#### **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	82005	581				ported E		CAND	ID	ATE		COM	1ITTEE	<b>√</b> [	LOBE	SYIST	
Name of Filing C	Committee	e, Candida	ite or Lo	obbyist:				tional Educ		ho	od of	Elect	rical W	orkers l	_ocal 98	Comn	nittee (	on
Street Address:	1719	Spring G	Garden S	Street														
City:	Phila	delphia							State:	Р	PΑ			Zip Cod	le: 19	130		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		РО	ST-	3.		AMENDM REPORT?		Yes	No	<b>~</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA		РО	ST-	6.		TERMINA REPORT?		Yes	No	<b>~</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2018					NG METH					PAPER		$\checkmark$	DISKE	TTE
Name of Office S	Sought by	Candidat	e:						DATE (	OF	ELEC	TIO	N	District Number	Office Code	Pari	ty Code	County Code
									МО	D	DAY	YE	AR		•	•		51
									1:	1	(	6	2018		(SEE INS	TRUCTIO	NS FOR (	CODES)
Summary of Expenditures		and	МО	DAY	YEAR		_	•	МО	C	PAY	YE	AR	FO	R OFFIC	E USE	ONLY	
				1 1		1	•	<b>O</b>		1		1	1					
A. Amount Bro				-	ı Sche	dule	· I)	\$ \$					0.00					
C. Total Funds								+					0.00					
D. Total Expend								\$ \$				4.0	0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			<del> </del>			(		0.00)					
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le II	<b>(</b> )	\$			`	•	0.00					
G. Unpaid Debt	ts And Ob	ligations	(From S	chedule IV	<b>'</b> )			\$					0.00					
					AFF	IDA	١٧٤	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	rt, trea	surer sign	here.	If th	is is	a Car	ndidate ı	ер	ort, ca	andid	late sig	ın here.				
I swear (or affirm) correct and comple		report, inclu	uding the	attached sc	hedules	s file	d on	paper	or by elec	tro	nic me	dium,	are to t	he best o	f my knov	/ledge a	and beli	ef , true
Sworn to and subs	cribed before day of —	ore me this		20				_				Si	ignature	of Perso	n Submitt	ing Rep	ort	_
		Signatur	e					_		_				Prin	ted Name			
My Commission Ex	kpires							_		_				Emai	i			
		мо	DA	ΛΥ	YR						Area	a Cod	e	Daytim	e Teleph	one Nui	nber	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	e, C	andid	ate shal	l si	gn he	re.						
I swear (or affirm) No 320) as amende		e best of m	y knowle	dge and beli	ef this	polit	tical	comm	ittee has	not	violate	ed any	y provis	ions of the	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subsc	cribed before day of	re me this		20						-			S	ignature o	of Candida	te		
	<u> </u>							_		-				Printe	d Name			
My Commission Exp		Signature						_		_				Ema	il			
	-	мо	DA	ΛΥ	YR	<u> </u>		-		_	Area C	ode		Da	nytime Te	lephon	e Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period	
International Brotherhood of Electrical Workers Local 98 Committee on Political Education	From:	То:
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)		\$ 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	g Period (4)	\$ 0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

	is Part to itemize onl vith an aggregate valu							
Name of Filing Commit	tee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributing	g Committee			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

## 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 C	andidate		Rep Fro	oorting P m:	eriod	To	<b>)</b> :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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			
			Fron	n:		To	<b>)</b> :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla Business	ce of	City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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		
International Brotherhood of Electrical Workers Local 98 Committee on Political Education	From:	То:	
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 Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>\$</b>	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period	
International Brotherhood of Electrical Workers Local 98 Committee on Political Education	From	То:

				DATE			AMOUNT
<b>To Whom Paid</b> KO Sporting Goods			мо	DAY	YEAR		
Mailing Address 2001 E. Moyamens	sing Avenue		5	3	2018	\$	2,975.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19148	Descrip	otion of Exp	penditure	1	
<b>To Whom Paid</b> KO Sporting Goods			МО	DAY	YEAR		
Mailing Address 2001 E. Moyamens	sing Avenue		5	3	2018	\$	1,025.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19148	Descrip	otion of Exp	penditure		
Factor Council Table of Forman discount	D 1 D	and Course Page 14 and D					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I			-			\$	4,000.00