Campaign Finance Report

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

Filer Identificat Number :	ion 2021	C0372			Repo Filed			CANDI	DATE	√	co	OMMITTEI		LOBI	BYIST		
Name of Filing	Committee, Candid	ate or Lo	bbyist:		SHARC	-		AMS LO	DSIER								
Street Address:																	
City:							St	tate:				Zip Code: 19126					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY IMAR`		POST-	- 3.		AMENDMENT REPORT?		Yes	No)	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5. X		DAY ECTIC		POST- 6.		TERMINATION REPORT?		Yes	No)		
report type)	ANNUAL REPORT	7.	Year 2021					METHO				PAPER		\checkmark	DISK	TTE	
Name of Office	L Sought by Candida	te:					D	ATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Count Code	V
	MUNICIPAL COUF	рт					м	0	DAY	YE	AR	1	MCJ				
		(I						11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	٤		м	0	DAY	YE	AR	FO		E USE	ONLY		
Expenditure	s from:		9 14	2	021	ТО		10	1	8	2021						
A. Amount Bro	ought Forward From	n Last Re	eport				\$				0.00						
B. Total Monetary Contributions And Receipts (From Schedule 1							\$ 0.00										
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																	
D. Total Exper	ditures (From Scho	edule III	:)				\$			3,1	00.00						
E. Ending Cash	n Balance (Subtract	t Line D l	From Line	C)		_	\$				0.00	-					
	-Kind Contributions		•		le II)	_	\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()			\$				0.00						
					IDAV							-					
	is a Committee report) that this report, incl		_									-	my know	/ledge	and bel	ef , tru	3
correct and comp	lete. scribed before me this													-			
	day of	•	20							Si	gnatur	e of Person	Submitt	ing Rep	oort		
	Signatu	re				_						Print	ed Name				-
My Commission E	-											Email	l				
	МО	DA	Y	YR					Are	a Cod	•	Daytime	e Telepho	one Nu	mber		
	a report of a cand) that to the best of n led.				•				•		r provis	ions of the	act of Ju	ne 3,1	937 (P.I	1333,	
Sworn to and subs	cribed before me this										s	ignature o	f Candida	te			•
	day of 		20									Printed	d Name				-
	Signature					_											-
My Commission Ex	pires								Email								
	мо	DA	Y	YR	2	_			Area	Code		Da	ytime Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SHARON WILLIAMS LOSIER From: <u>9/14/2021</u> To: 10/18/2021 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **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 \$ 0.00 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 Committe	e or Candidate		Reporting	Period			
			From: To:				
		÷		DATE			AMOUNT
Full Name of Contributing C	Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of Par	t A on Schedule I, Detail	ed Summary Page, Sect	ion 2.			\$	0.00

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

PAGE 3

PART B 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 P	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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address	Mailing Address						\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	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		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address City State Zip Code (Plus 4)						\$	0.00	
City State Zip Code (Plus 4)								
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Place of City Business					State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section				on 3.			PAG	GE TOTAL
	-						\$	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 Candidate			Report	ing Perio	od				
			From: To				:		
				D	ATE			AMOUNT	Г
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·						•		
Enter Grand Total of Part E on Sched	ule I. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
	are 1, Detailed Sum	iniai y Faye,	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 Period		
SHARON WILLIAMS LOSIER	From:	<u>9/14/2021</u> то:	<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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſ 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 (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			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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

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

Name of Filing Committee or Candidate	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						Occupa	tion			
Employer Mailing Address/Principal Place of City State Business				State		Zip Code(Plus Descrip 4)			ption o	f Contribution

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir	ng Period			
SHARON WILLIAMS LOSIER			From	<u>9/14</u>	<u>4/2021</u>	То:	<u>10/18/2021</u>
				DATE			AMOUNT
To Whom Paid NE WARD LEADERS/PHILLY UNITED				DAY	YEAR		
Mailing Address 3200 MAGEE AVE	9	25	2021	\$	100.00		
City PHILADELPHIA State Zip Code (Plus 4)				tion of Exp	penditure		
PA 19149				ON ACTIVI	ITIES		
To Whom Paid PHILA DEMOCRATIC PARTY			мо	DAY	YEAR		
Mailing Address SPRING GARDEN ST	-		10	13	2021	\$	3,000.00
City PHILA	State	Zip Code (Plus 4)	Descrip	otion of Exp	Denditure		
	ELECTI	ON ACTIVI	ITIES				
					PAGE TOTAL		
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item [).			\$	3,100.00