# **Campaign Finance Report**

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

| Filer Identificat                               | ion 990                        | 0251        |                     |                                | Rep      |        |                | CANDI       | DATE       | СОМ          | MITTEE             | $\checkmark$           | LOBI         | BYIST        |                |  |  |
|---|--------------------------------|-------------|---------------------|--------------------------------|----------|--------|----------------|-------------|------------|--------------|--------------------|------------------------|--------------|--------------|----------------|--|--|
| Number :  |                                |             |                     |                                | File     |        | -              |             |            |              |                    |                        |              |              |                |  |  |
| Name of Filing                                  | Committee, Candi               |             | -                   |                                | WAR      | D 1    | 6 DEI          | M EXEC (    | LOM        |              |                    |                        |              |              |                |  |  |
| Street Address:                                 | 2315 W CUN                     | 1BERLAN     | D ST                |                                |          |        |                |             |            |              | •                  |                        |              |              |                |  |  |
| City:   | PHILADELPH                     | IIA         |                     |                                |          |        |                | State:      | PA         |              | Zip Co             | <b>Zip Code:</b> 19132 |              |              |                |  |  |
| TYPE OF<br>REPORT                               | 6TH TUESDAY<br>PRE-PRIMARY     | 1.          | 2ND FRID<br>PRIMARY | AY PRE                         | :- 2     |        | 30 DA<br>PRIMA |             | POST-      | 3.           | AMENDN<br>REPORT   |                        | Yes          | No           | $\checkmark$   |  |  |
| (place X to<br>the right of                     | 6TH TUESDAY<br>PRE-ELECTION    | 4. <b>X</b> | 2ND FRID            |                                | E- 5     |        | 30 DA<br>ELECT |             | POST- 6    | 5.           | TERMIN<br>REPORT   | Yes                    | No           | $\checkmark$ |                |  |  |
| report type)                                    | ANNUAL REPOR                   | <b>T</b> 7. | <b>Year</b> 2004    | Year 2004 FILING METH () CHECK |          |        |                |             |            |              | PAPER              |                        | $\checkmark$ | DISKE        | TTE            |  |  |
| Name of Office                                  | L<br>Sought by Candid          | ate:        |                     |                                |          |        |                | DATE O      | F ELEC     | TION         | District<br>Number | Office<br>Code         | Par          | ty Code      | County<br>Code |  |  |
|   |                                |             |                     |                                |          |        |                | мо          | DAY        | YEAR         |                    |                        |              |              |                |  |  |
|   |                                |             |                     |                                |          |        |                | 11          | 2          | 2 2004       |                    | (SEE INS               | TRUCTI       | ONS FOR (    | ODES)          |  |  |
| Summary of                                      | Receipts and                   | мо          | DAY                 | YEAF                           | ર        |        |                | мо          | DAY        | YEAR         | FC                 | OR OFFIC               | E USE        | ONLY         |                |  |  |
| Expenditure                                     | s from:                        |             | 1                   | 1                              | 1        | Т      | D              | 9           | 1          | 3 2004       |                    |                        |              |              |                |  |  |
| A. Amount Bro                                   | ought Forward Fro              | om Last R   | eport               |                                |          |        | \$             |             |            | 1,714.99     |                    |                        |              |              |                |  |  |
| B. Total Monet                                  | ary Contributions              | s And Rec   | eipts (Fro          | m Sche                         | edule    | I)     | \$             | \$ 75.00    |            |              |                    |                        |              |              |                |  |  |
| C. Total Funds Available (Sum Of Lines A and B) |                                |             |                     |                                |          |        |                |             |            | 1,789.99     |                    |                        |              |              |                |  |  |
| D. Total Expen                                  | ditures (From Sc               | hedule II   | I)                  |                                |          |        | \$             |             |            | 1,567.26     |                    |                        |              |              |                |  |  |
| E. Ending Cash                                  | n Balance (Subtra              | ct Line D   | From Line           | e C)                           |          |        | \$             |             |            | 222.73       |                    |                        |              |              |                |  |  |
| F. Value Of In-                                 | Kind Contributio               | ns Receiv   | ed (From S          | Schedu                         | le II)   | )      | \$             |             |            | 0.00         | 4                  |                        |              |              |                |  |  |
| G. Unpaid Deb                                   | ts And Obligation              | s (From S   | Schedule I          | V)                             |          |        | \$             |             |            | 0.00         |                    |                        |              |              |                |  |  |
|   |                                |             |                     | AFF                            | IDA      | VIT    | SE             | CTION       |            |              |                    |                        |              |              |                |  |  |
| PART I - If this i                              | s a Committee re               | port, trea  | surer sign          | here.                          | If thi   | s is   | a Can          | didate re   | eport, ca  | indidate si  | gn here.           |                        |              |              |                |  |  |
| I swear (or affirm<br>correct and comp          | ) that this report, in<br>ete. | cluding the | e attached s        | chedule                        | s filed  | on p   | aper o         | or by elect | ronic mee  | dium, are to | the best o         | f my knov              | vledge       | and beli     | ef , true      |  |  |
| Sworn to and sub                                | scribed before me th<br>day of | nis         | 20                  |                                |          |        |                |             |            | Signatur     | e of Perso         | n Submitt              | ing Rep      | oort         |                |  |  |
|   | Signat                         | ure         |                     |                                |          |        | -              |             |            |              | Prin               | ted Name               |              |              |                |  |  |
| My Commission E                                 | -                              |             |                     |                                |          |        |                |             |            |              | Ema                | il                     |              |              |                |  |  |
|   | мо                             | D           | AY                  | YR                             |          |        | -              |             | Area       | a Code       | Daytin             | ne Teleph              | one Nu       | mber         |                |  |  |
| Part II- If this is                             | a report of a ca               | ndidate's   | authorize           | d Comr                         | nittee   | e, Ca  | ndida          | ate shall   | sign hei   | ·e.          |                    |                        |              |              |                |  |  |
| I swear (or affirm<br>No 320) as amend          | ) that to the best of<br>ed.   | my knowle   | edge and be         | lief this                      | s politi | ical ( | commi          | ttee has n  | ot violate | d any provis | sions of th        | e act of Ju            | ine 3,1      | 937 (P.L     | . 1333,        |  |  |
| Sworn to and subs                               | cribed before me thi<br>day of | s           | 20                  |                                |          |        |                |             |            | 5            | Signature          | of Candida             | ite          |              |                |  |  |
|   |                                |             |                     |                                |          |        |                |             |            |              | Printe             | ed Name                |              |              |                |  |  |
|   | Signature                      | •           |                     |                                |          |        |                |             |            |              | P                  |                        |              |              |                |  |  |
| My Commission Ex                                | pires                          |             |                     |                                |          |        |                |             |            |              | Ema                |                        |              |              |                |  |  |
|   | мо                             | D           | AY                  | YF                             | 2        |        |                |             | Area C     | ode          | D                  | aytime Te              | elephon      | e Numb       | er             |  |  |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** WARD 16 DEM EXEC COM From: To: <u>9/13/2004</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 75.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 75.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 Candidate |  |  |  | porting | Period |      |    |            |
|---------------------------------------|--|--|--|---------|--------|------|----|------------|
| Fr                                    |  |  |  | om:     |        | То   | :  |            |
|                                       |  |  |  |         | DATE   |      |    | AMOUNT     |
| Full Name of Contributing Committee   |  |  |  | мо      | DAY    | YEAR |    |            |
| Mailing Address                       |  |  |  |         |        |      | \$ | 0.00       |
| City State Zip Code (Plus 4)          |  |  |  |         |        |      |    |            |
|                                       |  |  |  |         |        |      | ſ  | PAGE TOTAL |

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

\$

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |       |                   |     |           |       |      |    |            |
|---|-------|-------------------|-----|-----------|-------|------|----|------------|
| Name of Filing Committee or Candidat  | e     |                   | Rep | orting Po | eriod |      |    |            |
| From: To:   |       |                   |     |           |       |      | ): |            |
|   |       |                   |     |           | DATE  |      |    | AMOUNT     |
| Full Name of Contributor  |       |                   |     | 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  |       |                   |     |           |       |      |    |            |

# 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 Commit      | ttee               |               |                  | мо   | DAY | YEAR |    |            |
| Mailing Address                       |                    |               |                  |      |     |      | \$ | 0.00       |
| City                                  | State              | Zip Cod       | e (Plus 4)       |      |     |      |    |            |
|                                       |                    |               |                  |      |     | ſ    |    | PAGE TOTAL |
| Enter Grand Total of Part C on        | Schedule I, Detail | ed Summary Pa | age, Sectio      | n 3. |     |      | \$ | 0.00       |

## PART D 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 | Reporting Period |     |  |  |
|---------------------------------------|------------------|-----|--|--|
|                                       | From:            | То: |  |  |

|  |                        |           |                  | D       | ATE   |      | АМ       | OUNT     |
|--|------------------------|-----------|------------------|---------|-------|------|----------|----------|
| Full Name of Contributor                         |                        |           |                  | мо      | DAY   | YEAR |          |          |
| Mailing<br>Address                               |                        |           |                  |         |       |      | \$       | 0.00     |
| City   | State                  | Zi        | p Code (Plus 4)  |         |       |      |          |          |
| Employer Name                                    |                        |           |                  | Occupat | tion  |      |          |          |
| Employer Mailing Address/Principal P<br>Business | lace of                |           | City             |         | State |      | Zip Code | (Plus 4) |
| Enter Grand Total of Part C on Sc                | hedule I <i>,</i> Deta | iled Sumr | narv Page, Secti | on 3.   |       | Γ    | PA       | GE TOTAL |
|  | ,                      |           | , . <u>.</u>     | -       |       |      | \$       | 0.00     |

I

## PART E **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 Can   | Name of Filing Committee or Candidate |                 |         | ting Perio | od        |      |    |         |      |
|-----------------------------------|---------------------------------------|-----------------|---------|------------|-----------|------|----|---------|------|
| F                                 |                                       |                 |         |            | From: To: |      |    |         |      |
|                                   |                                       |                 |         | D          | ATE       |      |    | AMOUNT  |      |
| Full Name                         |                                       |                 |         | мо         | DAY       | YEAR |    |         |      |
| Mailing Address                   |                                       |                 |         |            |           |      | \$ | i       | 0.00 |
| City                              | State                                 | Zip Code (      | Plus 4) |            |           |      |    |         |      |
| Receipt Description               |                                       |                 |         |            |           | 1    |    |         |      |
| Enter Grand Total of Part E on S  | Schedule I. Detailed                  | L Summary Page  | Section | 4          |           |      |    | PAGE TO | AL   |
| Linter Grand Total OF Part E OF S | chedule 1, Detailet                   | i Summaly Paye, | 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   | <b>Reporting Period</b> |     |                  |
|---|-------------------------|-----|------------------|
| WARD 16 DEM EXEC COM  | From:                   | То: | <u>9/13/2004</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | ER CONTRIBUTOR          |     |                  |
| TOTAL for the Reporting Pe  | riod (1)                | \$  | 0.00             |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR  | T F)                    |     |                  |
| TOTAL for the Reporting Pe  | riod (2)                | \$  | 0.00             |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)  |                         |     |                  |
| TOTAL for the Reporting Pe  | riod (3)                | \$  | 0.00             |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                         | \$  | 0.00             |

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate Re  |       |                   | Reporting Period |          |      |      |       |  |
|---|-------|-------------------|------------------|----------|------|------|-------|--|
|   | From: |                   |                  |          |      |      |       |  |
|   |       |                   |                  | DATE     |      | АМО  | UNT   |  |
| 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 Schedule II, In-Kind Contributions Detail Section 2. |       |                   | iled Sum         | mary Pag | je,  | PAGE | TOTAL |  |
|   |       |                   |                  |          | 4    | 6    | 0.00  |  |

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

| Name of Filing Committee or Candidate                              |       |  |            | Reporting Period |     |           |           |        |          |              |
|--|-------|--|------------|------------------|-----|-----------|-----------|--------|----------|--------------|
|  |       |  |            |                  | Fro | From: To: |           |        |          |              |
|  |       |  |            |                  |     |           | DATE      |        |          | AMOUNT       |
| Full Name of Contributor   |       |  |            |                  |     | мо        | DAY       | YEAR   |          |              |
| Mailing Address  |       |  |            |                  |     |           |           |        | \$       | 0.00         |
| City   | State |  | Zip Code(F | Plus 4)          |     |           |           |        |          |              |
| Employer of Contributor  |       |  |            |                  |     | Occupat   | tion      |        | •        |              |
| Employer Mailing Address/Principal Place of City State<br>Business |       |  |            | State            |     | Zip<br>4) | Code(Plus | Descri | ption of | Contribution |

| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed | PAGE TOTAL |
|--|------------|
| Summary Page, Section 3.   | 0.00       |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |       |                   | Reportir                | ng Period   |           |     |        |  |  |
|---------------------------------------|-------|-------------------|-------------------------|---|-----------|-----|--------|--|--|
| WARD 16 DEM EXEC COM                  |       |                   | From                    |   |           | То: |        |  |  |
|                                       |       |                   |                         | DATE  |           |     | AMOUNT |  |  |
| To Whom Paid<br>URBAN CABLEWORKS      |       |                   | мо                      | DAY   | YEAR      |     |        |  |  |
| Mailing Address                       |       |                   | 6                       | 8   | 2004      | \$  | 93.93  |  |  |
| City                                  | State | Zip Code (Plus 4) |                         | Description of Expenditure<br>2315 CUBERLAND ST CABLE |           |     |        |  |  |
| To Whom Paid<br>MF JANISON SALES      |       |                   |                         | DAY   | YEAR      |     |        |  |  |
| Mailing Address                       |       |                   |                         | 16  | 2004      | \$  | 250.00 |  |  |
| City State Zip Code (Plus 4)          |       |                   |                         | Description of Expenditure<br>SUMMER ACTIVITIES       |           |     |        |  |  |
| <b>To Whom Paid</b><br>ERIZON         |       |                   | мо                      | DAY   | YEAR      |     |        |  |  |
| Mailing Address                       |       |                   | 7                       | 16  | 2004      | \$  | 21.75  |  |  |
| City                                  | State | Zip Code (Plus 4) | <b>Descrip</b><br>PHONE | tion of Exp   | benditure |     |        |  |  |
| <b>To Whom Paid</b><br>PECO           |       |                   | мо                      | DAY   | YEAR      |     |        |  |  |
| Mailing Address                       |       |                   | 7                       | 16  | 2004      | \$  | 53.57  |  |  |
| City                                  | State | Zip Code (Plus 4) | Descrip<br>ELECTR       | otion of Exp<br>RIC                                   | oenditure |     |        |  |  |
| To Whom Paid<br>VERIZON               |       |                   | мо                      | DAY   | YEAR      |     |        |  |  |
| Mailing Address                       |       |                   | 7                       | 18  | 2004      | \$  | 21.69  |  |  |
| City                                  | State | Zip Code (Plus 4) |                         | tion of Exp<br>/ CUMBERI                              |           |     |        |  |  |

| To Whom Paid<br>PECO               |                         |                   | мо  | DAY  | YEAR  |    |        |  |  |
|------------------------------------|-------------------------|-------------------|---|--|---|----|--------|--|--|
| Mailing Address                    |                         |                   | 7   | 18   | 2004  | \$ | 64.64  |  |  |
| ity State Zip Code (Plus 4)        |                         |                   | Description of Expenditure<br>2315 CUMBERLAND ST        |  |   |    |        |  |  |
| To Whom Paid<br>URBAN CABLEWORKS   |                         |                   | мо  | DAY  | YEAR  |    |        |  |  |
| Mailing Address                    |                         |                   |   |  |   | \$ | 104.05 |  |  |
| City                               | State Zip Code (Plus 4) |                   |   |  | Description of Expenditure<br>2315 W CAUMBERLAND ST |    |        |  |  |
| To Whom Paid<br>PECO               |                         |                   | мо  | DAY  | YEAR  |    |        |  |  |
| Mailing Address                    |                         |                   |   |  |   | \$ | 31.93  |  |  |
| City                               | State                   | Zip Code (Plus 4) | Description of Expenditure<br>ELECTRIC BILL             |  |   |    |        |  |  |
| To Whom Paid<br>VERIZON            |                         |                   | мо  | DAY  | YEAR  |    |        |  |  |
| Mailing Address                    |                         |                   |   |  |   | \$ | 96.46  |  |  |
| City                               | State Zip Code (Plus 4) |                   |   | Description of Expenditure<br>TELE BILL CHECK BY PHONE |   |    |        |  |  |
| To Whom Paid<br>WATER REVENUE DEPT |                         |                   | мо  | DAY  | YEAR  |    |        |  |  |
| Mailing Address                    |                         |                   |   |  |   | \$ | 77.20  |  |  |
| City                               | State                   | Zip Code (Plus 4) | Description of Expenditure<br>2315 W CUMBERLAND (WATER) |  |   |    |        |  |  |
| To Whom Paid<br>URBAN CABLEWORKS   |                         |                   | мо  | DAY  | YEAR  |    |        |  |  |
| Mailing Address                    |                         |                   |   |  |   | \$ | 10.12  |  |  |
| City                               | State                   | Zip Code (Plus 4) | Description of Expenditure<br>CABLE                     |  |   |    |        |  |  |

| To Whom Paid  |       |                   |   |   |  |    |        |  |  |
|---|-------|-------------------|---|---|--|----|--------|--|--|
| PGW   |       |                   | мо  | DAY   | YEAR   |    |        |  |  |
|   |       |                   |   |   |  |    |        |  |  |
| Mailing Address   |       |                   |   |   |  | \$ | 61.68  |  |  |
| City  | State | Zip Code (Plus 4) | Descrip   | tion of Exp   | oenditure  |    |        |  |  |
|   |       |                   | GAS HEAT  |   |  |    |        |  |  |
|   |       |                   |   |   |  |    |        |  |  |
| To Whom Paid<br>URBAN CABLEWORKS  |       |                   | мо  | DAY   | YEAR   |    |        |  |  |
|   |       |                   |   |   |  |    |        |  |  |
| Mailing Address   |       |                   |   |   |  | \$ | 104.05 |  |  |
| City  | State | Zip Code (Plus 4) | Decerir   | tion of Exr   | ondituro   |    |        |  |  |
|   |       |                   |   | Description of Expenditure<br>CABLE                                     |  |    |        |  |  |
|   |       |                   |   |   |  | 1  |        |  |  |
| To Whom Paid  |       |                   | мо  | DAY   | YEAR   |    |        |  |  |
| PECO  |       |                   |   |   |  |    |        |  |  |
| Mailing Address   |       |                   | 5   | 20  | 2004   | \$ | 45.64  |  |  |
| City State Zip Code (Plus 4)  |       |                   | Description of Expenditure                                      |   |  |    |        |  |  |
|   |       |                   |   | ELECTRIC  |  |    |        |  |  |
|   |       |                   |   |   |  |    |        |  |  |
|   |       | •                 |   |   |  |    |        |  |  |
| To Whom Paid<br>VFRIZON   |       |                   | мо  | DAY   | YEAR   |    |        |  |  |
| To Whom Paid<br>VERIZON   |       |                   | мо  | DAY   | YEAR   |    |        |  |  |
|   |       |                   | <b>мо</b><br>5  | <b>DAY</b> 20   | <b>YEAR</b> 2004   | \$ | 21.81  |  |  |
| VERIZON   | State | Zip Code (Plus 4) | 5   |   | 2004   |    | 21.81  |  |  |
| VERIZON<br>Mailing Address  | State | Zip Code (Plus 4) | 5   | 20<br>ption of Exp  | 2004   |    | 21.81  |  |  |
| VERIZON<br>Mailing Address<br>City  | State | Zip Code (Plus 4) | 5<br>Descrip  | 20<br>ption of Exp  | 2004   |    | 21.81  |  |  |
| VERIZON<br>Mailing Address<br>City<br>To Whom Paid  | State | Zip Code (Plus 4) | 5<br>Descrip  | 20<br>ption of Exp  | 2004   |    | 21.81  |  |  |
| VERIZON<br>Mailing Address<br>City  | State | Zip Code (Plus 4) | 5<br><b>Descrip</b><br>229-95                                   | 20<br>htion of Exp<br>94  | 2004<br>penditure  |    | 21.81  |  |  |
| VERIZON<br>Mailing Address<br>City<br>To Whom Paid  | State | Zip Code (Plus 4) | 5<br><b>Descrip</b><br>229-95                                   | 20<br>htion of Exp<br>94  | 2004<br>penditure  |    | 21.81  |  |  |
| VERIZON<br>Mailing Address<br>City<br>To Whom Paid<br>REGINA SMITH  | State | Zip Code (Plus 4) | 5<br>Descrip<br>229-95<br>MO<br>8                               | 20<br>Pation of Exp<br>94<br>DAY  | 2004<br>penditure<br>YEAR<br>2004                              | \$ |        |  |  |
| VERIZON<br>Mailing Address<br>City<br>To Whom Paid<br>REGINA SMITH<br>Mailing Address                         |       |                   | 5<br>Descrip<br>229-95<br>MO<br>8<br>Descrip                    | 20<br>Intion of Exp<br>94<br>DAY  | 2004<br>penditure<br>YEAR<br>2004                              | \$ |        |  |  |
| VERIZON<br>Mailing Address<br>City<br>To Whom Paid<br>REGINA SMITH<br>Mailing Address                         |       |                   | 5<br>Descrip<br>229-95<br>MO<br>8<br>Descrip<br>WARD            | 20<br>etion of Exp<br>94<br>DAY<br>11<br>etion of Exp<br>REPORTS        | 2004<br>penditure<br>YEAR<br>2004<br>penditure                 | \$ |        |  |  |
| VERIZON<br>Mailing Address<br>City<br>To Whom Paid<br>REGINA SMITH<br>Mailing Address<br>City                 |       |                   | 5<br>Descrip<br>229-95<br>MO<br>8<br>Descrip                    | 20<br>Nation of Exp<br>94<br>DAY<br>11                                  | 2004<br>penditure<br>YEAR<br>2004                              | \$ |        |  |  |
| VERIZON Mailing Address City To Whom Paid REGINA SMITH Mailing Address City To Whom Paid WATER REVENUE DEPT   |       |                   | 5<br>Descrip<br>229-95<br>MO<br>8<br>Descrip<br>WARD            | 20<br>htion of Exp<br>94<br>DAY<br>11<br>htion of Exp<br>REPORTS<br>DAY | 2004<br>penditure<br>YEAR<br>2004<br>penditure<br>YEAR         | \$ | 250.00 |  |  |
| VERIZON<br>Mailing Address<br>City<br>To Whom Paid<br>REGINA SMITH<br>Mailing Address<br>City<br>To Whom Paid |       |                   | 5<br>Descrip<br>229-95<br>MO<br>8<br>Descrip<br>WARD            | 20<br>etion of Exp<br>94<br>DAY<br>11<br>etion of Exp<br>REPORTS        | 2004<br>penditure<br>YEAR<br>2004<br>penditure                 | \$ |        |  |  |
| VERIZON Mailing Address City To Whom Paid REGINA SMITH Mailing Address City To Whom Paid WATER REVENUE DEPT   |       |                   | 5<br>Descrip<br>229-95<br>MO<br>8<br>Descrip<br>WARD<br>MO<br>8 | 20<br>htion of Exp<br>94<br>DAY<br>11<br>htion of Exp<br>REPORTS<br>DAY | 2004<br>Denditure<br>YEAR<br>2004<br>Denditure<br>YEAR<br>2004 | \$ | 250.00 |  |  |

| To Whom Paid<br>URBAN CABLEWORKS  |                         |                   | мо   | DAY                                 | YEAR |          |            |  |
|---|-------------------------|-------------------|--|-------------------------------------|------|----------|------------|--|
| Mailing Address   |                         |                   | 8  | 30                                  | 2004 | \$       | 104.05     |  |
| City  | State Zip Code (Plus 4) |                   |  | Description of Expenditure<br>CABLE |      |          |            |  |
| To Whom Paid<br>VERIZON   |                         |                   | мо   | DAY                                 | YEAR |          |            |  |
| Mailing Address   |                         |                   |  |                                     |      | \$       | 21.70      |  |
| City  | State                   | Zip Code (Plus 4) | Description of Expenditure<br>2315 CUMBERLAND ST         |                                     |      |          |            |  |
| To Whom Paid<br>PECO  |                         |                   | мо   | DAY                                 | YEAR |          |            |  |
| Mailing Address   |                         |                   | 8  | 30                                  | 2004 | \$       | 69.99      |  |
| City  | State                   | Zip Code (Plus 4) | <b>Descrip</b><br>2315 C                                 | oenditure<br>ND ST                  |      |          |            |  |
| To Whom Paid<br>CITIZEN BANK  |                         |                   | мо   | DAY                                 | YEAR |          |            |  |
| Mailing Address   |                         |                   | 8  | 30                                  | 2004 | \$       | 48.00      |  |
| City  | State                   | Zip Code (Plus 4) | Description of Expenditure<br>BANK FEES MAY 04 TO AUG 04 |                                     |      |          |            |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                         |                   |  |                                     |      |          | PAGE TOTAL |  |
|   |                         |                   |  |                                     | \$   | 1,567.26 |            |  |