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 99	900251			Repo Filed		:	CANDI	DATE	•	СОММ	1ITTEE	✓	LOBI	BYIST		
Name of Filing	Committee, Can	didate or L	obbyist:			-		I EXEC C	СОМ								
Street Address:	2252 N. W	OODSTOC	CK ST														
City:	PHILADELF	PHIA						State:	PA			Zip Coo	le: 19	132			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.) DA RIMA		POST- 3	3.		AMENDMENT Yes No REPORT?					\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRE	5.) da .ect		POST- 6. TERMINATION REPORT?					Yes	N	0	\checkmark
report type)	ANNUAL REPO	RT 7. X	Year 2021					G METHO				PAPER		\checkmark	DISK	ETTE	
Name of Office	L Sought by Cand	idate:						DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	Cour	
								мо	DAY	YEA	R					10023	
							11			2 2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YEA	R	FO	R OFFIC	e use	ONLY		
Expenditures	Expenditures from: 11 23 2021							12	3:	1 2	2021						
A. Amount Bro	ought Forward F	rom Last F	Report				\$. (0.00						
B. Total Monetary Contributions And Receipts (From Schedule							\$			(0.00						
C. Total Funds	Available (Sum	Of Lines A	A and B)				\$			(0.00						
D. Total Expen	ditures (From S	chedule I	II)				\$			(0.00						
E. Ending Cash	Balance (Subt	ract Line D	From Line	C)			\$			3,245	5.49						
F. Value Of In-	Kind Contributi	ons Receiv	ved (From S	Schedu	le II)		\$			(0.00						
G. Unpaid Deb	ts And Obligatio	ons (From	Schedule I	V)			\$			(0.00						
				AFF	IDAV	ΊT S	SE	CTION									
PART I - If this i	s a Committee ı	report, trea	asurer sign	here.	If this	is a (Can	didate re	eport, ca	ndida	te sig	jn here.					
I swear (or affirm correct and compl		including th	e attached so	chedule	s filed o	n pap	per o	or by electi	ronic mec	lium, a	re to t	he best o	f my know	ledge	and bel	ief , tr	ue
Sworn to and sub	scribed before me day of	this	20							Sigr	nature	of Perso	n Submitt	ing Rep	ort		-
		ature	_			_						Prin	ted Name				-
My Commission E	-	ature										Ema	il				-
	мо	D	YAY	YR					Area	Code		Daytim	e Teleph	one Nu	mber		_
Part II- If this is	a report of a c	andidate's	authorized	d Comn	nittee,	Can	dida	te shall :	sign her	·e.							
I swear (or affirm) No 320) as amend		of my knowl	ledge and bel	lief this	politica	il coi	mmi	ttee has n	ot violate	d any p	provisi	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subse	cribed before me t day of	his	20								Si	ignature o	of Candida	te			-
												Printe	d Name				-
My Commission Ex	Signatu pires	ire				_						Ema	il				-
						_											-
	мо	D	DAY	YR	L				Area Co	ode		Da	aytime Te	lephon	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: <u>11/23/2021</u> To: 12/31/2021 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 Commit	Name of Filing Committee or Candidate					Reporting Period					
			From:	i cirioù	То						
			From:		10	•					
				DATE			AMOUNT				
Full Name of Contributing) Committee		мо	DAY	YEAR						
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)									
						Г	PAGE TOTAL				
Enter Grand Total of Pa	art A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00				

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

\$

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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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							\$	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		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P 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 Candidate			Report	ing Perio	d					
				From: To):		
				D	ATE			AMOUNT	1	
Full Name				мо	DAY	YEAR	1			
Mailing Address							\$	5	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description						•	•			
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL	
		illi y i uge,	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 Perio	d	
WARD 16 DEM EXEC COM	From:	<u>11/23/2021</u> то:	<u>12/31/2021</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	ſF)		
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	g Period			
			From:			То:	
				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 Details 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	ame of Filing Committee or Candidate				Re	porting I	Period				
					Fro	om:		То:	То:		
							DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$	0.00		
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	1		1		Occupation						
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det				taile	ed				PAGE TOTAL		
Summary Page, Section 3.	•									0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
						То:		
				DATE				
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	City State Zip Code (Plus 4)			otion of Ex	penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
	on Page 1, Report C	over Page, Item L				\$	0.00	