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 Refinement							CANDIDATE :				COMMITTEE			LOBI	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		GREEN	I FOR	S	AFE AND	ACCC	UNT	ABLE C	OMMUN	ITIES				
Street Address:	3131 SPANG	LER STR	EET														
City:	PHILADELPH:	IΑ					!	State:	PA			Zip Cod	le: 19	9132			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2.	30 E PRII			POST-	3.		AMENDM REPORT		Yes	No		√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION	PRE-	- 5.	30 E			POST- 6.			TERMINA REPORT		Yes	No		√
report type)	ANNUAL REPORT	7. X	Year 2020					G METHO CHECK OI				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	nte:	•					DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR	Number	Couc			couc	
							Ī	11		3	2020		(SEE IN	STRUCTI	ONS FOR (CODES)
,	Receipts and	МО	DAY YE	AR				мо	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	expenditures from: 6 23 2020 TO 1						12		31	2020							
A. Amount Bro	ught Forward Fro	m Last R	eport	\$ 1,946.72													
B. Total Monet	ary Contributions	And Rec	eipts (From Sc	hed	lule I)		\$			2,1	11.66						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			4,0)58.38						
D. Total Expend	ditures (From Sch	edule II	I)				\$			2,7	'21.87						
E. Ending Cash	Balance (Subtra	t Line D	From Line C)				\$			1,3	36.51						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dule	e II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			•			
			Al	331	DAV	IT S	EC	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I1	f this i	s a C	and	didate re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached schedu	ıles	filed o	n pape	er o	r by electi	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tr	ue,
Sworn to and subs	cribed before me th day of	is	20							S	ignature	of Perso	n Submit	ting Rep	ort		_
	Signat	ıre				_						Prin	ted Nam	e			_
My Commission Ex	cpires					_		•				Ema	il				_
	мо	D	AY	ΥR					Arc	ea Coc	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Cor	nm	ittee,	Candi	ida	te shall :	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief t	his į	politica	l com	mit	tee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this	•									s	ignature o	of Candid	ate			-
-	day of					_						Printe	d Name				-
	Signature					_											_
My Commission Exp	ires								Email								
	мо	D	AY	YR		_			Area	Code		Da	aytime 1	elephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
GREEN FOR SAFE AND ACCOUNTABLE COMMUNITIES	From:	6/23/202	2 <u>0</u> To:	12/31/2020
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	g 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
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g 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
			ī	
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

	his Part to itemize only with an aggregate valu							
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		-			DATE			AMOUNT
Full Name of Contribution	ng Committee			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	

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				oorting P				
			Fro	m:		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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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 Candidate	ame of Filing Committee or Candidate			Reporting Period						
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
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/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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.

	prior expenditur	es mat were	return	ieu to	the mer	•		
Name of Filing Committee or Ca	ndidate		Report	ing Perio	od			
GREEN FOR SAFE AND ACCOUNT	NTABLE COMMUNITIES		From:		6/23/202	<u>20</u> To:		12/31/2020
				D	ATE			AMOUNT
Full Name Dept of Treasury - IRS				МО	DAY	YEAR		
Mailing Address 600 Arch St	reet						\$	1,672.00
City Philadelphia	State PA	Zip Code (19106	Plus 4)	7	20	2020		
Receipt Description mistak	en deposit of tax refund	1						
Full Name Dept of Treasury - IRS				мо	DAY	YEAR		
Mailing Address 600 Arch St	treet						\$	19.66
City Philadelphia	State PA	Zip Code (I 19106	Plus 4)	8	19	2020)	
Receipt Description mistak	en deposit of tax refund	1						
Full Name TD Bank				МО	DAY	YEAR		
Mailing Address 701 ROUTE	70 E						\$	420.00
City Cherry Hill	State NJ	Zip Code (1 08034	Plus 4)	12	29	2020		
Receipt Description tempo	rary credit	•					•	
			. .:	_		ſ		PAGE TOTAL
Enter Grand Total of Part E on	Schedule 1, Detailed	oummary 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 Period	I	
GREEN FOR SAFE AND ACCOUNTABLE COMMUNITIES	From:	<u>6/23/2020</u> To:	<u>12/31/2020</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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candi	date		Reportin	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 Section 2.	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	ge,		PAGE TOTAL
5551511 21						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				Re	porting F	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	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
GREEN FOR SAFE AND ACCOUNTABLE COMMUNITIES	From	6/23/2020	То:	12/31/2020

				DATE	AMOUNT					
To Whom Paid Kevin Fuller			МО	DAY	YEAR					
Mailing Address 332 N 41st	St		6	30	2020	\$	200.87			
City Philadelphia	Philadelphia State PA Zip Code (Plus 4) 19104				Description of Expenditure reimbursement for hand sanitizers					
To Whom Paid TD Bank			МО	DAY	YEAR					
Mailing Address 701 ROUTE 70 E			6	30	2020	\$	10.00			
City Cherry Hill	State NJ	Zip Code (Plus 4) 08034	Descrip service	tion of Exp	penditure					
To Whom Paid NGP-VAN			МО	DAY	YEAR					
Mailing Address 1445 New York Ave NW Ste 200			7	3	2020	\$	250.00			
City Washington State Zip Code (Plus 4) DC 20005			Description of Expenditure database							
To Whom Paid Textedly	·	·	МО	DAY	YEAR					
Mailing Address Global HQ (Office		7	20	2020	\$	140.00			
City Nashville	State TN	Zip Code (Plus 4) 37201	1	otion of Exp	penditure					
To Whom Paid Vantiv Ecommerce			МО	DAY	YEAR					
Mailing Address 900 CHELMSFORD ST			7	9	2020	\$	1.00			
City Lowell	State MA	Zip Code (Plus 4) 01851	Descrip service	otion of Exp fees	penditure					
	1									

To Whom Paid TD Bank			мо	DAY	YEAR				
Mailing Address	g Address 701 ROUTE 70 E			7	31	2020	\$		10.00
City Cherry Hill		State NJ	Zip Code (Plus 4) 08034	Descrip service					
To Whom Paid NGP-VAN			МО	DAY	YEAR				
Mailing Address 1445 New York Ave NW Ste 200			8	3	2020	\$		250.00	
City Washington	1	State DC	Zip Code (Plus 4) 20005	Description of Expenditure database					
To Whom Paid Textedly				МО	DAY	YEAR			
Mailing Address	illing Address Global HQ Office			8	19	2020	\$		140.00
City Nashville		State TN	Zip Code (Plus 4) 37201	Description of Expenditure texting services					
To Whom Paid TD Bank				МО	DAY	YEAR			
Mailing Address 701 ROUTE 70 E			8	31	2020	\$		10.00	
City Cherry Hill	herry Hill NJ Zip Code (Plus 4) 08034				Description of Expenditure service fees				
			-			enditure			
To Whom Paid Textedly			-			enditure YEAR			
Textedly	Global HQ Office		-	service	fees	\	\$		140.00
Textedly	Global HQ Office		-	MO 9 Descrip	DAY	YEAR 2020	\$		140.00
Mailing Address	Global HQ Office	NJ State	08034 Zip Code (Plus 4)	MO 9 Descrip	DAY 21	YEAR 2020	\$		140.00
Textedly Mailing Address City Nashville To Whom Paid NGP-VAN	Global HQ Office	NJ State TN	08034 Zip Code (Plus 4)	MO 9 Descriptexting	DAY 21 tion of Exp services	YEAR 2020 penditure	\$		140.00

						PAGE	
To Whom Paid TD Bank			DAY	YEAR			
Mailing Address 701 ROUTE 70 E			30	2020	\$		10.00
City Cherry Hill State	" ' ' '						
To Whom Paid NGP-VAN			DAY	YEAR			
Mailing Address 1445 New York Ave NW Ste 200			5	2020	\$		270.00
City Washington State DC	Description of Expenditure database						
To Whom Paid Textedly			DAY	YEAR			
Mailing Address Global HQ Office			19	2020	\$		140.00
City Nashville State	Zip Code (Plus 4) 37201	Description of Expenditure texting services					
·							
To Whom Paid TD Bank	·	МО	DAY	YEAR			
		мо	DAY 30	YEAR 2020	\$		10.00
TD Bank	Zip Code (Plus 4) 08034	10	30	2020	\$		10.00
TD Bank Mailing Address 701 ROUTE 70 E City Cherry Hill State		10 Descrip	30	2020	\$		10.00
TD Bank Mailing Address 701 ROUTE 70 E City Cherry Hill State NJ To Whom Paid	08034	10 Description service	30 Ition of Exp fees	2020 penditure	\$		10.00 270.00
TD Bank Mailing Address 701 ROUTE 70 E City Cherry Hill State NJ To Whom Paid NGP-VAN	08034	Descrip service MO	30 tion of Exp fees DAY 3	2020 penditure YEAR 2020			
TD Bank Mailing Address 701 ROUTE 70 E City Cherry Hill State NJ To Whom Paid NGP-VAN Mailing Address 1445 New York Ave NW Ste 200 City Washington State	08034 Zip Code (Plus 4)	10 Descrip service MO 11 Descrip	30 tion of Exp fees DAY 3	2020 penditure YEAR 2020			
Mailing Address 701 ROUTE 70 E City Cherry Hill State NJ To Whom Paid NGP-VAN Mailing Address 1445 New York Ave NW Ste 200 City Washington State DC To Whom Paid	08034 Zip Code (Plus 4)	Descrip service MO 11 Descrip database	30 tion of Exp fees DAY 3 tion of Exp se	2020 Penditure YEAR 2020 Penditure			

To Whom Paid									
TD Bank			мо	DAY	YEAR				
Mailing Address 701 ROUTE 70 E			11	30	2020	\$	10.00		
City Cherry Hill	State Zip Code (Plus 4) NJ 08034				Description of Expenditure service fees				
To Whom Paid NGP-VAN			МО	DAY	YEAR				
Mailing Address 1445 New York Ave NW Ste 200			12	3	2020	\$	270.00		
City Washington	State DC	Zip Code (Plus 4) 20005	Descrip databas	otion of Exp se					
To Whom Paid Textedly			МО	DAY	YEAR				
Mailing Address Global HQ Office			12	21	2020	\$	140.00		
City Nashville	State Zip Code (Plus 4) TN 37201			Description of Expenditure texting services					
To Whom Paid TD Bank	•	·	МО	DAY	YEAR				
Mailing Address 701 ROUTE 70	iling Address 701 ROUTE 70 E				2020	\$	30.00		
City Cherry Hill	State NJ	Zip Code (Plus 4) 08034	Description of Expenditure stop payment fee						
To Whom Paid TD Bank	·	-	МО	DAY	YEAR				
Mailing Address 701 ROUTE 70 E			12	31	2020	\$	10.00		
City Cherry Hill	State NJ	Zip Code (Plus 4) 08034	Descrip service	otion of Exp	enditure	1			
Enter Grand Total of Expenditu	uros on Pago 1. Po	nort Cover Page Ttom D					PAGE TOTAL		
Liner Granu Total of Expenditt	nes on rage 1, Ke	port Cover Page, Item D	•			\$	2,721.87		