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	20150	0069			Rep File			CANDI	DATE		COMN	1ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, C	Candida	te or Lo	obbyist:		PHIL	LY :	SET G	GO									
Street Address:	1414 S	PENN S	SQ UNI	T 17E														
City:	PHILADI	ELPHIA	1						State:	PA			Zip Cod	le: 19	9102			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~	
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FRIDA' ELECTION	y pre	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?					
report type)	ANNUAL RE	PORT	7.	Year 2018					IG METHO				PAPER	DISKE	TTE			
Name of Office S	- Sought by Ca	andidat	e:						DATE O	F ELE	СТІО	N	District Number	ty Code	County Code			
									МО	DAY	YE	AR		Number Code				
									11		6	2018		(SEE IN	STRUCTI	ONS FOR (CODES)	
Summary of Expenditures		and	МО	DAY	YEAR		_	_	МО	DAY		AR	FO	R OFFI	CE USE	ONLY		
				3 27	2	018	Т	O _	4		30	2018						
A. Amount Bro	ught Forwar	rd From	Last R	eport				\$			22,5	91.00						
B. Total Monet	ary Contribu	itions A	nd Rec	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds	Available (S	Sum Of	Lines A	and B)				\$			22,5	91.00						
D. Total Expen	ditures (Froi	m Sche	dule III	[)				\$			3,7	50.00						
E. Ending Cash	Balance (Su	ubtract	Line D	From Line (C)			\$			18,8	41.00						
F. Value Of In-	Kind Contrib	outions	Receive	ed (From So	chedu	le II))	\$				0.00						
G. Unpaid Debt	s And Obliga	ations ((From S	chedule IV)			\$				0.00			1			
					AFF	IDA	VI	ΓSE	CTION									
PART I - If this is	s a Committe	ee repo	rt, trea	surer sign l	here. I	[f thi	is is	a Can	ndidate re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	iding the	attached sch	nedules	filed	l on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , true	
Sworn to and subs	cribed before day of	me this		20							s	ignature	of Perso	n Submit	ting Re _l	oort		
		C:t						-					Prin	ted Name	e			
My Commission Ex		Signatur	e										Emai	il				
	мо)	DA	ΛΥ	YR			-		Are	ea Cod	e	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of	a cand	idate's	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							Ī
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and beli	ef this	politi	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333,	1
Sworn to and subsc	ribed before n	ne this										Si	ignature o	f Candid	ate			I
	day of —— —							-					Drints	d Name				
	Ci	nature						-					Printe	d Name				
My Commission Exp	_	acul C											Ema	il				
	-	мо	D#	ΛΥ	YR			•		Area	Code		Da	ytime T	elephor	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
PHILLY SET GO	From:	<u>3/27/20</u>	<u>18</u> To:	4/30/2018
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	porting	Period			
			Fre	om:		То	:	
		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 Filling Committee of Candidate				Reporting Period From: To:				
			l		DATE			AMOUNT
Full Name of Contributor				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 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	me of Filing Committee or Candidate				orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·		•			•	
Enter Grand Total of Part E on	Schedule T. Detailed	l Summary Page.	Section	4.			P	AGE TOTAL
	2, 2000		22300				\$	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 Pe	riod	
PHILLY SET GO	From:	3/27/2018 To :	4/30/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	OR .	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Candidat	e				Re	porting P	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	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	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
PHILLY SET GO			From	3/2	7/2018	То:	4/30/2018
				DATE			AMOUNT
To Whom Paid Malcolm for PA Pac			мо	DAY	YEAR		
Mailing Address PO Box 32!	54		4	16	2018	\$	1,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19102	Descrip donation	otion of Exp	penditure		
To Whom Paid Friends of Elizabeth Fiedler		МО	DAY	YEAR			
Mailing Address P.O. Box 2468			4	16	2018	\$	1,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19147	Descrip donation	otion of Exp	penditure		
To Whom Paid Friends of Maggie Borski	·	·	мо	DAY	YEAR		
Mailing Address P.O. Box 5	912		4	16	2018	\$	1,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19137	Descrip donation	otion of Exp	penditure		
To Whom Paid Friends of Andrew Lewis			мо	DAY	YEAR		
Mailing Address 4075 Lingle	estown Road PMB# 332		4	16	2018	\$	750.00
City Harrisburg State Zip Code (Plus 4) PA 17112			Descrip donation	otion of Exp	enditure	1	
Enter Grand Total of Evnen	ditures on Page 1. Re	port Cover Page, Item D).				PAGE TOTAL

3,750.00