### **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			Repo			CANI	DID	DATE		COMM	4ITTEE	<b>✓</b>	LOB	BYIS		
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:		PHILI	LY :	SET (	GO										-
Street Address:	1414	S PENN :	SQ UNI	T 17E															
City:	PHILA -	DELPHIA	A						State:		PA			<b>Zip Code:</b> 19102					
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	- 2	Χ.	30 DA		PO	OST-	ST- 3.		AMENDMENT REPORT?		Yes		No	<b>\</b>
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		PC	OST-	6.		TERMINA REPORT?		Yes	] [	No	<b>/</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2019					FILING METHOD  ( ) CHECK ONE						PAPER		DIS	KETTE	
Name of Office S	ought by	Candidat	e:						DATE	OF	ELE	СТІС	N	District Number	Office Code	Pa	rty Co	de Cou	
									МО		DAY	ΥI	AR					51	
									1	11		5	2019		(SEE INS	TRUCT	ONS FO	R CODES	5)
Summary of		and	МО	DAY	YEAR	1			МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONL	Y	
Expenditures	from:			4 2	. 2	019	T	0		5		6	2019						
A. Amount Bro	ught Forw	ard From	ı Last R	eport				\$		•		17,9	941.00	1					
B. Total Moneta	ary Contri	butions A	And Rec	eipts (Fron	n Sche	dule 1	I)	\$				:	350.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				18,	291.00							
D. Total Expend	ditures (F	om Sche	dule II	I)				\$				5,2	250.00						
E. Ending Cash	Balance (	Subtract	Line D	From Line	C)			\$				13,0	41.00						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II)		\$					0.00						
G. Unpaid Debt	s And Obl	igations	(From S	chedule IV	/)			\$					0.00						
					AFF	IDA'	VI	ΓSE	CTIO	N									
PART I - If this is		-	•	_						-			_			.11		-1:-e A	
I swear (or affirm) correct and comple		eport, incit	uaing the	attached sc	nedules	riieu	on i	рарег	or by ele	ctro	onic me	earum	, are to t	ne best of	ту кноч	vieage	anu b	ener , ti	ue
Sworn to and subs	cribed befo day of	re me this		20						-		5	Signature	of Persor	n Submitt	ing Re	port		
		Signatur	·e					-		-				Print	ted Name				-
My Commission Ex	pires	•								-				Emai	ı				-
	1	10	DA	ΑY	YR			_			Are	a Cod	le	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nittee	, Ca	andid	ate sha	II s	ign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and beli	ief this	politio	cal	comm	ittee has	s no	t viola	ted ar	y provis	ions of the	e act of Ju	ine 3,1	937 (1	P.L. 133	з,
Sworn to and subsc		e me this											s	ignature o	f Candida	ite			- $ $
	day of — -							-						Printe	d Name				_
	s	ignature						-		_									_
My Commission Exp														Emai	il				
	MO DAY YR									•	Area	Code		Da	ytime Te	lepho	ne Nui	nber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PHILLY SET GO	From:	4/2/201	<u>9</u> To:	5/6/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	350.00
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			\$	350.00

#### **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	Reporting Period					
			From: To			):			
		<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 Filling Committee of Candidate			Reporting Period From: To:					
			From: To				):	
					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.

ame of Filing Committee or Candidate			Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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.)

ame of Filing Committee or Candidate		Reporting Period								
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	<b>4</b> )						
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	<b>TAL</b> 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	od			
			From:			To:		
				D	ATE			AMOUNT
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			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i> 50a. <b>y</b> 1 dgc,	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		
PHILLY SET GO	From:	<u>4/2/2019</u> <b>To:</b>	<u>5/6/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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	ame of Filing Committee or Candidate				Reporting 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	ле Г		PAGE TOTAL			
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL			
						\$	0.00			

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Re	porting	Period				
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•		Occupation					
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 Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							<b>PAGE TOTAL</b> 0.00			

### **SCHEDULE III STATEMENT OF EXPENDITURES**

Name of Filing Committee or Ca	andidate		Poporti	Pariod				
Name of Filling Committee of Ca	indiuate		кероги	ng Period				
PHILLY SET GO			From	<u>4/2</u>	2/2019	То:	5/6/2019	
				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
Vote Vidas Pac			1.0					
Mailing Address PO BOX 225	664		5	1	2019	\$	1,000.00	
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure					
·	PA	19110	Contrib	ution				
<b>To Whom Paid</b> Jamie for West Philly	МО	DAY	YEAR					
Mailing Address 5121 Baltim	ore Ave		5	1	1,000.00			
City Philadelphia State Zip Code (Plus 4)				tion of Exp	enditure	1		
·	PA	19143	Contrib					
<b>To Whom Paid</b> Friends of Eryn Santamoor	·		мо	DAY	YEAR			
Mailing Address PO Box 5628	85		5	1	2019	\$	750.00	
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
·	PA	19130	contrib					
<b>To Whom Paid</b> Friends of Justin Diberadinis	<u>'</u>	·	мо	DAY	YEAR			
Mailing Address 264 E. Meeh	nan Avenue		5	1	2019	\$	750.00	
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
·	PA	19119	contrib	ution				
<b>To Whom Paid</b> Citizens for Isaiah Thomas		·	мо	DAY	YEAR			
Mailing Address 264 E. Meehan Avenue				1	2019	\$ \$	750.00	
City Philadelphia	Philadelphia State Zip Code (Plus 4				enditure	<u> </u>		
Tilliadcipilla	Philadelphia							

19119

contribution

PΑ

<b>To Whom Paid</b> Vote Kathy for Philly					YEAR				
Mailing Address P.O. Box 28	029		5	1	2019	\$	500.00		
City Philadelphia State Zip Code (Plus 4) PA 19131				Description of Expenditure contribution					
To Whom Paid Allan Domb for City Council				DAY	YEAR				
Mailing Address PO Box 58986				1	2019	\$	350.00		
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19102	<b>Descrip</b> contrib	otion of Exp ution	enditure				
To Whom Paid Kahlil for Philly			МО	DAY	YEAR				
Mailing Address P.O. Box 58	048		5	6	2019	\$	150.00		
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19102	Description of Expenditure contribution						
Enter Grand Total of Evnend	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						PAGE TOTAL		
Linter Granu rotal of Expend	itel Grand Total of Expenditures on Page 1, Report Cover Page, Item 1					\$	5,250.00		