# **Campaign Finance Report**

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

Filer Identificat	ion	20150	069			Repor Filed			CANDI	DATE		СОМ	MITTEE	✓	LOBI	BYIST		
Name of Filing (	Committee,	Candida	ite or L	obbyist:		PHILLY	SET	GO									-	
Street Address:	1414 S	PENN	SQ UNI	IT 17E														
City:	PHILAD	ELPHIA	1					St	ate:	PA			<b>Zip Code:</b> 19102					
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	AY PRE-	- 2.		DAY MARY		POST- 3.			AMENDN REPORT		Yes	No	, 🔨	
(place X to the right of	6TH TUESDA PRE-ELECTI		4.	ELECTION				DAY CTIO		POST-	6.		TERMINATION REPORT?		Yes	No	° <b>√</b>	
report type)	ANNUAL RI	EPORT	7. <b>X</b>	<b>Year</b> 2017	7				METHO				PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	L Sought by Ca	andidat	e:					D	ATE O	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County	
								М	D	DAY	YI	EAR						
									11		7	2017	<b> </b>	(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of Receipts and MO DAY YEAR								M	0	DAY	Y	EAR	FC	R OFFIC	E USE	ONLY		
Expenditures	s from:			11 28	3 20	017 <b>1</b>	ГО		12	3	31	2017						
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$			19,	781.00						
B. Total Monet	ary Contribu	utions A	nd Rec	eipts (From	n Schee	dule I)		\$				260.00						
C. Total Funds	Available (S	Sum Of	Lines A	and B)				\$			20,0	041.00						
D. Total Expen	ditures (Fro	m Sche	dule II	I)				\$				0.00						
E. Ending Cash	Balance (S	ubtract	Line D	From Line	C)			\$			20,0	041.00	-					
F. Value Of In-	Kind Contril	butions	Receiv	ed (From S	Schedul	le II)		\$			2	250.00	-					
G. Unpaid Deb	ts And Oblig	ations	(From S	Schedule I	V)			\$				0.00						
					AFF	IDAVI	IT S	ECT	ION									
PART I - If this i		-		-								-	-					
I swear (or affirm correct and compl		ort, incli	iaing the	e attached so	cnedules	s filed on	pape	er or E	y elect	ronic me	aium	, are to t	the best o	т ту кпоч	leage	and bei	ef, true	
Sworn to and subs	cribed before day of	me this		20							g	Signature	e of Perso	n Submitt	ing Rep	oort		
	;	Signatur	e				_						Prin	ted Name				
My Commission E	xpires						_						Ema	il				
	мс	)	D	AY	YR					Are	ea Coo	le	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of	a cand	idate's	authorized	d Comm	nittee, O	Candi	idate	shall	sign he	ere.							
I swear (or affirm) No 320) as amend	ed.		y knowl	edge and be	lief this	political	com	mitte	e has n	ot viola	ed ar	ıy provis	ions of th	e act of Jı	ine 3,1	937 (P.I	1333,	
Sworn to and subso	cribed before i day of	me this		20								s	ignature (	of Candida	ite			
							_						Printe	d Name				
My Commission Exp		nature					_						Ema	il				
		мо	D	AY	YR		_			Area	Code		D	aytime Te	elephon	e Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PHILLY SET GO From: <u>11/28/2017</u> To: <u>12/31/2017</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 260.00 \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 260.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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			Re	porting I	Period			
			Fre	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		Rep	orting P	eriod			
			Fro	m:		Τα	):	
					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	<u>.</u>		\$	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 Can	Name of Filing Committee or Candidate			g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n 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	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/Principa Business	al Place of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on	Schedule I, Detai	iled Sumr	narv Page, Secti	on 3.		Γ	PAG	GE TOTAL
	<b>,</b>		,	-			\$	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 Candida	te		Report	ting Perio	od					
			From: To:							
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address	Mailing Address						\$	5	0.00	
City	State	Zip Code (	Plus 4)							
Receipt Description				1	1	1				
Enter Grand Total of Part E on Sch	dule I. Detailer	d Summary Page	Section	4				PAGE TO	TAL	
	Julie 1, Detunet	z sammary ruge,	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	
PHILLY SET GO	From:	<u>11/28/2017</u> <b>To:</b>	<u>12/31/2017</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)	\$	250.00
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		\$	250.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

# VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate R			Period	Reporting Period					
PHILLY SET GO			From:	<u>11/</u>	То:	<u>12/31/2017</u>				
				DATE			AMOUNT			
Full Name of Contributor Lindy Li			мо	DAY	YEAR					
Mailing Address 227 S. 18th Street			12	20	2017	\$	250.00			
City Philadelphia	State	Zip Code (Plus 4)								
	PA	19103								
Description of Contribution: Worked	with organization	on to identify potential c	lonors							
				_						
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	je,		PAGE TOTAL			
						\$	250.00			

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

Name of Filing Committee or Candidate					Re	porting P	eriod			
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption of	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	Name of Filing Committee or Candidate						
	From			То:			
		AMOUNT					
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrij	otion of Ex	penditure		
Enter Grand Total of Expenditures	on Page 1. Benert C	over Dage Item F	<b>`</b>				PAGE TOTAL
	on Page 1, Report C	over Page, Item L				\$	0.00

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