### **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 201	90386			Rep File	ort	y :	CANDI	DATE		СОМ	<b>ITTEE</b>	✓	LOBE	SYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		СНА	RLC	TTE (	GREER FO	OR PA								
Street Address:	2233 WEST	HAROLD	STREET														
City:	PHILADELPH	IA						State:	PA			<b>Zip Code:</b> 19132					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	<b>~</b>	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	Ē- 5	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	<b>~</b>	
report type)	ANNUAL REPOR	<b>T</b> 7. <b>X</b>	<b>Year</b> 2019					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	ought by Candid	ate:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
								МО	DAY	YE	AR	Number	code	DEM	1	Couc	
								11		5	2019		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	2			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		11 26	2	019	Т	<u> </u>	12	:	31	2019						
A. Amount Bro	ught Forward Fro	m Last R	leport				\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$			۷	100.00						
C. Total Funds	Available (Sum C	of Lines A	and B)				\$			۷	100.00						
D. Total Expen	ditures (From Sc	hedule II	I)				\$			3	92.44						
E. Ending Cash	Balance (Subtra	ct Line D	From Line (	C)			\$				7.56						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II	)	\$			6	50.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	)			\$				0.00			1			
				AFF	IDA	١٧٧	T SE	CTION									
PART I - If this is		-	_														
I swear (or affirm) correct and comple	) that this report, in ete.	cluding the	e attached scl	nedule	s filed	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 th day of	is	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signat						- -					Prin	ted Name	e			
My Commission Ex	Signat opires	ure										Emai	il				
	мо	D	AY	YR			-		Are	ea Cod	le	Daytim	e Teleph	none Nu	mber		
Part II- If this is	a report of a car	ndidate's	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	polit	ical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subsc	ribed before me thi	5									s	ignature o	of Candid	ate			
	day of		_ 20				_					Drinto	d Name				
	Signature	<u> </u>					-										
My Commission Exp	_										_	Ema	il	_			
	МО	D	AY	YR	l		•		Area	Code		Da	aytime T	elephon	e Numbe	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -							
Name of Filing Committee or Candidate	Reporting Period						
CHARLOTTE GREER FOR PA	From:	11/26/201	<u>9</u> To:	12/31/2019			
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)			\$	400.00			
TOTAL for the Reporting	) Period	(2)	\$	400.00			
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			\$	400.00			

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-					
Name of Filing Comm		Reporting Period								
			Fro	om:		То	:			
		L			DATE			AMOUNT		
Full Name of Contribut	ing Committee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)	)							
	•	•				-		DAGE TOTAL		

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

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 Candidat	e		Rep	orting Po	eriod			
CHARLOTTE GREER FOR PA			Fro	m:	11/26/	2019 <b>T</b> o	<b>)</b> :	12/31/2019
					DATE			AMOUNT
Full Name of Contributor SANDRA JOHNSON				МО	DAY	YEAR		
Mailing Address 602 ELKINS AVENU	JE						\$	100.00
City PHILADELPHIA	State	Zip Code (Plus 4)		11	30	2019		
	PA	19120						
Full Name of Contributor WEATTA FRAZIER-COLLINS				МО	DAY	YEAR		
Mailing Address 1469 F. WASHINGT	ON AVE						\$	100.00
City AMBLER	State	Zip Code (Plus 4)		12	3	2019		
, <u></u>	PA	19002						
Full Name of Contributor				мо	DAY	YEAR		
ANTHONY STAMPS								
Mailing Address 1208 W. OXFORD S	STREET						\$	200.00
City PHILADELPHIA	State	Zip Code (Plus 4)		12	16	2019		
	PA	19122						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, So	ection 2	·•		\$	400.00

#### **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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod					
			Fron	n:		To	<b>)</b> :			
				D	ATE		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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	ting Perio	bd			
			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	E 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 Peri	od	
CHARLOTTE GREER FOR PA	From:	<u>11/26/2019</u> <b>To:</b>	<u>12/31/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	ł .	
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)	\$	150.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	500.00
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		\$	650.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

		From:				
			11/	26/2019	То:	12/31/2019
	•		DATE			AMOUNT
		мо	DAY	YEAR		
L		12	12	2019	\$	150.00
State	Zip Code (Plus 4)					
PA	19123					
edule II, In-Kir	nd Contributions Deta	iled Sumi	mary Pag			PAGE TOTAL 150.00
	PA	State Zip Code (Plus 4) PA 19123	MO	L 12 12 12 PA 19123	MO DAY YEAR  12 12 2019    State   Zip Code (Plus 4)   PA 19123   PA   PA   PA   PA   PA   PA   PA   P	MO DAY YEAR

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

Name of Filing Committee or Candidate	Reporting Period						
CHARLOTTE GREER FOR PA	From:	11/26/2019 <b>To</b> :	12/31/2019				

				DATE		AMOUNT
			МО	DAY	YEAR	
EHIGH AVE.						<b>\$</b> 500.00
State		Zip Code(Plus 4)	11	30	2019	
PA		19133				
•			Occupa	tion	1	•
oal Place of	City	State	Zip 4)	Code(Plus	Descri	ption of Contribution
on Schedule II,	 In-Kind	 Contributions Det	ailed		<u> </u> 	<b>PAGE TOTAL</b> 500.00
	State PA pal Place of	State PA  Dal Place of City	State   Zip Code(Plus 4)   19133   Place of   City   State	EHIGH AVE.    State	EHIGH AVE.    State	EHIGH AVE.  State   Zip Code(Plus 4)   11   30   2019   PA   19133   Occupation   Dal Place of   City   State   Zip Code(Plus 4)   Descri

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reporti	ng Period			
CHARLOTTE GREER FOR PA			From	11/2	<u>5/2019</u>	То:	12/31/2019
				DATE			AMOUNT
To Whom Paid DOCUCARE COPY SERVICE			мо	DAY	YEAR		
Mailing Address 900 N BROAL	) STREET		12	13	2019	\$	54.08
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19130		otion of Exp S OF FLYER			
To Whom Paid ERAN AHBUER			мо	DAY	YEAR		
Mailing Address 1014 N MARS	ling Address 1014 N MARSHALL STREET						100.00
City PHILADELPHIA	<b>State</b> PA		otion of Exp				
To Whom Paid DOCUCARE COPY SERVICE			мо	DAY	YEAR		
Mailing Address 900 N BROAL	) ST		12	30	2019	\$	11.58
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19130	<b>Descrip</b> COPIES	otion of Exp	oenditure	2	
To Whom Paid DOCUCARE COPY SERVICE			МО	DAY	YEAR		
Mailing Address 900 N BROAL	) ST		1	21	2019	\$	33.48
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19130		otion of Exp 8 & Fl		2	
To Whom Paid JEISHE PATTERSON			МО	DAY	YEAR		
Mailing Address 1933 CECIL E	3. MOORE AVE		12	31	2019	\$	50.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure	•	

19121

PA

To Whom Paid			М0	DAY	YEAR			
FRIEND OF ROCHELL BILAL INAUGURATION GALA			МО	DAY	YEAR			
Mailing Address P.O. BOX 14140			12	26	2019	\$	100.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	PA	19138	INAUGURATION GALA					
To Whom Paid DOLLAR TREE			МО	DAY	YEAR			
Mailing Address 1100 W GIRARD AVE			12	12	2019	\$	19.64	
City PHILADELPHIA	Zip Code (Plus 4)	Description of Expenditure						
	PA		FOOD & ITEMS FUNDRAISER					
To Whom Paid LITTLE CAESARS PIZZA			МО	DAY	YEAR			
Mailing Address 1100 W GIRARD AVENUE			12	12	2019	\$	23.74	
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19123	FOOD FUNDRAISERS					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Report	t Cover Page, Item D	•			\$	392.52	