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 202	00026			Repoi		CAN	NDI:	DATE		COM	AITTEE	~	LUB	51131	
Name of Filing C	ommittee, Candi	date or L	obbyist:	•	GREEN	FOR S	SAFE A	AND	ACCC	UNT	ABLE C	OMMUN	ITTIES			
Street Address:																
City:	PHILADELPH:	IA					State	:	PA			Zip Co	de: 19	9132		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		Р	OST-	3.		AMENDN REPORT		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 D/ ELEC		Р	OST-	6.		TERMINA REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2020				NG ME					PAPER		₩	DISKE	TTE
Name of Office S	ought by Candida	ate:	-			_	DATI	ΕO	F ELE	CTIC	N	District Number	Office Code	Pai	ty Code	County Code
REDRESENTATI	VE IN THE GENE	ΡΔΙ Δςς	EMRI Y				МО		DAY	YI	EAR	190	STH	DEI	М	
KEIKESENIATI	VE IN THE GENE	IVAL ASS	LINDLI					2	2	25	2020		(SEE IN	STRUCTI	ONS FOR C	CODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	Y	EAR	FC	OR OFFI	CE USE	ONLY	
Expenditures	trom:		12 13	20	019	ГО		2	1	.0	2020					
A. Amount Bro	ught Forward Fro	m Last R	eport			\$					0.00					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$	i			37,0	500.00					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$;			37,0	500.00					
D. Total Expend	ditures (From Sch	nedule II	I)			\$,				15.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)		\$				37,5	85.00					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	le II)	\$	<u> </u>			8	350.00					
G. Unpaid Debt	s And Obligations	s (From S	Schedule IV	')		\$,				0.00					
				AFF	IDAV	IT SE	CTIC	N								
PART I - If this is			_								_					
correct and comple) that this report, inc ete.	cluaing the	e attached sci	neaules	s filea or	1 paper	or by e	lecti	ronic me	eaium	, are to 1	ne best o	от ту кпо	wieage	and belle	er , true
Sworn to and subs	cribed before me th day of	is	20							5	Signature	of Perso	n Submit	ting Re _l	oort	
	Signat	ure				_						Prin	ited Name	e		
My Commission Ex	xpires					_		•				Ema	iil			
	МО	D	AY	YR					Are	a Coo	le	Daytin	ne Teleph	none Nu	mber	
Part II- If this is	a report of a can	ididate's	authorized	Comm	ittee,	Candid	late sh	all s	sign he	re.						
No 320) as amende		-	edge and beli	ef this	politica	l comm	ittee ha	as n	ot violat	ed ar	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this day of	•	20								s	ignature	of Candid	ate		
						_						Printe	ed Name			— I
My Commission Exp	Signature ires					_		•				Ema	nil			—
	мо	D	AY	YR		_			Area	Code		D	aytime T	elephor	ne Numb	 er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
GREEN FOR SAFE AND ACCOUNTABLE COMMUNITIES	From:	12/13/201	<u>9</u> To:	2/10/2020
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)			\$	100.00
TOTAL for the Reporting	Period	(2)	\$	100.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	37,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	37,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	J Period	(4)	\$	0.00
			I	
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			\$	37,600.00

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	e		Reporting	Period			
		1	From:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Committee			мо	DAY	YEAR		
Mailing Address		_				\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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

GREEN FOR SAFE AND ACCOUNTABLE COMMUNITIES

From: <u>12/13/2019</u> To:

DATE

2/10/2020

AMOUNT

Full Name of Contributor			мо	DAY	YEAR	
Andrea Perez						
Mailing Address						\$ 100.00
City Philadelphia	State	Zip Code (Plus 4)	12	30	2019	
	PA	19122				

PAGE TOTAL 100.00

\$

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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.

Reporting Period

GREEN FOR SAFE AND ACCOUNTA	ABLE COMMUNITIES		From:	12/1	<u>13/2019</u>	То:	<u>2</u>	<u>/10/2020</u>	
				DA	ATE.		AMOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
SEIU PA State Council							\$	10,000.00	
Mailing Address				12	31	2019	1	,	
City Harrisburg	State	Zip Cod	e (Plus 4)	12		2013			
	PA	17102							
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Local 32 BJ PA American Dream F	und				27	12/11	\$	1,250.00	
Mailing Address				12	30	2019		,	
City New York	State	Zip Cod	e (Plus 4)	12		2013			
	NY	10011							
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
SEIU HEALTHCARE PA COPE					27	12	\$	1,250.00	
Mailing Address				12	30	2019		,	
City HARRISBURG	State	Zip Cod	e (Plus 4)	12		2013			
	PA	17102							
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
PSSU LOCAL 668 SEIU COPE FUN	D						\$	25,000.00	
Mailing Address				12	30	2019		,	
City HARRISBURG	State	Zip Cod	e (Plus 4)	12		2019			
	PA	171109	602						
						Ī			

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

Name of Filing Committee or Candidate

PAGE TOTAL \$ 37,500.00

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	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL
								\$	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	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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	
GREEN FOR SAFE AND ACCOUNTABLE COMMUNITIES	From:	12/13/2019 To :	<u>2/10/2020</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)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	850.00
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		\$	850.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Car	ndidate		Reporting Period					
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	ge,	PAGE TOTAL		•
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	portin	g Pe	eriod			
GREEN FOR SAFE AND ACCOUNTABLE	COMMUNITIES			Fro	m:		12/13/201	<u>.9</u> To:		2/10/2020
				1			DATE			AMOUNT
Full Name of Contributor					мо		DAY	YEAR		
SEIU Local 668									\$	600.00
Mailing Address					1	.2	16	2019	*	000.00
City Philadelphia	State		Zip Code(Plus 4)		1					
	PA		19130							
Employer of Contributor NA			!		Оссі	ıpat	ion N	4	•	
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Z	ip C	Code(Plus 4)	Descri	otion of	Contribution
		Ph	iladelphia	PA	1	1913	30	Office	Space	
Full Name of Contributor SEIU Local 668					мо		DAY	YEAR		
Mailing Address					1	.2	16	2019	\$	150.00
	1									
City Philadelphia	State		Zip Code(Plus 4)							
City Philadelphia	State PA		Zip Code(Plus 4) 19130							
City Philadelphia Employer of Contributor NA					Оссі	upat	ion N	Α		
	РА	Cit	19130	State			cion N/Code(Plus 4)	1	otion of	Contribution
Employer of Contributor NA	РА	1	19130		e Z		Code(Plus 4)	Descri	otion of g Costs	
Employer of Contributor NA	РА	1	19130	State	e z	ip C	Code(Plus 4)	Descri Printin		
Employer of Contributor NA Employer Mailing Address/Principal Place	РА	1	19130	State	e Z	ip C	Code(Plus 4)	Descri	g Costs	
Employer of Contributor NA Employer Mailing Address/Principal Place Full Name of Contributor	РА	1	19130	State	e z	ip C	Code(Plus 4)	Descri Printin		
Employer of Contributor NA Employer Mailing Address/Principal Place Full Name of Contributor SEIU Local 668	РА	1	19130	State PA	e z	2ip C	Code(Plus 4) 30 DAY	Descrip Printin YEAR	g Costs	
Employer of Contributor NA Employer Mailing Address/Principal Place Full Name of Contributor SEIU Local 668 Mailing Address	PA ce of Business	1	ty niladelphia	State PA	e z	2ip C	Code(Plus 4) 30 DAY	Descrip Printin YEAR	g Costs	
Employer of Contributor NA Employer Mailing Address/Principal Place Full Name of Contributor SEIU Local 668 Mailing Address	PA ee of Business	1	ty hiladelphia Zip Code(Plus 4)	State PA	e z	2ip C	DAY	Printin YEAR 2019	g Costs	
Employer of Contributor NA Employer Mailing Address/Principal Place Full Name of Contributor SEIU Local 668 Mailing Address City Philadelphia	PA ce of Business State PA	1	ty niladelphia Zip Code(Plus 4) 19130	State PA	MO 1		DAY	Printin YEAR 2019	g Costs	
Employer of Contributor NA Employer Mailing Address/Principal Place Full Name of Contributor SEIU Local 668 Mailing Address City Philadelphia Employer of Contributor NA	PA ce of Business State PA	Cit	ty niladelphia Zip Code(Plus 4) 19130	State PA	MO 1		DAY 16 cion NA Code(Plus 4)	Printin YEAR 2019 A Descrip	g Costs	100.00 Contribution
Employer of Contributor NA Employer Mailing Address/Principal Place Full Name of Contributor SEIU Local 668 Mailing Address City Philadelphia Employer of Contributor NA	PA Se of Business State PA Se of Business	Cit Ph	ty hiladelphia Zip Code(Plus 4) 19130 ty hiladelphia	State PA State PA	MO 1 Occure Z	Zip C	DAY 16 cion NA Code(Plus 4)	Printin YEAR 2019 A Descrip	\$ \$	100.00 Contribution

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
GREEN FOR SAFE AND ACCOUNTABLE COMMUNITIES	From	12/13/2019	То:	2/10/2020

				DATE		AMOUNT
To Whom Paid			мо	DAY	YEAR	
TD Bank			140		I LAK	
Mailing Address			12	31	2019	\$ 15.00
City East Cherry Hill	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	
	NJ	08034	Wire Tr	ansfer Fee		
						PAGE TOTAL
Enter Grand Total of Expen	\$ 15.00					