Campaign Finance Report

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

Filer Identification 20150069 Number :							t By:		CANDI	DATE		СОМ	MITTEE	✓	LOBI	BYIST	
Name of Filing C	Committee,	Candida	ate or L	obbyist:	 	PHILLY	SET	GO									
Street Address:	1414 S	5 PENN S	SQ UNI	T 17E													
City:	PHILAD	DELPHIA	N N					St	ate:	PA			Zip Co	de: 19	102		
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	AY PRE-	2.		DAY MARY		POST-	3.		AMENDN REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESD PRE-ELECTI		4.	2ND FRIDA	AY PRE	- 5.		DAY CTIO		POST- 6.		TERMINATION REPORT?		Yes	No	\checkmark	
report type)	ANNUAL R	EPORT	7. X	Year 2022	2				METHO				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by C	Candidat	e:					D	ATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
								M	D	DAY	YE	AR					51
									11		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR			M	0	DAY	YI	EAR	FC	R OFFIC	E USE	ONLY	
Expenditures	s from:			11 29	9 20)22 1	0		12	3	1	2022					
A. Amount Bro	ught Forwa	ard From	n Last R	eport				\$			2,8	393.00					
B. Total Monetary Contributions And Receipts (From Schedule I								\$				0.00					
C. Total Funds Available (Sum Of Lines A and B)								\$			2,8	393.00					
D. Total Expen	ditures (Fro	om Sche	dule II	I)				\$				0.00					
E. Ending Cash	Balance (S	Subtract	Line D	From Line	C)			\$			2,8	93.00	-				
F. Value Of In-	Kind Contri	ibutions	Receiv	ed (From S	Schedul	e II)		\$				0.00	-				
G. Unpaid Deb	ts And Oblig	gations	(From S	Schedule I	V)			\$				0.00					
					AFF	IDAVI	IT S	ECT	ION								
PART I - If this is		-	•	-						• •			-				
I swear (or affirm correct and compl		port, inclu	uding the	e attached so	chedules	filed on	pape	er or l	y elect	ronic me	dium	, are to t	the best o	f my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before day of	e me this		20							S	Gignature	e of Perso	n Submitt	ing Rep	oort	
		Signatur	e				_						Prin	ted Name			
My Commission E	xpires						_						Ema	il			
	M	0	D	AY	YR					Are	a Coc	le	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report o	f a cand	idate's	authorized	l Comm	ittee, G	Candi	idate	shall	sign he	re.						
I swear (or affirm) No 320) as amendo	ed.		y knowl	edge and bel	lief this	political	com	mitte	e has n	ot violat	ed an	y provis	ions of th	e act of Jı	ine 3,1	937 (P.L	. 1333,
Sworn to and subscribed before me this day of 20												s	ignature (of Candida	ite		
							_						Printe	d Name			
My Commission Exp		gnature					_						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>11/29/2022</u> **To:** 12/31/2022 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 o	Name of Filing Committee or Candidate				Reporting Period					
	From: To:			:						
		· · · ·		DATE			AMOUNT			
Full Name of Contributing Cor	nmittee		мо	DAY	YEAR					
Mailing Address						\$	0.00			
City										
						Г	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 Cand	lidate		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			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address	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 Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	·····	-	,				\$		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			Report	ing Perio	d				
			From: To:						
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	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	
PHILLY SET GO	From:	<u>11/29/2022</u> то:	<u>12/31/2022</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 PAR	TF)		
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			Reporting	g 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 Detail 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					Rep	oorting P	eriod			
					From: To:					
					DATE AMOU					AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	ion			
Employer Mailing Address/Principal Place of City State Business			Zip Code(Plus 4) Description of			f Contribution				

		1		
Enter Grand Total of Part G on Schedule I	I. In-Kind Contril	butions Detail	ed	PAGE TOTAL
Summary Page, Section 3.	_,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
						То:		
		AMOUNT						
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	City State Zip Code (Plus 4)				penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL	
	on Page 1, Report C	over Page, Item L				\$	0.00	