Commonwealth of Pennsylvania

Campaign Finance Statement



File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER:	99002	51	REPO	RT FILED (ON BEHALF OF:	Committee	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST			WARD 16 DEM EXEC COM				
STREET ADDRESS 2252 N. WOODS	TOCK ST						
CITY PHILADELPHIA		STATE	PA		ZIP CODE 1913	2	
TYPE OF REPORT Annual							
NAME OF OFFICE SOUGHT BY CANDIDATE							
DISTRICT CODE	ICT CODE PARTY CODE DEM						
DATE OF ELECTION 11/7,	/2023						
DATES OF REPORTING PERIOD	11/	28/2023	то		1/1/2024	For Office Use Only	
AMENDMENT REPORT?	NO	TER	RMINATION	I REPORT?	NO		
CASH BALANCE AT THE END OF REP PERIOD:	PORTING		3,320.93				
TOTAL AMOUNT OF FILER'S OUTSTADEBTS OR LIABILITIES AT THE ENDREPORTING PERIOD:			0.00				
AFFIDAVIT SECTION							

PART I -

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.

If statement is filed on behalf of a Candidate, the Candidate must sign here.

If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, 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	
SIGNATURE			PRINTED NAME				
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE 3, 1937 (P.L. 1333, No. 320) AS AMI		IOWLEDGE A	ND BELIEF THIS	POLITICAL COMM	IITTEE HAS NOT VIOL	ATED ANY PROVISIONS OF THE ACT OF JUNE	
SWORN TO AND SUBSCRIBED BEFORE ME THIS							
day of			20				
_					SIGNATURE	OF PERSON SUBMITTING REPORT	
SIGNATURE			PRINTED NAME				
MY COMMISION EXPIRES	MO.	DAY	YR.		AREA CODE	DAYTIME TELEPHONE NUMBER	