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 9900	251			Repor Filed		:	CANDI	DATE		COM	AITTEE	✓	LOBE	BYIST		
Name of Filing (Committee, Candid	ate or Lo	obbyist:			-		M EXEC C	СОМ								
Street Address:	2252 N. WOO	DSTOCK	(ST														_
City:	PHILADELPHI	4						State:	PA			Zip Code: 19132					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.) DA RIMA		POST-	OST- 3.		AMENDMENT REPORT?		Yes	No)	</td
(place X to the right of) da _ect	Y F 'ION	POST-	6.		TERMIN/ REPORT		Yes	No)	<		
report type)	ANNUAL REPORT	7.	Year 2022					IG METHO				PAPER		\checkmark	DISKE	TTE	-
Name of Office S	⊥ Sought by Candida	te:						DATE O	F ELEC	TIO	N	District Number	Office Code	Par	ty Code	Coun Code	
									DAY	YE	AR			DEN	1		
								11		8	2022		(SEE INS	TRUCTIO	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR				мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY		
Expenditures	s from:		9 20	20	022	го		10	2	4	2022						
A. Amount Bro	ught Forward From	n Last Re	eport				\$				0.00						
B. Total Monet	ary Contributions	And Rece	eipts (From	n Sche	dule I)		\$	0.00									
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00						
D. Total Expen	ditures (From Sch	edule III	[)				\$				0.00						
E. Ending Cash	Balance (Subtract	t Line D l	From Line	C)		_	\$			2,8	13.49	-					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	_	\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')			\$				0.00						_
				AFF	IDAV	ITS	SE	CTION									
	s a Committee rep		-						• •		_						
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedules	s filed or	n pap	per c	or by electi	ronic me	dium,	are to t	the best o	f my know	ledge	and beli	ef , tru	ie,
Sworn to and subs	cribed before me this day of	5	20							Si	ignature	e of Perso	n Submitt	ng Rep	ort		-
	Signatu	re				_						Prin	ted Name				-
My Commission E	xpires											Ema	il				-
	МО	DA	Y	YR					Area	a Cod	e	Daytim	e Telepho	one Nu	mber		
Part II- If this is	a report of a cand	lidate's a	authorized	Comm	nittee, (Can	dida	ate shall :	sign he	r e.							
No 320) as amend		ny knowle	dge and beli	ef this	politica	l co	mmi	ttee has n	ot violate	ed any	y provis	ions of th	e act of Ju	ne 3,1	937 (P.I	. 1333	'r
Sworn to and subso	cribed before me this day of		20								s	ignature (of Candida	te			-
												Printe	d Name				-
Signature My Commission Expires												Ema	il				-
	мо	DA	۱Y	YR		_			Area C	ode		D	aytime Te	lephon	e Numt	er	-

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
WARD 16 DEM EXEC COM	From:	<u>9/20/2022</u>	2 To:	<u>10/24/2022</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	(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)	\$	0.00
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			\$	0.00
4				

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					Period			
	From: To:							
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
							ſ	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 Candidat	e			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 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 Com	mittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C o	on 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		АМС	DUNT
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/Principa Business	al Place of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on	Schedule I, Detai	iled Sumr	narv Page, Secti	on 3.		Γ	PAG	GE TOTAL
	,		,	-			\$	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 C	Name of Filing Committee or Candidate			ting Perio	bd				
From:					om: To:				
			1	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$;	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I			1	1	1			
Enter Grand Total of Part E o	n Schodulo I. Dotailog		Section	4				PAGE TO	TAL
	Schedule 1, Detailed	i Summaly Paye,	Section	4.			\$		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		
WARD 16 DEM EXEC COM	From:	<u>9/20/2022</u> то:	<u>10/24/2022</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 R				Reporting Period					
	From:			То:					
				DATE		АМО	UNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address	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	je,	PAGE	TOTAL		
					4	6	0.00		

0.00

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

Name of Filing Committee or Candidate					Rep	Reporting Period					
					Fro	m:		То:			
							DATE			AMOUNT	
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupat	l tion		<u> </u>		
Employer Mailing Address/Prin Business	ncipal Place of	City		State		Zip 4)	Code(Plus	Descri	ption of	Contribution	
Enter Grand Tatal of Dart	C on Schodula II		Contribut			d				PAGE TOTAL	

l		
- 1	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
			DATE				AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00

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