Campaign Finance Report

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

Filer Identification 9900251 Number :					Rep File			CAND	DATE		СОМ	4ITTEE	✓	LOBBYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		WAR	RD 1	.6 DE	M EXEC	СОМ				•			
Street Address:	2252 N. WOO	DSTOC	< ST													
City:	PHILADELPHI/	4						State:	PA			Zip Cod	le: 19	9132		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2. X	30 DA		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	Ē- 5	5.	30 DA		POST-	6.		TERMINATION Yes N REPORT?			No	\
report type)	ANNUAL REPORT	7.	Year 2022					NG METH CHECK O				PAPER DISKET			TTE	
Name of Office S	- Sought by Candida	te:						DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	ΥI	AR			DEM	l	51
								11		8	2022		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	R			мо	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	xpenditures from: 1 1 2022 TO 5 2							2022								
A. Amount Bro	Amount Brought Forward From Last Report \$ 3,245.49															
B. Total Monetary Contributions And Receipts (From Schedule I) \$								0.00								
C. Total Funds Available (Sum Of Lines A and B)							\$			3,2	245.49					
D. Total Expenditures (From Schedule III)							\$			2	282.00					
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			2,9	63.49					
F. Value Of In-	Kind Contributions	Receiv	ed (From So	chedu	le II)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•		
				AFF	IDA	VI	T SE	CTION								
	s a Committee rep		_													
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	nedule	s filed	l on	paper	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me this day of	ì	20							9	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	ra					- -					Prin	ted Name	e		
My Commission Ex	_								Email							
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Teleph	none Nui	nber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	politi	ical	comm	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	1333,
Sworn to and subsc	ribed before me this								Signature of Candidate							
	day of —— ————						-					Printe	d Name			
	Signature						-					F	:			
My Commission Exp	ires 						_					Ema				
	МО	D	AY	YR	1		-		Area	Code		Da	aytime T	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
WARD 16 DEM EXEC COM	From:	1/1/202	<u>2</u> To:	5/2/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	y 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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j Period	(4)	\$	0.00
			I	
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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re					
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE TOTAL

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			Reporting Period From: To:					
			l		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 Candida	me of Filing Committee or Candidate			Rep	orting Pe	riod			
				Froi	n:	То:			
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	i 4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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>1/1/2022</u> To:	<u>5/2/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 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	ame of Filing Committee or Candidate				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	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reporti	ng Period					
WARD 16 DEM EXEC COM			From	<u>5/2/2022</u>					
			DATE AMOUN						
To Whom Paid Howard Foreman				DAY	YEAR				
Mailing Address 1338 Rising S	Mailing Address 1338 Rising Sun Ave			14	2022	\$	200.00		
City Philadelphia	State PA	Zip Code (Plus 4) 19140	-	otion of Exponential					
To Whom Paid Andrew Smith			МО	DAY	YEAR				
Mailing Address 2252 N Woodstock St			3	15	2022	\$	82.00		

	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	\$ 282.00

19132

Zip Code (Plus 4)

Description of Expenditure

Reimbursement

State

PA

City

Philadelphia