#### **Campaign Finance Report**

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

| Filer Identification 20120004<br>Number : |                        |                  |             |                       |         | Rep<br>File |        |                | CANDI       | DATE     |        | СОМ        | <b>ITTEE</b>       | <b>✓</b>       | LOBE      | SYIST     |                |
|---|------------------------|------------------|-------------|-----------------------|---------|-------------|--------|----------------|-------------|----------|--------|------------|--------------------|----------------|-----------|-----------|----------------|
| Name of Filing C                          | Committee              | e, Candida       | ate or Lo   | obbyist:              |         | CITI        | ZEN    | IS FO          | r Jodan     | A. HA    | RRIS   |            |                    |                |           |           |                |
| Street Address:                           | РО В                   | OX 3209          | 7           |                       |         |             |        |                |             |          |        |            |                    |                |           |           |                |
| City:                                     | PHILA                  | ADELPHI <i>l</i> | Ą           |                       |         |             |        |                | State:      | PA       |        |            | Zip Cod            | de: 19         | 9146      |           |                |
| TYPE OF<br>REPORT                         | 6TH TUES<br>PRE-PRIM   |                  | 1.          | 2ND FRIDA<br>PRIMARY  | Y PRE   | - 2         | 2.     | 30 DA<br>PRIMA |             | POST-    | 3.     |            | AMENDM<br>REPORT   |                | Yes       | No        | <b>~</b>       |
| (place X to<br>the right of               | 6TH TUES<br>PRE-ELEC   |                  | 4.          | 2ND FRIDA<br>ELECTION | y pri   | <u>-</u> 5  | 5.     | 30 DA<br>ELECT |             | POST-    | 6.     |            | TERMIN/<br>REPORT  |                | Yes       | No        | <b>~</b>       |
| report type)                              | ANNUAL                 | REPORT           | 7. <b>X</b> | <b>Year</b> 2022      |         |             |        |                | IG METHO    |          |        |            | PAPER              |                | <b>\</b>  | DISKE     | TTE            |
| Name of Office S                          | -<br>Sought by         | Candidat         | te:         |                       |         |             |        |                | DATE 0      | F ELE    | CTIO   | N          | District<br>Number | Office<br>Code | Par       | ty Code   | County<br>Code |
| REPRESENTATI                              | VF IN TH               | F GENER          | AL ASSI     | FMBI Y                |         |             |        |                | МО          | DAY      | YE     | AR         | 186                | STH            | DEM       | 1         | 51             |
|   |                        |                  |             |                       |         |             |        |                | 11          |          | 8      | 2022       |                    | (SEE IN        | ISTRUCTIO | ONS FOR ( | CODES)         |
| Summary of<br>Expenditures                |                        | and              | МО          | <b>DAY</b>            | YEAR    | 022         | T      | 0              | МО          | DAY      |        | AR         | FC                 | R OFFI         | CE USE    | ONLY      |                |
| A. Amount Bro                             | ught Foru              | vard Eron        |             |                       | 2       | 022         | •      | 1              | 12          |          | 31     | 2022       |                    |                |           |           |                |
| B. Total Monet                            |                        |                  |             |                       | Sche    | dule        | I)     | \$<br>\$       |             |          |        | 076.51     | <u> </u>           |                |           |           |                |
| C. Total Funds                            | Available              | (Sum Of          | Lines A     | and B)                |         |             |        | \$             |             |          | 101,0  | 76.51      |                    |                |           |           |                |
| D. Total Expen                            | ditures (F             | rom Sche         | edule III   | [)                    |         |             |        | \$             |             |          | 30,8   | 321.33     | 1                  |                |           |           |                |
| E. Ending Cash                            | Balance (              | (Subtract        | Line D      | From Line             | C)      |             |        | \$             |             |          | 70,2   | 55.18      | ]                  |                |           |           |                |
| F. Value Of In-                           | Kind Cont              | ributions        | Receive     | ed (From S            | chedu   | le II       | )      | \$             |             |          |        | 0.00       |                    |                |           |           |                |
| G. Unpaid Debt                            | ts And Ob              | ligations        | (From S     | Schedule IV           | )       |             |        | \$             |             |          |        | 0.00       |                    |                | •         |           |                |
|   |                        |                  |             |                       | AFF     | IDA         | VI     | ΓSE            | CTION       |          |        |            |                    |                |           |           |                |
| PART I - If this is                       | s a Commi              | ittee repo       | ort, trea   | surer sign            | here.   | If thi      | is is  | a Can          | ididate re  | eport, o | candi  | date sig   | jn here.           |                |           |           |                |
| I swear (or affirm) correct and comple    |                        | eport, incl      | uding the   | attached sc           | hedule  | s filed     | d on I | paper (        | or by elect | ronic m  | edium  | , are to t | the best o         | f my kno       | wledge a  | and belie | ef , true      |
| Sworn to and subs                         | scribed befo<br>day of | ore me this      |             | 20                    |         |             |        |                |             |          | S      | ignature   | e of Perso         | n Submit       | ting Rep  | ort       |                |
|   |                        | Signatu          | re          | -                     |         |             |        | -              |             |          |        |            | Prin               | ted Name       | e         |           |                |
| My Commission Ex                          | xpires                 | <b>-</b>         |             |                       |         |             |        |                |             |          |        |            | Ema                | il             |           |           |                |
|   | ī                      | мо               | DA          | λΥ                    | YR      |             |        | -              |             | Are      | ea Cod | le         | Daytim             | e Telepi       | none Nui  | mber      |                |
| Part II- If this is                       | a report               | of a cand        | lidate's a  | authorized            | Comn    | nitte       | e, Ca  | andida         | ate shall   | sign he  | ere.   |            |                    |                |           |           |                |
| I swear (or affirm)<br>No 320) as amende  |                        | e best of m      | ny knowle   | edge and beli         | ef this | politi      | ical   | commi          | ittee has n | ot viola | ted an | y provis   | ions of th         | e act of J     | une 3,19  | 937 (P.L  | . 1333,        |
| Sworn to and subsc                        |                        | e me this        |             |                       |         |             |        |                |             |          |        | S          | ignature (         | of Candid      | ate       |           |                |
|   | day of<br>             |                  |             |                       |         |             |        | -              |             |          |        |            | Printe             | ed Name        |           |           |                |
|   |                        | Signature        |             |                       |         |             |        | -              |             |          |        |            | F                  | :1             |           |           |                |
| My Commission Exp                         | oires                  |                  |             |                       |         |             |        |                |             |          |        |            | Ema                |                |           |           |                |
|   | _                      | мо               | DA          | AY                    | YR      | 1           |        | -              |             | Area     | Code   |            | D                  | aytime T       | elephon   | e Numb    | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |           |              |            |
|--|-----------|-----------|--------------|------------|
| Name of Filing Committee or Candidate  | Reporting | g Period  |              |            |
| CITIZENS FOR JODAN A. HARRIS   | From:     | 11/29/202 | <u>2</u> To: | 12/31/2022 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |           |              |            |
| TOTAL for the Reporting  | ) 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  | ) 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)   |           |           | \$           | 18,000.00  |
| TOTAL for the Reporting  | Period    | (3)       | \$           | 18,000.00  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |           |              |            |
| TOTAL for the Reporting  | ) Period  | (4)       | \$           | 0.00       |
| 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 |           |           | \$           | 18,000.00  |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                        | this Part to itemize onl with an aggregate value |                   | \$2 |     | ) in the |      |    |            |
|------------------------|--|-------------------|-----|-----|----------|------|----|------------|
| Nume of Fining Comm    | intec of cumulate                                |                   |     | om: | renou    | То   | :  |            |
|                        |  |                   |     |     | DATE     |      |    | AMOUNT     |
| Full Name of Contribut | ing Committee                                    |                   |     | МО  | DAY      | YEAR |    |            |
| Mailing Address        |  |                   |     |     |          |      | \$ | 0.00       |
| City                   | State  | Zip Code (Plus 4) | )   |     |          |      |    |            |
|                        | <b>!</b>   | <b>I</b>          | !   |     | <u> </u> |      |    | DAGE TOTAL |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

| PAGE TOTAL |
|------------|
| \$<br>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 Filing Committee or Candi | date  |                  | Re <sub>l</sub><br>Fro | oorting P<br>m: | eriod | To   | o: |        |
|-----------------------------------|-------|------------------|------------------------|-----------------|-------|------|----|--------|
|                                   |       |                  |                        |                 | 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 Candi | date               |               | Reporting   | Period |     |      |    |            |
|-----------------------------------|--------------------|---------------|-------------|--------|-----|------|----|------------|
|                                   |                    |               | From:       |        |     | То:  |    |            |
|                                   |                    |               |             | DA     | TE  |      | Α  | MOUNT      |
| Full Name of Contributing Commit  | tee                |               |             | мо     | DAY | YEAR |    |            |
| Mailing Address                   |                    |               |             |        |     |      | \$ | 0.00       |
| City                              | State              | Zip Cod       | e (Plus 4)  |        |     |      |    |            |
|                                   |                    |               |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on S  | Schedule I, Detail | ed Summary 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                |           |          |           | Rep    | orting Pe             | riod           |               |                   |         |           |
|--|-----------|----------|-----------|--------|-----------------------|----------------|---------------|-------------------|---------|-----------|
| CITIZENS FOR JODAN A. HARRIS                         |           |          |           | Fron   | n:                    | 11/29/2        | <u>022</u> To | <b>o</b> :        | 12/     | 31/2022   |
|  |           |          | ·         |        | D/                    | ATE            |               |                   | AMOUI   | NT        |
| Full Name of Contributor MELONEASE SHAW              |           |          |           |        | мо                    | DAY            | YEAR          |                   |         |           |
| Mailing 3901 CITY AVE Address                        |           |          |           |        |                       |                |               | \$                |         | 500.00    |
| City PHILADELPHIA                                    | State     | Zip Co   | ode (Plus | 4)     | 12                    | 31             | 2022          | !                 |         |           |
|  | PA        | 1913     | 12906     |        |                       |                |               |                   |         |           |
| Employer Name MAVEN, INC.                            |           |          |           |        | Occupat               | t <b>ion</b> F | OUNDE         | :R                |         |           |
| Employer Mailing Address/Principal Place<br>Business | e of      | <b>—</b> | City      |        |                       | State          |               | Zip C             | ode (Pl | us 4)     |
| 333 E CITY AVESTE 300                                |           | ŀ        | BALA CYN  | NWYD   |                       | PA             |               | 190               | 041512  | 2         |
| Full Name of Contributor MELISSA HELLER              |           |          |           |        | МО                    | DAY            | YEAR          |                   |         |           |
| Mailing 351 WINDING WAY                              |           |          |           |        |                       |                |               | \$                |         | 2,500.00  |
| City MERION STATION                                  | State     | Zip Co   | ode (Plus | 4)     | 12                    | 17             | 2022          | <u> </u>          |         |           |
|  | PA        | 1906     | 61521     |        |                       |                |               |                   |         |           |
| Employer Name COMMONWEALTH STR                       | RATEGIES  |          |           |        | Occupation PRESIDENT  |                |               |                   |         |           |
| Employer Mailing Address/Principal Place Business    | e of      | Π,       | City      |        | I                     | State          |               | Zip C             | ode (Pl | us 4)     |
| 351 WINDIN WAY                                       |           |          | MERION S  | STATIO | ON                    | PA             |               | 190               | 661521  | L         |
| Full Name of Contributor                             |           |          |           |        |                       |                |               |                   |         |           |
| MICHAEL RUBIN  |           |          |           |        | МО                    | DAY            | YEAR          |                   |         |           |
| Mailing 4201 NESHAMINY BLV                           | /D PMB 20 |          |           |        |                       |                |               | \$                |         | 15,000.00 |
| City BENSALEM  | State     | Zip Co   | ode (Plus | 4)     | 12                    | 6              | 2022          | 2                 |         |           |
|  | PA        | 1902     | 01609     |        |                       |                |               |                   |         |           |
| Employer Name FANATICS                               |           |          |           |        | <b>Occupation</b> CEO |                |               |                   |         |           |
| Employer Mailing Address/Principal Place<br>Business | e of      |          | City      |        | State                 |                |               | Zip Code (Plus 4) |         |           |
| 205 HUDSON ST  |           |          | NEW YOR   | ιK     |                       | NY             |               | 100               | 131803  | 3         |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL

18,000.00

\$

## 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   | Candidate                |                  | Report  | ting Perio | bd  |      |     |         |
|-------------------------------|--------------------------|------------------|---------|------------|-----|------|-----|---------|
|                               |                          |                  | From:   |            |     | To:  |     |         |
|                               |                          |                  |         | D          | ATE |      | AM  | OUNT    |
| Full Name                     |                          |                  |         | МО         | DAY | YEAR |     |         |
| Mailing Address               |                          |                  |         |            |     |      | \$  | 0.00    |
| City                          | State                    | Zip Code (       | Plus 4) |            |     |      |     |         |
| Receipt Description           | •                        | •                |         | •          | •   | •    | _   |         |
| Enter Grand Total of Part E o | on Schedule I. Detaile   | d Summary Page   | Section | 4          |     |      | PAG | E TOTAL |
|                               | m deficación 1, detailes | z Sammary r age, | occion  | ••         |     |      | \$  | 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 Per | iod                          |                   |
|--|---------------|------------------------------|-------------------|
| CITIZENS FOR JODAN A. HARRIS   | From:         | <u>11/29/2022</u> <b>To:</b> | <u>12/31/2022</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTO | R                            |                   |
| 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 Candid | ate                 |                       | Reporting | g Period      |        |           |            |
|------------------------------------|---------------------|-----------------------|-----------|---------------|--------|-----------|------------|
|                                    |                     |                       | From:     |               |        | То:       |            |
|                                    |                     |                       |           | DATE          |        |           | AMOUNT     |
| Full Name of Contributor           |                     |                       | МО        | DAY           | YEAR   |           |            |
| Mailing Address                    |                     |                       |           |               |        | <b>\$</b> | 0.00       |
| City                               | State               | Zip Code (Plus 4)     |           |               |        |           |            |
| Description of Contribution:       |                     |                       |           |               |        |           |            |
| Enter Grand Total of Part F on S   | chedule II In-Kir   | nd Contributions Deta | iled Sum  | mary Pag      | ле Г   |           | PAGE TOTAL |
| Section 2.                         | incudic 11, 111 Kii | ia contributions beta | nea Sam   | illial y I as | ,<br>, |           | PAGE TOTAL |
|                                    |                     |                       |           |               |        | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                          | 1            |         |            |         | Re     | porting l | Period    |       |         |                    |
|--|--------------|---------|------------|---------|--------|-----------|-----------|-------|---------|--------------------|
|  |              |         |            |         | Fro    | om:       |           | To:   |         |                    |
|  |              |         |            |         |        |           | DATE      |       |         | AMOUNT             |
| Full Name of Contributor                                       |              |         |            |         |        | мо        | DAY       | YEAR  |         |                    |
| Mailing Address  |              |         |            |         |        |           |           |       | -<br>\$ | 0.00               |
| City   | State        |         | Zip Code(I | Plus 4) |        |           |           |       |         |                    |
| Employer of Contributor  |              |         |            |         |        | Occupa    | ition     |       |         |                    |
| Employer Mailing Address/Principal Pla<br>Business             | ce of        | City    |            | State   |        | Zip<br>4) | Code(Plus | Descr | iptio   | n of Contribution  |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | nedule II, I | in-Kind | Contributi | ons De  | etaile | ed        |           |       |         | PAGE TOTAL<br>0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reportin | g Period   |     |            |
|---------------------------------------|----------|------------|-----|------------|
| CITIZENS FOR JODAN A. HARRIS          | From     | 11/29/2022 | То: | 12/31/2022 |
|                                       |          | DATE       |     | AMOUNT     |

|  |  |                                       |                                       | DATE                                      |      | AMOUNT |          |  |
|--|--|---------------------------------------|---------------------------------------|---|------|--------|----------|--|
| To Whom Paid JORDAN HARRIS   |  |                                       | мо                                    | DAY                                       | YEAR |        |          |  |
| Mailing Address 1353 S 31ST ST   |  |                                       | 12                                    | 1   | 2022 | \$     | 535.73   |  |
| City PHILADELPHIA  | ADELPHIA PA  State PA  2ip Code (Plus 4) 191463505 |                                       |                                       | Description of Expenditure REIMBURSEMENT  |      |        |          |  |
| To Whom Paid<br>REMARKABLE   |  |                                       | МО                                    | DAY                                       | YEAR |        |          |  |
| Mailing Address BEIRMANS GATE 6  |  |                                       | 12                                    | 1   | 2022 | \$     | 3.17     |  |
| City OSLO State Zip Code (Plus 4)  |  |                                       | Description of Expenditure TECHNOLOGY |   |      |        |          |  |
| To Whom Paid WALMART   |  |                                       | МО                                    | DAY                                       | YEAR |        |          |  |
| Mailing Address 1675 S COLUMBUS BLVD   |  |                                       | 12                                    | 2   | 2022 | \$     | 129.47   |  |
| City PHILADELPHIA  | PHILADELPHIA PA    Zip Code (Plus 4)   191481402   |                                       |                                       | Description of Expenditure OFFICE SUPPLES |      |        |          |  |
| To Whom Paid<br>CITY YEAR  |  | -                                     | МО                                    | DAY                                       | YEAR |        |          |  |
| Mailing Address 211 N 13TH ST FL 100   |  |                                       | 12                                    | 5   | 2022 | \$     | 1,000.00 |  |
| City PHILADELPHIA  | <b>State</b><br>PA                                 | <b>Zip Code (Plus 4)</b><br>191071600 | Description of Expenditure DONATION   |   |      |        |          |  |
| To Whom Paid EXTRA SPACE   |  |                                       | МО                                    | DAY                                       | YEAR |        |          |  |
| Mailing Address 2795 E COTTONWOOD PKWY   |  |                                       | 12                                    | 5   | 2022 | \$     | 528.20   |  |
| City         SALT LAKE CITY         State         Zip Code (Plus 4)           UT         841217032 |  |                                       | Description of Expenditure STORAGE    |   |      |        |          |  |

|  |                              |                                       |   |  |                                      | •        | AGE 13    |
|--|------------------------------|---------------------------------------|---|--|--------------------------------------|----------|-----------|
| To Whom Paid HURST MANAGEMENT  |                              |                                       |   | DAY  | YEAR                                 |          |           |
| Mailing Address 1510 MONTROSE ST   |                              |                                       | 12  | 5  | 2022                                 | \$       | 20,000.00 |
| City PHILADELPHIA PA 2ip Code (Plus 4) PA 191462115  |                              |                                       |   | otion of Exp                                     |                                      |          |           |
|  |                              |                                       | POLITI  | CAL CONS   | JETING                               |          |           |
| To Whom Paid UBER  |                              |                                       | МО  | DAY  | YEAR                                 |          |           |
| Mailing Address 555 MARKET ST  |                              |                                       | 12  | 5  | 2022                                 | \$       | 444.85    |
| City PHILADELPHIA State Zip Code (Plus 4)  |                              |                                       |   | tion of Exp                                      | enditure                             |          |           |
|  | PA                           | 191061513                             | TRAVEL FOR PA SOCIETY                                 |  |                                      |          |           |
| To Whom Paid HITLON GARDEN INN MIDTOWN   |                              |                                       | МО  | DAY  | YEAR                                 |          |           |
| Mailing Address 45 E 33RD ST   |                              |                                       | 12  | 6  | 2022                                 | \$       | 2,493.81  |
| City NEW YORK  | State<br>NY                  | <b>Zip Code (Plus 4)</b><br>100165336 | Description of Expenditure HOTEL ROOMS FOR PA SOCIETY |  |                                      |          |           |
| To Whom Paid VANTIV ECOMMERCE FUNDS  |                              |                                       | МО  | DAY  | YEAR                                 |          |           |
| Mailing Address 8500 GOVERNORS HILL DR   |                              |                                       |   |  |                                      |          |           |
| Mailing Address 8500 GOV   | ERNORS HILL DR               |                                       | 12  | 9  | 2022                                 | \$       | 1.31      |
| Mailing Address 8500 GOV  City SYMMES TWP  | /ERNORS HILL DR              | Zip Code (Plus 4)                     |   | 9<br>otion of Exp                                |                                      | \$       | 1.31      |
| 0300 000   |                              | <b>Zip Code (Plus 4)</b> 452491384    | Descrip   |  |                                      | \$       | 1.31      |
| 0300 000   | State                        |                                       | Descrip   | otion of Exp                                     |                                      | \$       | 1.31      |
| City SYMMES TWP  To Whom Paid T MOBILE   | State                        |                                       | <b>Descrip</b><br>ACTBLU                              | otion of Exp<br>JE FEES                          | penditure                            | \$       | 334.78    |
| City SYMMES TWP  To Whom Paid T MOBILE   | State<br>OH                  |                                       | Descrip<br>ACTBLU<br>MO                               | DE FEES  | YEAR 2022                            |          |           |
| City SYMMES TWP  To Whom Paid T MOBILE  Mailing Address 1737 CHE   | State OH STNUT ST            | 452491384                             | MO  12  Descrip                                       | DAY  | YEAR 2022 penditure                  | \$       |           |
| City SYMMES TWP  To Whom Paid T MOBILE  Mailing Address 1737 CHE   | State OH STNUT ST State      | 452491384  Zip Code (Plus 4)          | MO  12  Descrip                                       | DAY  12  ption of Exp                            | YEAR 2022 penditure                  | \$       |           |
| To Whom Paid T MOBILE  Mailing Address 1737 CHE  City PHILADELPHIA                                       | State OH  STNUT ST  State PA | 452491384  Zip Code (Plus 4)          | MO  12  Descrip COMMU                                 | DAY  12  Dition of Exp UNICATION                 | YEAR 2022 Denditure                  | \$       |           |
| City SYMMES TWP  To Whom Paid T MOBILE  Mailing Address 1737 CHE  City PHILADELPHIA  To Whom Paid SUNOCO | State OH  STNUT ST  State PA | 452491384  Zip Code (Plus 4)          | MO  12  Descrip COMMU  MO                             | DAY  12  ption of Exp JE FEES  DAY  12  DAY  DAY | YEAR 2022 Denditure EXPENS YEAR 2022 | \$<br>ES | 334.78    |

|                                      |                    |                                       |   |   |      | PAGI | 14       |  |
|--------------------------------------|--------------------|---------------------------------------|---|---|------|------|----------|--|
| <b>To Whom Paid</b><br>UBER          | МО                 | DAY                                   | YEAR  |   |      |      |          |  |
| Mailing Address 555 MARKET ST        |                    |                                       |   | 13  | 2022 | \$   | 34.10    |  |
| City PHILADELPHIA                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191061513 | Description of Expenditure TRAVEL                         |   |      |      |          |  |
| To Whom Paid UBER                    |                    |                                       | МО  | DAY   | YEAR |      |          |  |
| Mailing Address 555 MARKET ST        |                    |                                       | 12  | 14  | 2022 | \$   | 28.81    |  |
| City PHILADELPHIA                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191061513 | Description of Expenditure TRAVEL                         |   |      |      |          |  |
| To Whom Paid CANOPY WASHINGTON DC    |                    |                                       | МО  | DAY   | YEAR |      |          |  |
| Mailing Address 975 7TH ST SW        |                    |                                       | 12  | 15  | 2022 | \$   | 484.91   |  |
| City WASHINGTON                      | <b>State</b> DC    | <b>Zip Code (Plus 4)</b> 200243437    | Description of Expenditure                                |   |      |      |          |  |
| To Whom Paid CITIZENS FOR AMEN BROWN |                    |                                       | МО  | DAY   | YEAR |      |          |  |
| Mailing Address PO BOX 42857         |                    |                                       | 12  | 20  | 2022 | \$   | 2,500.00 |  |
| City PHILADELPHIA                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191012857 | Description of Expenditure DONATION TO ST. HOUSE CAMPAIGN |   |      |      |          |  |
| To Whom Paid U-HAUL                  |                    |                                       | МО  | DAY   | YEAR |      |          |  |
| Mailing Address 1015 -12 S 12 ST     |                    |                                       | 12  | 20  | 2022 | \$   | 107.90   |  |
| City PHILADELPHIA                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19147     | Description of Expenditure BICYCLE TRANSPORTATION         |   |      |      |          |  |
| To Whom Paid V&S ELMWOOD LANES       |                    |                                       | МО  | DAY   | YEAR |      |          |  |
| Mailing Address 7235 ELMWOOD AVE     |                    |                                       | 12  | 21  | 2022 | \$   | 100.00   |  |
|                                      |                    |                                       |   | Description of Expenditure VENUE RENTAL FEE |      |      |          |  |

|  |                        |                                       |   |     |      |    | .,.0= 15   |
|--|------------------------|---------------------------------------|---|-----|------|----|------------|
| To Whom Paid SN FOOD MART  Mailing Address 80 E OREGON AVE |                        |                                       | мо  | DAY | YEAR |    |            |
|  |                        |                                       | 12  | 22  | 2022 | \$ | 25.00      |
| City PHILADELPHIA  | <b>State</b><br>PA     | <b>Zip Code (Plus 4)</b><br>191484110 | Description of Expenditure GAS FOR UHAUL          |     |      |    |            |
| To Whom Paid<br>WALMART                                    |                        |                                       | МО  | DAY | YEAR |    |            |
| Mailing Address 1675 S COLUMBUS BLVD                       |                        |                                       | 12  | 22  | 2022 | \$ | 1,602.00   |
| City PHILADELPHIA  | <b>State</b><br>PA     | <b>Zip Code (Plus 4)</b><br>191481402 | Description of Expenditure BICYCLES               |     |      |    |            |
| <b>To Whom Paid</b><br>U-HAUL                              |                        |                                       | МО  | DAY | YEAR |    |            |
| Mailing Address 1015 -12 S 12 ST                           |                        |                                       | 12  | 27  | 2022 | \$ | 65.20      |
| City PHILADELPHIA  | State<br>PA            | <b>Zip Code (Plus 4)</b><br>19147     | Description of Expenditure BICYCLE TRANSPORTATION |     |      |    |            |
| To Whom Paid<br>ZOOM. US                                   | ·                      | ·                                     | мо  | DAY | YEAR |    |            |
| Mailing Address 55 ALMADEN BLVD STE 400                    |                        |                                       | 12  | 27  | 2022 | \$ | 367.09     |
| City SAN JOSE  | <b>State</b><br>CA     | Description of Expenditure TECHNOLOGY |   |     |      |    |            |
| Enter Grand Total of Even                                  | adituros on Pago 1. Po | nort Cover Page Ttem D                |   |     |      |    | PAGE TOTAL |
| Enter Grand Total of Exper                                 | iditules on Page 1, Re | port cover Page, Item D               | •   |     |      | \$ | 30,821.33  |