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 2015	0069				port ed B		CANDI	ANDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	ommittee, Candid	ate or L	obbyist:	•	PHII	LLY S	SET G	60									
Street Address:	1414 S PENN	SQ UNI	T 17E														
City:	PHILADELPHI.	A						State:	PA			Zip Cod	ie: 19	9102			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRIMARY	PRE-	- [2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- !	5.	30 DA ELECT	• •	POST-	6.		TERMINA REPORT		Yes	No	•	\
report type)	ANNUAL REPORT	7.	Year 2018					NG METH				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	ought by Candida	te:	-					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
	,							МО	DAY	YE	AR	rumber	Todac			couc	
								11		6	2018		(SEE IN	STRUCTI	ONS FOR C	ODES))
•	Receipts and	МО	DAY	YEAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	Trom:		1 1	20	018	T	0	3	3 .	26	2018						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			20,0	41.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			2,5	50.00						
C. Total Funds Available (Sum Of Lines A and B)							\$			22,5	91.00						
D. Total Expenditures (From Schedule III)						\$				0.00							
E. Ending Cash Balance (Subtract Line D From Line C)							\$			22,5	91.00						
F. Value Of In-	Kind Contributions	Receiv	ed (From Scl	hedu	le II	()	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)	1			\$				0.00			1			
				AFF	IDA	٩VI	ΓSE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign h	ere. 1	[f th	is is	a Can	ndidate r	eport, o	candio	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached sche	edules	filed	d on	paper (or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue.
Sworn to and subs	cribed before me this day of	5	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signatu	re					-					Prin	ted Name	e			
My Commission Ex	rpires						_					Ema	il				
	МО	D	AY	YR					Ar	ea Cod	e	Daytim	e Telepl	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized C	Comm	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowl	edge and belief	f this	polit	tical	commi	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this		20								S	ignature o	of Candid	ate			-
	day of —— ————						-					Printe	d Name				-
Mu Committee:	Signature						-					Ema	il				_
My Commission Exp													-				
	МО	D	AY	YR			-		Area	Code		D	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PHILLY SET GO	From:	1/1/201	<u>8</u> To:	3/26/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	250.00
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)	\$	1,500.00		
TOTAL for the Reporting	Period	(2)	\$	1,500.00
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)			\$	800.00
TOTAL for the Reporting	Period	(3)	\$	800.00
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			\$	2,550.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re					
		From:			То	:		
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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

PAGE TOTAL\$ 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 Committee or Candidat	Name of Filing Committee or Candidate				eriod			
PHILLY SET GO			Froi	m:	1/1/	2018 T o	o:	3/26/2018
					DATE		Α	MOUNT
Full Name of Contributor Marion Mann				МО	DAY	YEAR		
Mailing Address 266 Beechwood Dr	ive						\$	250.00
City Bryn Mawr	State PA	Zip Code (Plus 4) 19010		1	24	2018		
Full Name of Contributor Hannah Ryan				МО	DAY	YEAR		
Mailing Address 2021 Bainbridge Street				2	20	2010	\$	250.00
City Philadelphia	State PA	Zip Code (Plus 4) 19046		2	28	2018		
Full Name of Contributor Ashley Lewis				МО	DAY	YEAR		
Mailing Address 4720 Chesnut Stree	et						\$	150.00
City Philadelphia	State PA	Zip Code (Plus 4) 19143		3	1	2018		
Full Name of Contributor George Merrill				МО	DAY	YEAR		
Mailing Address 529 Martin Street				3	2	2018	- \$	150.00
City Philadelphia	State PA	Zip Code (Plus 4) 19128		3	2	2018		
Full Name of Contributor Will Herzog				МО	DAY	YEAR		
Mailing Address 370 Lancaster Ave							\$ \$	150.00
City Haverford	State PA	Zip Code (Plus 4) 19041		3	2	2018		

Full Name of Contributor Jenne Ayers	ne Ayers				YEAR	
Mailing Address 507 Lantern Lar City Philadelphia	adelphia State Zip Code (Plus 4) PA 19128				2018	\$ 150.00
Full Name of Contributor Teresa Tellekamp	МО	DAY	YEAR			
Mailing Address 1414 S. Penn So City Philadelphia	State	Zip Code (Plus 4) 19013	3	23	2018	\$ 150.00
Full Name of Contributor Gaige Flint			МО	DAY	YEAR	
Mailing Address 410 S Jessup St City Philadelphia	State PA	Zip Code (Plus 4) 19147	3	9	2018	\$ 250.00

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

PAGE TOTAL \$ 1,500.00

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	ame of Filing Committee or Candidate Repo		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 Sche	dule 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	ame of Filing Committee or Candidate				riod		
PHILLY SET GO			Fro	m:	<u>1/1/2</u>	018 To	: <u>3/26/2018</u>
				D	ATE		AMOUNT
Full Name of Contributor Nolan Tully				мо	DAY	YEAR	
Mailing 2134 Fitzwater St							\$ 500.00
City Philadelphia	State PA	Zip Code (I 19146	lus 4)	3	22	2018	
Employer Name Drinker Biddle and Reath				Occupat	tion A	ittorney	•
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code (Plus 4)
One Logan Square, Suite 2000		Philad	elphia		PA		19102
Full Name of Contributor Joe Sirbak				МО	DAY	YEAR	
Mailing 2121 Cherry St							\$ 300.00
City Philadelphia	State PA	Zip Code (I 19103	lus 4)	2	21	2018	
Employer Name Cozen O'Connor				Occupat	tion A	ittorney	•
Employer Mailing Address/Principal Plac					State		Zip Code (Plus 4)
Business	e of	City			State		Zip Code (Flus 4)
	e of	City Philad	elphia		PA		19103

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	I							
PHILLY SET GO	From:	<u>1/1/2018</u> To:	<u>3/26/2018</u>						
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 Candid	ate		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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Re	porting l	Period				
					Fro	om:		To:	То:		
					•		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 Schedule II, In-Kind Contrib Summary Page, Section 3.				ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng 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
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00