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 9900)251			Repor Filed		CAND	IDATE	СОМ	MITTEE	✓	LOBE	BYIST	
Name of Filing C	Committee, Candid	late or Lo	obbyist:			-	EM EXEC	СОМ						
Street Address:	2315 W CUM	BERLAND) ST											
City:	PHILADELPHI	A					State:	PA		Zip Co	de: 19	132-0	000	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	· 2.	30 D PRIM		POST- 3	3.	AMENDI REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	AY CTION	POST- 6	5.	TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7. X	Year 2018				NG METH			PAPER		\checkmark	DISKE	TTE
Name of Office S	Lead to be cardida	te:					DATE C	OF ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR					
							11	. (5 2018]	(SEE INS	TRUCTI	ONS FOR (CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY	
Expenditures	from:	1	.1 27	20	018	го	12	2 31	1 2018					
A. Amount Bro	ught Forward Fro	m Last Re	eport			4	5		455.91]				
B. Total Monet	ary Contributions	And Rece	eipts (From	Schee	dule I)	9	\$		450.00					
C. Total Funds	Available (Sum O	f Lines A	and B)			5	\$		905.91					
D. Total Expen	ditures (From Sch	edule III	[)			9	\$		0.00]				
E. Ending Cash	Balance (Subtrac	t Line D I	From Line	C)			5		905.91					
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedul	le II)		\$		0.00	_				
G. Unpaid Debt	ts And Obligations	(From S	chedule IV	')		9	\$		0.00					
				AFF	IDAV	IT SI	ECTION							
PART I - If this is	s a Committee rep	ort, treas	surer sign	here. I	lf this i	s a Ca	ndidate r	eport, ca	ndidate si	gn here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sc	hedules	filed or	ı papeı	or by elect	tronic mea	lium, are to	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me thi day of	S	20						Signatur	e of Perso	on Submitt	ing Rep	ort	
	Signatu	Ire				_				Prir	ted Name			
My Commission Ex	-									Ema	il			
	мо	DA	NY	YR		_		Area	Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's a	authorized	Comm	nittee, (Candio	date shall	sign her	e.					
I swear (or affirm) No 320) as amende	that to the best of ı ed.	ny knowle	dge and beli	ef this	politica	l comr	nittee has r	not violate	d any provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of		20						S	Gignature	of Candida	ite		
						_				Printe	ed Name			
	Signature									Ema	vil			
My Commission Exp	ores													
	мо	DA	NY	YR				Area C	ode	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** WARD 16 DEM EXEC COM From: <u>11/27/2018</u> **To:** 12/31/2018 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **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)** 0.00 450.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 450.00 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 \$ 450.00 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				Reporting Period						
Fro						:				
					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	From: To:				
					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 Schedule I, Detailed Summary Page, Section 2.								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 Commi	ittee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C on	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						
WARD 16 DEM EXEC COM	Fron	n:	<u>11/27/2</u>	<u>018</u> To	To: <u>12/31/2018</u>					
				DA	TE		AMOUNT			
Full Name of Contributor Andrew Smith				мо	DAY	YEAR				
Mailing 2252 N Woodstock St							\$ 450.00			
City Philadelphia	State PA	Zip Code (Plus	:4) 12		10	2018				
Employer Name Retired			Occupation Retired							
Employer Mailing Address/Principal Place Business	e of	City			State		Zip Code (Plus 4)			
2252 N Woodstock St		Philadelp	hia		PA		19132			
Enter Grand Total of Part C on Sche	dule I, Detailed Su	immary Page,	Sectio	on 3.			PAGE TOTAL \$ 450.00			

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 Candidate	Name of Filing Committee or Candidate Re			Reporting Period						
From:				: То:						
				D	ATE			AMOUNT	r	
Full Name				мо	DAY	YEAR				
Mailing Address							\$	5	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description	·						•			
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL	
	ale i, betalled Sull	iniary Page,	Section	71			\$		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	od	
WARD 16 DEM EXEC COM	From:	<u>11/27/2018</u> To:	<u>12/31/2018</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)	\$	0.00
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		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period						
	From:			То:					
				DATE		АМО	UNT		
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 Schedule II, In-Kind Contributions Detaile Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

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

Name of Filing Committee or Candidate					Reporting Period						
					Fro	From: To:					
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(Plus 4)							
Employer of Contributor				Occupation							
Employer Mailing Address/Principal Place of City St Business			State		Zip Code(Plus Descripti 4)			ption of	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			Reporting Period						
						То:			
		DATE		AMOUNT					
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City State Zip Code (Plus 4) Description of Ex				otion of Exp	penditure				
Enter Grand Total of Expenditures of	`				PAGE TOTAL				
	Jil Page 1, Report C	over Page, Item I				\$	0.00		

5/11/2024 6:05:12 PM