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 :	Filer Identification 20150069 Number :						; y :	CANI	DID	ATE		СОМ	MITTEE 🗸		LOBBYIST					
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		PHIL	LLY	SET G	50												
Street Address:	1414 S PENN	SQ UNI	T 17E																	
City:	PHILADELPHI/	4						State: PA						Zip Code: 19102						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	ND FRIDAY PRE- 2. 30 RIMARY PR					PC	POST- 3.			AMENDMENT Yes REPORT?			No		\		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PR	E- !	5.	30 DA		POST- 6. X			TERMINATION Yes No REPORT?				•	\			
report type)	ANNUAL REPORT	7.	Year 2020					NG MET CHECK					PAPER	PAPER DISKETTE						
Name of Office S	- Sought by Candida	te:						DATE	OF	ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Coun			
								МО		DAY	YE	AR		1						
								1	.1		3	2020		(SEE IN	STRUCTI	ONS FOR O	ODES))		
	Receipts and	МО	DAY	YEAF	2			МО		DAY	YE	AR	FO	R OFFI	CE USE	ONLY				
Expenditures	s from:		10 20	2	020	Т	0	1	1	2	23	2020								
A. Amount Brought Forward From Last Report \$									12,2	241.00										
B. Total Monetary Contributions And Receipts (From Schedule I)							\$					0.00								
C. Total Funds Available (Sum Of Lines A and B)							\$				12,2	241.00								
D. Total Expen	ditures (From Sch	edule II	I)				\$				1,0	00.00								
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$				11,2	41.00								
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$					0.00								
G. Unpaid Debt	s And Obligations	(From S	Schedule I	/)			\$					0.00			1					
				AFF	IDA	١٧٧	T SE	CTIO	٧											
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If thi	is is	a Car	ndidate	rep	port, c	andio	date sig	ın here.							
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached so	hedule	s filed	d on	paper	or by ele	ctro	onic me	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ue		
Sworn to and subs	cribed before me this day of	i	20						-		s	ignature	of Perso	n Submit	ting Rep	ort		-		
	Signatu	ra					- -		-				Prin	ted Name	e			-		
My Commission Ex	_								-				Emai	il				-		
	мо	D	AY	YR					-	Are	a Cod	e	Daytim	e Teleph	none Nu	mber		_		
Part II- If this is	a report of a cand	didate's	authorized	Comr	nitte	e, C	andid	ate sha	II s	ign he	re.									
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and bel	ief this	s polit	ical	comm	ittee has	s no	t violat	ed an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,		
Sworn to and subsc	ribed before me this											Si	ignature o	of Candid	ate			-		
	day of		_ 20 				-						Printe	d Name				-		
	Signature						-		_									_		
My Commission Exp	_								_				Ema	il						
	МО	D	AY	YF	ł		•		•	Area	Code		Daytime Telephone Number							

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PHILLY SET GO	From:	10/20/202	<u>0</u> To:	11/23/2020
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)	\$	0.00		
TOTAL for the Reporting	\$	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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•						
Name of Filing Comm	Name of Filing Committee or Candidate Re				Reporting Period						
			Fre	om:		То	:				
		1			DATE			AMOUNT			
Full Name of Contribution	ng Committee			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

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 Fining Committee of Candidate			Reporting Period					
F						o:		
					DATE		АМО	DUNT
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				
			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.)

NT
0.00
us 4)
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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Per	od	
PHILLY SET GO	From:	<u>10/20/2020</u> To:	11/23/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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	Reporting Period						
	From:			То:			
				DATE			AMOUNT
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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	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					Re	porting	Period				
						From:			То:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State	Zip Code(Plus 4)									
Employer of Contributor	•				Occupation						
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						ed					PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period							
PHILLY SET GO				From	10/20	11/23/2020					
					DATE AMOU						
To Whom Paid Friends of Elizabeth Fiedler					DAY	YEAR					
Mailing Address P.O. Box 2468				10	20	2020	\$	500.00			
City PHILADELPHIA	State PA		Zip Code (Plus 4) 19147	Description of Expenditure Contribution for Get Out the Vote							
To Whom Paid Rick For West Philly					DAY	YEAR					
Mailing Address 4943 Chestnut St Apt 2			10	20	2020	\$	500.00				
City PHILADELPHIA	State PA		Zip Code (Plus 4) 19139	Descrip Contrib							