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 2019	0067				port ed B		CANDI	DATE		СОМ	1ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIE	END	S OF	MICHAEL	. HARV	EY						
Street Address:	5616 OSAGE	AVENUE														
City:	PHILADELPHI/	4						State:	PA			Zip Cod	le: 19	9143		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	; -	2.	30 DA		POST-	3.		AMENDM REPORT?		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	y pri	E	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2019					NG METHO				PAPER	PAPER DISKE			TTE
Name of Office S	- Sought by Candida	te:						DATE 0	F ELE	CTIO	N	Office Code	Par	ty Code	County Code	
								МО	DAY	YE	AR	Number	1	REP		
								3	1	12	2019		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	₹			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	from:		2 26	2	019	Т	0	3	2	22	2019					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			į	554.19					
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	: I)	\$			1,0	00.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			1,5	554.19					
D. Total Expen	ditures (From Sch	edule II	I)				\$			2	200.00					
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			1,3	54.19					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II	()	\$			3	45.71					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			1		
				AFF	ID/	\VI	T SE	CTION								
	s a Committee rep		_								_					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached scl	hedule	s file	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me this day of	•	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	- 		-				-					Prin	ted Name	e		
My Commission Ex	Signatu cpires	re										Ema	il			
	мо	DA	AY	YR			_		Are	ea Cod	le	Daytim	e Teleph	none Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	tical	comm	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subso	ribed before me this										Si	ignature o	of Candid	ate		
	day of						_									
	S:						-					Printe	d Name			
My Commission Exp	Signature pires											Ema	il			
	МО	D/	AY	YR	R		-		Area	Code		Da	aytime T	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF MICHAEL HARVEY	From:	<u>2/26/201</u>	<u>9</u> To:	3/22/2019
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)			\$	1,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	1,000.00
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			\$	1,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2	250.00) in the			
Name of Filing Committee or Candidate			Reporting Period From:			То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE 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 Candidate			Reporting Period					
			Fro	m:		To):	
					DATE		АМ	OUNT
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 Candidate	Reporting Period							
FRIENDS OF MICHAEL HARVEY	From:	2/26/2019	То:	3/22/2019				

DATE AMOUNT

Full Name of Contributing Committee HRCC			МО	DAY	YEAR	
Mailing Address P.O. BOX 11787			_			\$ 1,000.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	3	4	2019	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL 1,000.00

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.)

lame of Filing Committee or Candidate					Reporting Period						
				Fror	From: To:						
					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	ode (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 (Name of Filing Committee or Candidate				od			
			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	GE 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 Perio	od	
FRIENDS OF MICHAEL HARVEY	From:	2/26/2019 To :	<u>3/22/2019</u>
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)	\$	345.71
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, 1		\$	345.71

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Can	didate		Reporting	Period				
FRIENDS OF MICHAEL HARVEY			From:	<u>2/</u>	<u>/26/2019</u>	9 To : <u>3/22/201</u>		
		•		DATE			AMOUNT	
Full Name of Contributor PATRICK A. HARVEY			мо	DAY	YEAR			
Mailing Address 5616 OSAGI	E AVENUE		2	2	2019	\$	147.95	
City PHILADELPHIA	State	Zip Code (Plus 4)	7					
	PA	19143						
Description of Contribution:	AMDATCH DALM CADD	c						
Pull Name of Contributor HRCC	AMPAIGN PALM CARDS	S	МО	DAY	YEAR			
Full Name of Contributor		S	MO 3	DAY 13	YEAR 2019	\$	197.76	
Full Name of Contributor HRCC		Zip Code (Plus 4)	3			\$	197.76	
Full Name of Contributor HRCC Mailing Address P.O. BOX 11	1787		3			. \$	197.76	
Full Name of Contributor HRCC Mailing Address P.O. BOX 11 City HARRISBURG	1787 State	Zip Code (Plus 4)	3			\$	197.76	
Full Name of Contributor HRCC Mailing Address P.O. BOX 11 City HARRISBURG	State PA OSTCARDS	Zip Code (Plus 4) 17108	3	13	2019	\$	197.76 PAGE TOTAL	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
FRIENDS OF MICHAEL HARVEY	From	2/26/2019	То:	<u>3/22/2019</u>	

				DATE		AMOUNT		
To Whom Paid HOWARD MYERS			МО	DAY	YEAR			
Mailing Address 6047 N. CARMAC STREET		3	13	2019	\$	200.00		
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19141	Description of Expenditure USAGE OF PUBLIC ADDRESS SYSTEM					
Enter Crand Total of Evenenditur	vas an Dana 1. Da	mont Cover Dage Them D					PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	200.00		