

Campaign Finance Report

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

Filer Identification Number : 9900251		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: WARD 16 DEM EXEC COM										
Street Address: 2252 N. WOODSTOCK ST										
City: PHILADELPHIA				State: PA		Zip Code: 19132				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2023	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR	DEM 51			
				11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2023		3	27	2023		
A. Amount Brought Forward From Last Report				\$ 2,625.99						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 1,300.00						
C. Total Funds Available (Sum Of Lines A and B)				\$ 3,925.99						
D. Total Expenditures (From Schedule III)				\$ 280.50						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 3,645.49						
F. Value Of In-Kind Contributions Received (From Schedule II)				\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)				\$ 0.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
WARD 16 DEM EXEC COM	From: <u>1/1/2023</u> To: <u>3/27/2023</u>

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)	\$ 900.00
All Other Contributions (Part B)	\$ 400.00
TOTAL for the Reporting Period (2)	\$ 1,300.00

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 Period (3)	\$ 0.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,300.00
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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			
WARD 16 DEM EXEC COM				From: <u>1/1/2023</u> To: <u>3/27/2023</u>			
				DATE		AMOUNT	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 100.00
Friends of John Sabatina			2	18	2023	
Mailing Address	7720 Castor Ave					
City	State	Zip Code (Plus 4)				
Philadelphia	PA	19152				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 100.00
Friends of Rania Major			2	18	2023	
Mailing Address						
1806 Kater St						
City	State	Zip Code (Plus 4)				
Philadelphia	PA	19146				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 100.00
FRIENDS OF CHESLEY LIGHTSEY FOR JUDGE			2	18	2023	
Mailing Address						
110 W MOUNT PLEASANT AVE						
City	State	Zip Code (Plus 4)				
PHILADELPHIA	PA	19119				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 100.00
Friends of Wade Albert			2	18	2023	
Mailing Address						
P.O. Box 2119						
City	State	Zip Code (Plus 4)				
Philadelphia	PA	19103				

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 100.00
Friends of Rochelle Bilal			2	18	2023	
Mailing Address						
P.O. Box 14140						
City	State	Zip Code (Plus 4)				
Philadelphia	PA	19138				

Full Name of Contributing Committee Friends of Jalon Alexander			MO	DAY	YEAR	\$ 100.00
Mailing Address 3137 W Gordon St			2	18	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 19132				

Full Name of Contributing Committee CITIZENS FOR ISAIAH THOMAS			MO	DAY	YEAR	\$ 100.00
Mailing Address 2008 CHESTNUT ST SUITE 1R			2	18	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103-4418				

Full Name of Contributing Committee PARKER, CHERELLE FRIENDS OF			MO	DAY	YEAR	\$ 100.00
Mailing Address P O BOX 27647			2	18	2023	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19118-0647				

Full Name of Contributing Committee Turner for Judge Pac			MO	DAY	YEAR	\$ 100.00
Mailing Address 931 Federal St			2	18	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 19147				

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

PAGE TOTAL
\$ 900.00

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 Candidate	Reporting Period
WARD 16 DEM EXEC COM	From: <u>1/1/2023</u> To: <u>3/27/2023</u>

DATE	AMOUNT
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Full Name of Contributor Dr. Craig Smith				MO	DAY	YEAR	\$ 100.00
Mailing Address 5773 Kemble Ave				2	18	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 19141					

Full Name of Contributor Rae Hall			MO	DAY	YEAR	\$ 100.00
Mailing Address 2415 South 20th St			2	18	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 19145				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
Deshawnda Williams							
Mailing Address 7955 Cedarbrook Ave				2	18	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 19150					

Full Name of Contributor Derwood Selby				MO	DAY	YEAR	\$ 100.00
Mailing Address 1500 Chestnut St Suite 2				2	18	2023	
City Philadelphia	State PA	Zip Code (Plus 4) 19102					

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

PAGE TOTAL
\$ 400.00

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL
\$ 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: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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 From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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>1/1/2023</u> To: <u>3/27/2023</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
WARD 16 DEM EXEC COM	From <u>1/1/2023</u> To: <u>3/27/2023</u>

DATE				AMOUNT
To Whom Paid Andrew Smith	MO	DAY	YEAR	
Mailing Address 2252 N Woodstock St	2	13	2023	\$ 147.50
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Reimbursement	
To Whom Paid Steve Jones	MO	DAY	YEAR	
Mailing Address 2621 Chadwick st	3	27	2023	\$ 133.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Description of Expenditure Reimbursement	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 280.50

