Campaign Finance Report

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

Filer Identification 9900251 Number :					Rep File			CANE	DID	ATE		СОМ	1ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		WAR	RD 1	.6 DE	M EXEC	CC	MC				•				
Street Address:	2252 N. WOO	DSTOC	< ST															
City:	PHILADELPHI/	4						State:	ı	PA			Zip Cod	le: 19	9132			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	:- 2	2.	30 DA		PC	OST-	3.		AMENDM REPORT?		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pri	E- 5	5.	30 DA		PC	OST-	6. X		TERMINA REPORT?		Yes	No		\
report type)	ANNUAL REPORT	7.	Year 2023					NG MET					PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE	OF	ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Cour	
								МО	ı	DAY	YE	AR		•	DEN	1	51	
								1	.1		7	2023		(SEE IN	STRUCTIO	ONS FOR	CODES)
	Receipts and	МО	DAY	YEAR	2			МО	ı	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		10 24	2	.023	Т	0	1	.1	2	27	2023						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				4,8	345.93						
B. Total Monetary Contributions And Receipts (From S						I)	\$				2	250.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				5,0	95.93						
D. Total Expenditures (From Schedule III)							\$				1,6	25.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$				3,4	70.93						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$					0.00			•			
				AFF	IDA	VI	ΓSE	CTIO	V									
	s a Committee rep	-	_						-	•		_						
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sc	1edule:	s filed	d on	paper	or by ele	ctro	onic me	dium	, are to t	he best o	f my kno	wledge	and beli	ef , tr	ue
Sworn to and subs	cribed before me this day of	i	20						-		s	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu	ra					- -		-				Prin	ted Name	e			_
My Commission Ex	_								_				Ema	il				-
	мо	D	AY	YR			_		_	Are	a Cod	e	Daytim	e Teleph	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate sha	II si	ign he	re.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	polit	ical	comm	ittee has	not	t violat	ed an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 133	3,
Sworn to and subsc	ribed before me this								-			Si	ignature o	of Candid	ate			-
	day of						-		-				Printe	d Name				-
	Signature						-		_									_
My Commission Exp	_												Ema	il				
	МО	D	AY	YR	R		•		-	Area	Code		Da	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
WARD 16 DEM EXEC COM	From:	10/24/202	<u>3</u> To:	11/27/2023
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)			\$	250.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	250.00
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	J 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			\$	250.00

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	g Period		
WARD 16 DEM EXEC COM	From:	10/24/2023	To:	11/27/2023
		DATE		AMOUNT

Full Name of Contributing Committee Jim Harrity For Council	-				YEAR	
Mailing Address Philadelphia						\$ 250.00
City Philadelphia	State PA	Zip Code (Plus 4) 19109	11	6	2023	

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

PAGE TOTAL \$ 250.00

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	Candidate		Rep	oorting P	eriod			
				m:				
					DATE		А	MOUNT
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			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla Business	ce of	City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00

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		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		•		•				
Enter Grand Total of Part E	on Schedule T. Detailer	d Summary Page	Section	4			PAGE TOTAL	
Enter Grana Total of Fait E	on senedare 1, Betanet	a Summary rage,	Section				\$ 0.0	0

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	
WARD 16 DEM EXEC COM	From:	<u>10/24/2023</u> To:	11/27/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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	TF)		
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		Reportin	g Period			
			From:			То:	
				DATE			AMOUNT
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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary Pa	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reporti	ng Period			
WARD 16 DEM EXEC COM			From	<u>10/2</u>	4/2023	То:	11/27/2023
			I	DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Steve Jones							
Mailing Address 2621 Chadw	ick st		11	4	2023	\$	125.00
City Philadelphia	State	Zip Code (Plus 4)	Descri	ption of Exp	penditure		
·	PA	19132	Reimb	ursement			
To Whom Paid Steve Jones			мо	DAY	YEAR		
Steve Jones							
Mailing Address 2621 Chadw	s 2621 Chadwick st			9	2023	\$	150.00
City Philadelphia	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
	PA	19132	Ward 7	Turkey Deli	very		
To Whom Paid			МО	DAY	YEAR		
Andrew Smith							
Mailing Address 2252 N. Woo	dstock St		11	7	2023	\$	600.00
City Philadelphia	State	Zip Code (Plus 4)	Descri	ption of Exp	penditure		
·	PA	19132	GOVT				
To Whom Paid			МО	DAY	YEAR		
Two Brothers Pizza							
Mailing Address 3322 N 12th	St		11	7	2023	\$	750.00
City Philadelphia	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
,-	PA	19140		n Day Food			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

1,625.00