Campaign Finance Report

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

Filer Identificati Number :	i on 20	150069			Repor Filed I		CANDI	DATE		СОМІ	MITTEE	✓	LOBE	BYIST	
Name of Filing C	Committee, Cand	idate or L	obbyist:	ı	PHILLY	SET (GO								
Street Address:	1414 S PEN	IN SQ UNI	T 17E												
City:	PHILADELPH	HIA					State: PA Zip Co					ode: 19102			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	DAY PRE-	- 2.	30 D/ PRIM		POST- 3. X			AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	ELECTION				AY I TION	POST-	OST- 6.		TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL REPOR	R T 7.	Year 202	2			NG METHO CHECK O						\checkmark	DISKE	TTE
Name of Office S	L Sought by Candie	date:					DATE O)F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR					
							11		8	2022		(SEE INS	TRUCTI	ONS FOR (ODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YI	AR	FC	R OFFIC	E USE	ONLY	
Expenditures	s from:		5	3 20	022 1	О	6	5	6	2022					
A. Amount Bro	ught Forward Fr	om Last R	eport			\$			5,1	L43.00					
B. Total Monetary Contributions And Receipts (From Schedule I)							5			0.00					
C. Total Funds	Available (Sum	Of Lines A	and B)			\$	5		5,1	43.00					
D. Total Expen	ditures (From So	chedule II	I)			\$	5		2,2	250.00					
E. Ending Cash	Balance (Subtra	act Line D	From Line	eC)		\$;		2,8	93.00	-				
F. Value Of In-	Kind Contributio	ons Receiv	ed (From	Schedul	le II)	\$				0.00	-				
G. Unpaid Deb	ts And Obligation	ns (From S	Schedule 1	(V)		\$;			0.00		,			
				AFF	IDAVI	IT SE	CTION								
PART I - If this is		•						• •			-				
I swear (or affirm correct and compl) that this report, i ete.	ncluding the	e attached s	schedules	s filed on	paper	or by elect	ronic m	edium	, are to i	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me t day of	his	20						S	ignature	e of Perso	n Submitt	ing Rep	ort	
	Signa	ture				_					Prin	ted Name			
My Commission E	-					_					Ema	il			
	MO	D	AY	YR				Are	ea Coc	le	Daytin	e Teleph	one Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorize	d Comm	nittee, O	Candid	late shall	sign he	ere.						
I swear (or affirm) No 320) as amende		f my knowl	edge and be	elief this	political	comm	nittee has n	iot viola	ted an	y provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed before me th day of	is	20							s	ignature (of Candida	ite		
			-~			_					Printe	ed Name			
My Commission Exp	Signatur bires	e				_					Ema	il			
						_									
	мо	D	AY	YR				Area	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PHILLY SET GO From: <u>5/3/2022</u> **To:** 6/6/2022 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 Committee or Candidate			Reporting Period					
	From: To:				:			
		·		DATE			AMOUNT	
Full Name of Contributing	g Committee		мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
						Г	PAGE TOTAL	
Enter Grand Total of P	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			orting P	eriod	_		
			Fro	m:		Тс):	
					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			Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	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			Reporting Period						
						То:	:		
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	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		
PHILLY SET GO	From:	<u>5/3/2022</u> то:	<u>6/6/2022</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, 3		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting 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 Detaile 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				Re	Reporting Period					
					Fro	rom: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion		•	
Employer Mailing Address/Principal Place of City State Business				State		Zip Code(Plus Descrip 4)			ption of	f Contribution

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	Name of Filing Committee or Candidate							
PHILLY SET GO			From	<u>5/</u>	<u>3/2022</u>	То:	<u>6/6/2022</u>	
				DATE			AMOUNT	
To Whom Paid WaxPac	мо	DAY	YEAR					
Mailing Address P.O. Box 2112				9	2022	\$	750.00	
CityPhiladelphiaStateZip Code (Plus 4)PA19103				Description of Expenditure contribution				
To Whom Paid Friends of Elizabeth Fiedler			мо	DAY	YEAR			
Mailing Address 2400 South 9t	h Street		5	9	2022	\$	750.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19148	Descri contrib	ption of Exp oution	penditure	5		
To Whom Paid Rick For Philly			мо	DAY	YEAR			
Mailing Address 4712 Baltimore	e Ave		5	9	2022	\$	750.00	
CityPhiladelphiaStateZip Code (Plus 4)PA19143			Descri contrib	ption of Exp	penditure	1 }		
Enter Grand Total of Expenditu	ures on Page 1, Re	port Cover Page, Item [).				PAGE TOTAL	
						\$	2,250.00	