Campaign Finance Report

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

Filer Identification 20200026 Number :							t By:	CANDI	DATE		СОММ	IITTEE	<	LOBI	BYIST	
Name of Filing (Committee, Ca	andida	ate or Lo	obbyist:			-	SAFE AND) ACCO	UNTA	BLE C	OMMUN	ITIES			
Street Address:																
City:	PHILADE	LPHIA	١					State:	PA			Zip Coo	le: 19	132		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDA PRIMARY	∖Y PRE-	- 2.	30 D PRIM		POST-	3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FRIDA ELECTION	Y PRE	5.	30 D ELEC	AY I TION	POST-	6.		TERMINATION Yes N REPORT?			No	\checkmark
report type)	ANNUAL REP	PORT	7. X	Year 2020				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office	- Sought by Cai	ndidat	e:	•				DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								мо	DAY	YE/	AR		-			
								11		3	2020		(SEE INS	STRUCTI	ONS FOR (CODES)
Summary of		nd	мо	DAY	YEAR	2		мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:			6 23	2	020 T	0	12	3	31	2020					
A. Amount Bro	ught Forward	d From	ı Last R	eport			\$			1,94	46.72					
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule I						\$	5		2,1	11.66					
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B)						\$;		4,0	58.38					
D. Total Expen	D. Total Expenditures (From Schedule III)						\$;		2,72	21.87					
E. Ending Cash	Balance (Su	btract	Line D	From Line	C)		4	;		1,33	36.51					
F. Value Of In-	Kind Contribu	utions	Receiv	ed (From S	chedu	le II)	\$	5			0.00					
G. Unpaid Deb	ts And Obliga	tions	(From S	Schedule I\	/)		\$	5			0.00					
					AFF	IDAVI	t se	CTION								
PART I - If this i		=	-	-							-		6 I	ladaa	and half	- 6 . 6
I swear (or affirm correct and compl		rt, incli	iding the	e attached so	nedules	s filed on	paper	or by elect	ronic me	eaium,	are to t	ne best o	т ту кпоч	viedge	and bell	er, true
Sworn to and sub	day of	ne this		20						Si	gnature	e of Perso	n Submitt	ing Rep	oort	
	Si	ignatur	e				_					Prin	ted Name			
My Commission E	xpires	-					_					Ema	il			
	мо		D	AY	YR				Are	a Code	9	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a	a cand	idate's	authorized	Comn	nittee, C	andic	late shall	sign he	ere.						
I swear (or affirm) No 320) as amend		est of m	y knowle	edge and bel	ief this	political	comn	nittee has n	ot violat	ed any	, provis	ions of the	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subse	cribed before m day of	e this		20							S	ignature o	of Candida	ite		
							-					Printe	d Name			
My Commission Ex	Signature My Commission Expires						-					Ema	il			
	M	10	D	AY	YR		-		Area (Code		Da	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page									
Name of Filing Committee or Candidate	Reporting	Period							
GREEN FOR SAFE AND ACCOUNTABLE COMMUNITIES	From:	<u>6/23/202</u>	<u>0</u> To:	<u>12/31/2020</u>					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor									
TOTAL for the Reporting	g 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	\$	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	J Period	(3)	\$	0.00					
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)									
TOTAL for the Reporting	g Period	(4)	\$	2,111.66					
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	2,111.66					

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 Candidat	e		Rep	orting I	Period		
			From: To:				
					DATE		AMOUNT
Full Name of Contributing Committee MO DAY						YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4	4)				
ا							PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$ 0.00

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 Candidate Reporting Period								
						D:		
					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	ame of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		A	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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	me of Filing Committee or Candidate		Rep	Reporting Period				
			Froi	n:		Т	То:	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						P#	AGE TOTAL 0.00	

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	Name of Filing Committee or Candidate Rep				d			
GREEN FOR SAFE AND ACCOUNTABLE (COMMUNITIES		From:		<u>6/23/202</u>	<u>0</u> To:		<u>12/31/2020</u>
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR		1 (72 00
Dept of Treasury - IRS				mo	DAT	TEAR	\$	1,672.00
Mailing Address	Γ	1		7	20	202		
City Philadelphia	State	Zip Code (Plus 4)					
	РА	19106						
Receipt Description mistaken deposit	Receipt Description mistaken deposit of tax refund						•	
Full Name				мо	DAY	YEAR		19.66
Dept of Treasury - IRS					DAT			, 19.00
Mailing Address	r	1		8	19	202	0	
City Philadelphia	State	Zip Code (Plus 4)					
	PA	19106						
Receipt Description mistaken deposit	t of tax refund							
Full Name					DAY	VEAD		420.00
TD Bank				мо	DAY	YEAR	. 4	420.00
Mailing Address				12	29	202		
City Cherry Hill	State	Zip Code (Plus 4)					
	NJ	08034						
Receipt Description temporary credit	Receipt Description temporary credit							
						PAGE TOTAL		
Enter Grand Total of Part E on Schedu	le I, Detailed Sumn	nary Page,	Section	4.			\$	2,111.66

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 Pe	eriod						
GREEN FOR SAFE AND ACCOUNTABLE COMMUNITIES	From:	<u>6/23/2020</u> То:	<u>12/31/2020</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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, 3		\$	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.				mary Pag	e,		PAGE TOTA	<u>، ۱</u>
						\$		0.00

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

Name of Filing Committee or Candidate			Rej	porting I	Period		
			Fro	om:		То:	
					DATE		AMOUNT
Full Name of Contributor					DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor	•	·		Occupa	ation		•
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	e		Reporti	ng Period					
GREEN FOR SAFE AND ACCOUNTABL	E COMMUNITIES		From	<u>6/2</u>	<u>3/2020</u>	То:	<u>12/31/2020</u>		
				DATE			AMOUNT		
To Whom Paid			мо	DAY	YEAR				
Kevin Fuller			MO	2.11					
Mailing Address			6	30	2020	\$	200.87		
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	19104	reimbur	reimbursement for hand sanitizers					
To Whom Paid TD Bank			мо	DAY	YEAR				
Mailing Address			6	30	2020	\$	10.00		
City Cherry Hill	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
,	NJ	08034	service	fees					
To Whom Paid NGP-VAN				DAY	YEAR				
Mailing Address			7	3	2020	\$	250.00		
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	DC	20005	database						
To Whom Paid			мо	DAY	YEAR				
Textedly									
Mailing Address			7	20	2020	\$	140.00		
City Nashville	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	TN	37201	texting	services					
To Whom Paid			мо	DAY	YEAR				
Vantiv Ecommerce									
Mailing Address			7	9	2020	\$	1.00		
City Lowell	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	МА	01851	service	fees					
To Whom Paid			мо	DAY	YEAR				
D Bank									
ailing Address		7	31	2020	\$	10.00			
City Cherry Hill State Zip Code (Plus 4)			4) Description of Expenditure						
	NJ	08034	service fees						

To Wh	om Paid			мо	DAY	YEAR				
NGP-V	/AN			MO		TEAR				
Mailing	g Address			8	3	2020	\$	250.00		
City	Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		DC	20005	databas	e					
To Wh	om Paid			мо	DAY	YEAR				
Texteo	dly			МО						
Mailin	g Address			8	19	2020	\$	140.00		
City	Nashville	State	Zip Code (Plus 4)	Description of Expenditure						
		TN	37201	texting	texting services					
To Wh	om Paid			мо	DAY	YEAR				
TD Ba	nk			мо						
Mailin	g Address			8	31	2020	\$	10.00		
City	Cherry Hill	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
NJ 08034				service	fees					
To Whom Paid				мо	DAY	YEAR				
Texteo	dly									
Mailing Address				9	21	2020	\$	140.00		
CityNashvilleStateZip Code (Plus 4)				Descript	tion of Exp	enditure				
TN 37201				texting	services					
To Wh	om Paid			мо	DAY	YEAR				
NGP-V	/AN									
Mailing	g Address			9	3	2020	\$	270.00		
City	Washington	State	Zip Code (Plus 4)	Description of Expenditure						
		DC	20005	database						
To Wh	om Paid			мо	DAY	YEAR				
TD Ba	nk									
Mailin	g Address			9	30	2020	\$	10.00		
City	Cherry Hill	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
		NJ	08034	service	fees					
	om Paid			мо	DAY	YEAR				
NGP-V							,	270.00		
Mailing	g Address		I	10	5	2020	\$	270.00		
City	Washington	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
	DC 20005			databas	e		-			
	To Whom Paid			мо	DAY	YEAR				
Texteo	Fextedly									
Mailin	Mailing Address		10	19	2020	\$	140.00			
City	City Nashville State Zip Code (Plus 4)			4) Description of Expenditure						
TN 37201				textina	services					

To Whom Paid		мо	DAY	YEAR					
TD Bank			MO		TLAK				
Mailing Address			10	30	2020	\$	10.00		
City	Cherry Hill	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
NJ 08034				service fees					
To Whom Paid				мо	DAY	YEAR			
NGP-VAN				мо		TEAK			
Mailing Address				11	3	2020	\$	270.00	
City Washington State Zip Code (Plus 4)			Description of Expenditure						
		DC	20005	database					
To Wh	om Paid			мо	DAY	YEAR			
Textedly						TEAK			
Mailin	g Address			11	19	2020	\$	140.00	
City	Nashville	State	Zip Code (Plus 4)	Description of Expenditure					
	TN 37201			texting services					
To Wh	om Paid			мо	DAY	YEAR			
TD Ba	nk								
Mailin	Mailing Address			11	30	2020	\$	10.00	
City	Cherry Hill	State	Zip Code (Plus 4)	Description of Expenditure					
NJ 08034					service fees				
To Wh	To Whom Paid					YEAR			
NGP-VAN									
Mailing Address				12	3	2020	\$	270.00	
City	Washington	State	Zip Code (Plus 4)	Description of Expenditure					
		DC	20005	database					
To Whom Paid				мо	DAY	YEAR			
Texteo	•								
Mailin	g Address			12	21	2020	\$	140.00	
City	Nashville	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure			
		TN	37201	texting services					
To Whom Paid			мо	DAY	YEAR				
TD Ba	TD Bank								
Mailing	Mailing Address			12	28	2020	\$	30.00	
City	City Cherry Hill State Zip Code (Plus 4)			Description of Expenditure					
	NJ 08034				stop payment fee				
To Wh	To Whom Paid					YEAR			
TD Ba	TD Bank				DAY				
Mailin	Mailing Address			12	31	2020	\$	10.00	
City Cherry Hill State Zip Code (Plus 4)			Description of Expenditure						
NJ 08034			service fees						

	PAGE 14
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	\$ 2,721.87