Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 20150211 Report Filed By : CANDIDATE COMMITTEE									√	LOB	BYIST							
Name of Filing C	Committee, Candid	late or L	obbyist:	•	DIST	RIC	CT CO	UNCI	L 33	3 POLI	TICA	L CONT	RIBUTIO	NS SSI	=			
Street Address:	3001 WALNU	T ST																
City:	PHILADELPHI	.A						State	e:	PA			Zip Code: 19104					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA		Р	OST-	3.		AMENDM REPORT?		Yes		lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	i.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	 	lo	\
report type)	ANNUAL REPORT	7. X	Year 2020					IG ME CHEC					PAPER		\	DIS	ETTE	
Name of Office S	Sought by Candida	- ite:						DAT	ΕO	F ELE	CTIO	N	District Number	Office Code	Pai	rty Coo	e Cou	
	,							МО		DAY	YE	AR	Number	Couc			1000	
									11		3	2020		(SEE IN:	STRUCTI	ONS FO	R CODES	5)
	Receipts and	МО	DAY	YEAR				МО		DAY	YE	AR	FO	R OFFI	E USE	ONL	1	
Expenditures	from:		1 1	20	020	T	0		12		31	2020						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																		
C. Total Funds Available (Sum Of Lines A and B)							\$					0.00						
D. Total Expen	ditures (From Sch	edule II	I)				\$				2,5	00.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				(2,50	0.00)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II))	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')			\$					0.00						
				AFF	IDA	VI	ΓSE	CTIC	N									
	s a Committee rep	•	=							• •								
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sc	hedules	filed	on	paper	or by e	lectr	onic m	edium	, are to t	he best of	my knov	vledge	and be	elief , tr	rue
Sworn to and subs	cribed before me thi day of	s	20								s	ignature	of Persor	Submitt	ing Re	port		
	Signati						· -						Print	ed Name	1			_
My Commission Ex	_												Emai	l				-
	МО	D	AY	YR			_		,	Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee	e, Ca	andid	ate sh	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of e	my knowle	edge and beli	ef this	politi	cal	comm	ittee h	as no	ot viola	ted an	y provisi	ions of the	act of J	ıne 3,1	937 (F	.L. 133	з,
Sworn to and subsc	ribed before me this											Si	ignature o	f Candida	ite			-
	day of 						-						Drinta	d Name				_
	Signature						-						Frinte	u Name				
My Commission Exp	_								•				Emai	I				_
	мо	D	AY	YR			•			Area	Code		Da	ytime T	elephoi	ne Nun	nber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	n Period		
g committee of camerana	Keporting	y renou		
DISTRICT COUNCIL 33 POLITICAL CONTRIBUTIONS SSF	From:	1/1/202	<u>0</u> To:	12/31/2020
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) 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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the			
Nume of Fining Comm	intec of cumulate			om:	renou	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 Cand	idate		Rep	oorting P	eriod			
			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	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.)

Name of Filing Committee or Ca	ame of Filing Committee or Candidate					eriod			
				Fron	m:		To):	
					D	ATE		АМ	IOUNT
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/Princ Business	ipal Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C o	on Schedule I, Detai	led Sumr	mary Page,	Section	on 3.			P <i>#</i>	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 Period		
DISTRICT COUNCIL 33 POLITICAL CONTRIBUTIONS SSF	From:	<u>1/1/2020</u> To:	12/31/2020
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)	\$	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	ate		Reporting	g 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 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 Candidat	ame of Filing Committee or Candidate				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
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 Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
DISTRICT COUNCIL 33 POLITICAL CONTRIBUTIONS SSF	From	1/1/2020	То:	12/31/2020

	DATE						AMOUNT
To Whom Paid FRIENDS OF SHARIF STREET			МО	DAY	YEAR		
Mailing Address 1421 W SUSQUEHANNA AVE			5	26	2020	\$	2,500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19121	Description of Expenditure POLITICAL CONTRIBUTION				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	PAGE TOTAL 2,500.00