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 | 0159 | | | Repo Filed | | | CANDI | DATE | | СОМІ | MITTEE | ✓ | LOBI | BYIST | Γ | |
|---|----------------------------------|-------------|-----------------------|----------|---------------|-------|--------------------------------|-------------|----------|--------|------------|------------------------|----------------|---------|---------|----------|--------------|
| Name of Filing C | Committee, Candid | ate or Lo | bbyist: | | PENNS | YLV | AN | IA WORK | ING F | AMIL | IES PA | RTY IE C | | ΈE | | | |
| Street Address: | 276 S 60TH S | STREET | | | | | | | | | | | | | | | |
| City: | PHILADELPHI | A | | | | | | State: | PA | | | Zip Co | de: 19 | 139 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. X | 2ND FRIDA PRIMARY | Y PRE | - 2. | | DA' IMA | | POST- | 3. | | AMENDM REPORT | | Yes | N | D | \checkmark |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | ≣- 5. | | DA' ECT | y f 'ION | POST- | 6. | | TERMINATION REPORT? | | Yes | N | 0 | \checkmark |
| report type) | ANNUAL REPORT | 7. | Year 2017 | | | | FILING METHOD () CHECK ONE | | | | PAPER | | \checkmark | DISK | ETTE | | |
| Name of Office S | L Sought by Candida | te: | | | | | | DATE O | F ELE | CTIC | N | District Number | Office Code | Par | ty Code | Cour | |
| | - / | | | | | | | мо | DAY | Y | EAR | | | | | 1000 | - |
| | | | | | | | Ī | 11 | | 7 | 2017 | | (SEE INS | TRUCTI | ONS FOR | CODES | 5) |
| Summary of Receipts and MO DAY YEAR | | | | | | | | мо | DAY | Y | EAR | FC | R OFFIC | E USE | ONLY | | |
| Expenditures | from: | | 1 1 | 2 | 017 | ТО | | 3 | | 27 | 2017 | | | | | | |
| A. Amount Bro | ught Forward Fror | n Last Re | eport | | | | \$ | | | 9, | 480.73 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I | | | | | | | \$ | | | 8, | 000.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | | \$ | | | 17, | 480.73 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | | \$ | | | 15,6 | 505.00 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D I | From Line | C) | | | \$ | | | 1,8 | 375.73 | | | | | | |
| F. Value Of In- | Kind Contributions | s Receive | ed (From S | chedu | le II) | | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | chedule I\ | /) | | | \$ | | | | 0.00 | | | | | | |
| | | | | AFF | IDAV | IT S | SEG | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, treas | surer sign | here. I | If this i | s a C | Can | didate re | eport, o | andi | date sig | gn here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, incl ete. | luding the | attached sc | hedules | s filed or | n pap | er o | or by elect | ronic m | edium | , are to f | the best o | f my knov | vledge | and bel | ief , tr | ue |
| Sworn to and subs | cribed before me this day of | 5 | 20 | | | | | | | 9 | Signature | e of Perso | n Submitt | ing Rep | ort | | - |
| | Signatu | re | · | | | _ | | | | | | Prin | ted Name | | | | _ |
| My Commission Ex | cpires | | | | | | | | | | | Ema | il | | | | |
| | мо | DA | Y | YR | | | | | Are | ea Co | de | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's a | authorized | Comn | nittee, | Cand | lida | ate shall | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ned. | ny knowle | dge and beli | ief this | politica | l con | nmi | ttee has n | ot viola | ted ar | ny provis | ions of th | e act of Ju | ine 3,1 | 937 (P. | L. 133 | з, |
| Sworn to and subscribed before me this day of 20 | | | | | | | | | | | s | ignature o | of Candida | ite | | | - |
| | | | | | | | | | | | | Printe | ed Name | | | | - |
| | Signature | | | | | _ | | | | | | Ema | il | | | | _ |
| My Commission Exp | oires | | | | | | | | | | | | •• | | | | |
| | мо | DA | Y | YR | 1 | | | | Area | Code | | D | aytime Te | elephon | e Num | ber | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

| Detailed Summary Pag | e | | | |
|--|-----------|---------------|---------------|------------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| PENNSYLVANIA WORKING FAMILIES PARTY IE COMMITTEE | From: | <u>1/1/20</u> | <u>17</u> To: | <u>3/27/2017</u> |
| 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 | g Period | (2) | \$ | 0.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 8,000.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | g Period | (3) | \$ | 8,000.00 |
| 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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 8,000.00 |

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 Candidat | te | | Re | porting | Period | | | |
|--------------------------------------|----|--|----|-----------|--------|------|----|------------|
| | F | | | From: To: | | | : | |
| | | | | | 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

\$

5/12/2024 12:22:36 PM

| 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 | | | orting P | eriod | | | | |
| F | | | | | | Тс |): | | |
| | | | | | 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 | | | | | | | | | |

PAGE 5

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 Cano | didate | | Reporting | Period | | | | |
|---|------------------------------------|--------|-----------|-----------|--------|------------|------------------|----------|
| PENNSYLVANIA WORKING FAMIL | IES PARTY IE COMM | 1ITTEE | From: | <u>1/</u> | 1/2017 | То: | <u>3/27/2017</u> | |
| | | DA | AMOUNT | | | | | |
| Full Name of Contributing Commi PENNSYLVANIA WORKING FAMI | | мо | DAY | YEAR | | | | |
| Mailing Address 276 S. 60th S | Mailing Address 276 S. 60th Street | | | | | | \$ | 8,000.00 |
| City Philadelphia State Zip Code (Plus 4) PA 19139 | | | | | 4 | 2017 | | |
| | | | | ſ | | PAGE TOTAL | | |
| nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. | | | | | | | \$ | 8,000.00 |

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 | | | AMOUNT | г |
|---|---------|----|---|------------|-------|-----|----|----------------|------|
| Full Name of Contributor | | | | мо | DAY | YEA | R | | |
| Mailing Address | Address | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus 4) | | | | | | |
| Employer Name | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Place of City Business | | | | | State | | | Zip Code (Plus | 5 4) |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section | | | | on 3. | | ĺ | | PAGE TO | DTAL |
| | ····· | - | , | | | | \$ | | 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 | Candidate | | Report | ting Perio | od | | | | | |
|------------------------------|-------------------------|----------------------|---------|------------|-----|------|----|----------|------|--|
| | | | From: | | | То: | | | | |
| | | | | D | ATE | | | AMOUNT | | |
| Full Name | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | i | 0.00 | |
| City | State | Zip Code (| Plus 4) | | | | | | | |
| Receipt Description | | | | | 1 | 1 | | | | |
| Enter Grand Total of Part E | on Schodulo I. Dotailog | | Section | 4 | | | | PAGE TOT | AL | |
| Linter Granu Total of Part E | | i Suillillai y Page, | 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 | d | | | | | | | |
|---|------------------|----------------------------|------------------|--|--|--|--|--|--|
| PENNSYLVANIA WORKING FAMILIES PARTY IE COMMITTEE | From: | <u>1/1/2017</u> То: | <u>3/27/2017</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 PART 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, 3 | | \$ | 0.00 | | | | | | |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reporting | g 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 Detail Section 2. | | | iled Sum | mary Pag | je, | PAGE | TOTAL |
| | | | | | 4 | 6 | 0.00 |

0.00

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

| Name of Filing Committee or Candidate | | | | | Rep | porting P | eriod | | | |
|--|-------|--|------------|--------|------------------------------------|-----------|-------|---------|-----------------|--------|
| | | | | | Fro | om: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(P | lus 4) | | | | | | |
| Employer of Contributor | | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Place of City State Business | | | | State | Zip Code(Plus 4) Description | | | ption (| of Contribution | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions De | | | | taile | ed | | | | PAGE TOTAL | |

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reportin | ng Period | | | |
|--|------------------|-------------------|----------|--------------|---------------|-----------|------------------|
| PENNSYLVANIA WORKING FAMILIES P | ARTY IE COMMITTE | ≣ | From | <u>1/</u> | <u>1/2017</u> | То: | <u>3/27/2017</u> |
| | | | | DATE | | | AMOUNT |
| To Whom Paid TruCorps LLC | мо | DAY | YEAR | | | | |
| Mailing Address 228 Park Avenue Sc | | 1 | 4 | 2017 | \$ | 15,585.00 | |
| City New York | State | Zip Code (Plus 4) | Descrip | otion of Exp | penditure | | |
| | NY | 10003 | canvas | S | | | |
| To Whom Paid PFCU | <u> </u> | | мо | DAY | YEAR | | |
| Mailing Address 12800 Townsend Ro | bad | | 1 | 4 | 2017 | \$ | 20.00 |
| City Philadelphia | State | Zip Code (Plus 4) | Descrip | tion of Ex | penditure | | |
| | РА | 19154 | wire fe | e | | | |
| | | | | | PAGE TOTAL | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I | | | | | | \$ | 15,605.00 |