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 9	90025	1				Repo Filed			CA	NDII	DATE		COM	1ITTEE	✓ [LOB	BYIST		
Name of Filing C	ommittee, Car	ndidate	or Lo	bbyist		, V	WARE) 1	6 DE	M EX	EC C	ОМ								
Street Address:	2252 N. W	/OODS	тоск	ST																
City:	PHILADEL	PHIA								State	e:	PA			Zip Cod	l e: 19	132			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FR PRIMAR		PRE-	2.		30 DA PRIMA		Р	OST-	3.		AMENDMENT REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FR ELECTI		PRE-	- 5.		30 DAY F ELECTION			OST- 6.		TERMINATION REPORT?		Yes	N	0	√	
report type)	ANNUAL REPO	ORT 7.		Year 2	021						THOD K ONE				PAPER	√	DISK	ETTE		
Name of Office S	ought by Cand	lidate:								DAT	ΈO	F ELE	CTIC	N	District Number	Office Code	Par	ty Cod	Cour	
										МО		DAY	ΥI	EAR			DEN	1	51	
											11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		d M	10	DAY	•	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	from:			9	14	20)21	T	0		10	:	18	2021						
A. Amount Bro	A. Amount Brought Forward From Last Report \$ 3,112.									112.19										
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,000.00										00.00										
C. Total Funds Available (Sum Of Lines A and B) \$ 4,112.19																				
D. Total Expenditures (From Schedule III) \$									Ę	553.00										
E. Ending Cash Balance (Subtract Line D From Line C)									\$				3,5	59.19						
F. Value Of In-	Kind Contribut	ions Re	eceive	d (Fro	m Sc	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Obligati	ons (Fi	rom S	chedul	e IV)	1			\$					0.00						
						AFFI	[DA\	/IT	ΓSE	CTI	NC									
PART I - If this is	a Committee	report,	, treas	surer si	ign h	ere. I	f this	is	a Car	ndida	te re	port, o	andi	date sig	ın here.					
I swear (or affirm) correct and comple		, includi	ng the	attache	d sch	edules	filed	on į	paper (or by	electr	onic m	edium	, are to t	he best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before me day of	this		20									S	Signature	of Perso	n Submitt	ing Re _l	ort		_
	Sigi	nature		· <u>-</u>					-		•				Print	ed Name				_
My Commission Ex	pires								_		-				Emai	I				
	МО		DA	Y		YR						Are	ea Coo	de	Daytim	e Teleph	one Nu	mber		$\underline{\hspace{1cm}}$
Part II- If this is	a report of a	candida	ate's a	uthori	zed (Comm	ittee,	, Ca	andid	ate s	halls	sign he	ere.							
I swear (or affirm) No 320) as amende		of my k	cnowle	dge and	belie	f this p	politic	al	comm	ittee l	as no	ot viola	ted ar	ny provis	ions of the	act of Ju	ine 3,1	937 (P	L. 133	з,
Sworn to and subsc		this												S	ignature o	f Candida	ite			-
	day of 								-						Printe	d Name				-
	Signat	ure							-											_
My Commission Exp	ires														Emai	i				
	мо		DA	·Υ		YR						Area	Code		Da	ytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	_			
Name of Filing Committee or Candidate	Reporting	Period		
WARD 16 DEM EXEC COM	From:	9/14/202	<u>1</u> To:	10/18/2021
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)			\$	1,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	1,000.00
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			\$	1,000.00

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	ittee or Candidate		Re	porting	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 Filling Committee of Candidate					Reporting Period From: To:				
					DATE			AMOUNT	
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 Candida	of Filing Committee or Candidate			orting Period						
WARD 16 DEM EXEC COM			From:	<u>9/1</u>	4/2021	То:	10/18/2021			
				DA	TE		1A	MOUNT		
Full Name of Contributing Committe Sharif Street For PA	e			МО	DAY	YEAR				
Mailing Address 1717 Arch St. St	e 400						\$	500.00		
City Philadelphia	State PA	Zip Cod 19103	e (Plus 4)	9	23	2021				
Full Name of Contributing Committe Malcolm FOR PA	e			мо	DAY	YEAR				
Mailing Address P.O. Box 3254							\$	500.00		
City Philadelphia	State PA	Zip Cod 19130	e (Plus 4)	9	23	2021				
								PAGE TOTAL		

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

PAGE TOTAL \$ 1,000.00

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 Cano	didate			Rep	orting Pe	riod			
				Fro	m:		To):	
			·		D	ATE		AN	MOUNT
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/Princip Business	al Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Secti	on 3.			P	AGE 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	od			
			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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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	d	
WARD 16 DEM EXEC COM	From:	<u>9/14/2021</u> To:	<u>10/18/2021</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)	\$	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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting P	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	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period				
WARD 16 DEM EXEC COM			From	<u>9/1</u>	4/2021	То:	10/18/2021	
			DATE AMOUN					
To Whom Paid Leroy Brown	Leroy Brown							
Mailing Address 3045 Colona St				27	2021	\$	150.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19132	1	ption of Exp /ard Event	penditure			
To Whom Paid Jewell Williams			МО	DAY	YEAR			
Mailing Address 2343 N Sm	nedley Street		9	29	2021	\$	403.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Reimbursement 16th Ward Event					
	<u>'</u>	•	•				PAGE TOTAL	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

553.00