0		9	:	18	2017						
A. Amount Bro	ught Forward	From L	ast Re	eport				\$				4,7	706.17						
B. Total Moneta	ary Contribution	ons An	d Rece	eipts (Fron	n Sche	dule	: I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)						4,7	706.17												
D. Total Expenditures (From Schedule III)						8	351.26												
E. Ending Cash Balance (Subtract Line D From Line C)							\$				3,8	54.91							
F. Value Of In-	Kind Contribut	tions R	eceive	ed (From S	chedu	le II	:)	\$					0.00						
G. Unpaid Debt	s And Obligati	ions (F	rom S	chedule IV	/)			\$					0.00						
					AFF	ID/	\VI	T SE	CTIC	N									
PART I - If this is		-	-	_									_						
I swear (or affirm) correct and comple		, includ	ing the	attached sc	hedule	s file	d on	paper	or by e	lectr	onic m	edium	, are to t	he best of	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before me day of	e this		20						•		S	ignature	of Perso	1 Submitt	ing Rep	ort		_
	Sig	nature						- -						Print	ted Name				
My Commission Ex	cpires							_		-				Emai	il				
	МО		DA	·Υ	YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a	candid	late's a	authorized	Comn	nitte	e, C	andid	ate sh	alls	sign he	ere.							
I swear (or affirm) No 320) as amende		t of my	knowle	dge and beli	ief this	polit	tical	comm	ittee ha	as no	ot viola	ted an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	з,
Sworn to and subsc		this									-		Si	ignature o	f Candida	ite			-
	day of 							_						Printe	d Name				-
	Signat	ture						-		_					-				_
My Commission Exp	ires													Emai	il				
	мо)	DA	Υ	YR	t .		-			Area	Code		Da	ytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period					
WARD 16 DEM EXEC COM	From:	6/6/201	<u>7</u> To:	9/18/2017		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor						
TOTAL for the Reporting) 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)			\$	0.00		
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		
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			\$	0.00		

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re					
		From: To:				:		
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

0.00

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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Commi	ttee or Candidate		Reporting Period					
			From: To) :	
					DATE			AMOUNT
Full Name of Contributor	r			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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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			Reporting Period						
			Fror	m:		То	:		
				D	ATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name		•		Occupat	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL	
		, .5.,				4	•	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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Period		
WARD 16 DEM EXEC COM	From:	<u>6/6/2017</u> To:	9/18/2017
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 Candidat	:e		Reporting	g 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 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					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 Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
WARD 16 DEM EXEC COM			From	<u>6/6</u>	6/2017	То:	9/18/2017
				DATE			AMOUNT
To Whom Paid Regina Smith			мо	DAY	YEAR		
Mailing Address 2252 N Woodstock	St		6	12	2017	\$	221.26
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Accounting Fee and reimbursements				
To Whom Paid Citizens Bank serv fee Bank				DAY	YEAR		
Mailing Address 1500 N Broad St			6	30	2017	\$	25.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Bank serv fee				
To Whom Paid Citizens Bank serv fee Bank			мо	DAY	YEAR		
Mailing Address 1500 N Broad St			7	31	2017	\$ \$	25.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132		otion of Exp serv fee	oenditure	1	
To Whom Paid Citizens Bank serv fee Bank			мо	DAY	YEAR		
Mailing Address 1500 N Broad St			8	31	2017	\$	25.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132		otion of Exp serv fee	penditure	1	
To Whom Paid Lou & Choo			МО	DAY	YEAR		
ailing Address 21st & Hunting Park Ave			8	7	2017	\$	130.00

Zip Code (Plus 4)

19129

Description of Expenditure

16th Ward Fundraiser

State

PΑ

City

Philadelphia

To Whom Paid							
Steve Jones			МО	DAY	YEAR		
Mailing Address 2621 N Chadwick	St		9	5	2017	\$	250.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
·	PA	19132	16th W				
To Whom Paid	·		мо	DAY	YEAR		
Jerry Tinnin							
Mailing Address 2236 N Woodstock St			9	5	2017	\$	75.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
,	PA	19132	16th W	ard cook o	ut expen	se	
To Whom Paid			МО	DAY	YEAR		
Leroy Brown							
Mailing Address 3053 W Colona St			9	6	2017	\$	100.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
r	PA	19140	16th W	ard cook o	ut expen	se	
	•	•					PAGE TOTAL
Enter Grand Total of Expenditure	on Page 1, Re	eport Cover Page, Item D	-			\$	851.26