#### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | on 2015                          | 0358        |                        |         | Rep<br>File                 |      |       | CANE      | IDA    | TE      | •                           | СОММ    | IITTEE                  | ✓              | LOBE      | SYIST     |                |
|---|----------------------------------|-------------|------------------------|---------|-----------------------------|------|-------|-----------|--------|---------|-----------------------------|---------|-------------------------|----------------|-----------|-----------|----------------|
| Name of Filing C                          | Committee, Candid                | ate or Lo   | obbyist:               |         | URB                         | AN   | ENGI  | NEERS,    | INC    | PAC     | _                           |         |                         |                |           |           |                |
| Street Address:                           | 530 WALNUT                       | STREET      | 7TH FLOO               | R       |                             |      |       |           |        |         |                             |         |                         |                |           |           |                |
| City:                                     | PHILADELPHI/                     | 4           |                        |         | State: PA                   |      |       | A         |        |         | <b>Zip Code:</b> 19106-3685 |         |                         |                |           |           |                |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY       | 1.          | 2ND FRIDA'<br>PRIMARY  |         |                             |      |       | AY<br>ARY | POS    | ST- 3   |                             |         | AMENDM<br>REPORT?       | Yes            | No        | <b>~</b>  |                |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION      | 4.          | 2ND FRIDA'<br>ELECTION | y pre   | <u>-</u> 5                  | 5.   | 30 DA |           | POS    | ST- 6   |                             |         | TERMINATION Yes REPORT? |                |           |           |                |
| report type)                              | ANNUAL REPORT                    | 7. <b>X</b> | <b>Year</b> 2023       |         | FILING METHOD ( ) CHECK ONE |      |       |           |        |         |                             |         | PAPER                   |                |           |           | TTE            |
| Name of Office S                          | -<br>Sought by Candida           | te:         |                        |         |                             |      |       | DATE      | OF E   | ELEC1   | ΓΙΟΝ                        |         | District<br>Number      | Office<br>Code | Par       | ty Code   | County<br>Code |
|   |                                  |             |                        |         |                             |      |       | МО        | DA     | AY      | YEA                         | R       | rtumber                 | Couc           |           |           | Couc           |
|   |                                  |             |                        |         |                             |      |       | 1         | 1      | 7       | 2                           | 2023    |                         | (SEE IN        | ISTRUCTIO | ONS FOR C | ODES)          |
|   | Receipts and                     | МО          | DAY                    | YEAR    | ł                           |      |       | МО        | D      | AY      | YEA                         | ıR      | FO                      | R OFFI         | CE USE    | ONLY      |                |
| Expenditures                              | from:                            |             | 1 1                    | 2       | 023                         | T    | 0     | 1         | 2      | 31      | . :                         | 2023    |                         |                |           |           |                |
| A. Amount Bro                             | ught Forward Fron                | n Last R    | eport                  |         |                             |      | \$    |           |        |         | 5                           | 5.00    |                         |                |           |           |                |
| B. Total Monet                            | ary Contributions                | And Rec     | eipts (From            | Sche    | dule                        | I)   | \$    |           |        |         |                             | 0.00    |                         |                |           |           |                |
| C. Total Funds                            | Available (Sum Of                | Lines A     | and B)                 |         |                             |      | \$    |           |        |         | 5                           | 5.00    |                         |                |           |           |                |
| D. Total Expen                            | ditures (From Scho               | edule II    | I)                     |         |                             |      | \$    |           |        |         | 5.                          | 5.00    |                         |                |           |           |                |
| E. Ending Cash                            | Balance (Subtract                | Line D      | From Line (            | C)      |                             |      | \$    |           |        |         | (                           | 0.00    |                         |                |           |           |                |
| F. Value Of In-                           | Kind Contributions               | Receiv      | ed (From S             | chedu   | le II)                      | )    | \$    |           |        |         | (                           | 0.00    |                         |                |           |           |                |
| G. Unpaid Debt                            | s And Obligations                | (From S     | Schedule IV            | )       |                             |      | \$    |           |        |         | (                           | 0.00    |                         |                | '         |           |                |
|   |                                  |             |                        | AFF     | IDA                         | VI   | ΓSE   | CTION     | J      |         |                             |         |                         |                |           |           |                |
| PART I - If this is                       | s a Committee rep                | ort, trea   | surer sign l           | here. I | If thi                      | s is | a Car | ndidate   | repo   | ort, ca | ndida                       | ite sig | n here.                 |                |           |           |                |
| I swear (or affirm)<br>correct and comple | ) that this report, incl<br>ete. | uding the   | e attached scl         | nedules | s filed                     | l on | paper | or by ele | ctron  | nic med | ium, a                      | re to t | he best o               | f my kno       | wledge a  | and belie | ef , true      |
| Sworn to and subs                         | cribed before me this<br>day of  | 1           | 20                     |         |                             |      |       |           | _      |         | Sig                         | nature  | of Perso                | n Submit       | ting Rep  | ort       |                |
|   | Signatu                          | ro          |                        |         |                             |      | -     |           | _      |         |                             |         | Prin                    | ted Nam        | e         |           |                |
| My Commission Ex                          | _                                |             |                        |         |                             |      |       |           | _      |         |                             |         | Ema                     | il             |           |           |                |
|   | мо                               | D           | AY                     | YR      |                             |      | _     |           |        | Area    | Code                        |         | Daytim                  | e Telepi       | none Nu   | mber      |                |
| Part II- If this is                       | a report of a cand               | lidate's    | authorized             | Comn    | nitte                       | e, C | andid | ate sha   | ll sig | n her   | e.                          |         |                         |                |           |           |                |
| I swear (or affirm)<br>No 320) as amende  | that to the best of n            | ny knowle   | edge and beli          | ef this | politi                      | ical | comm  | ittee has | not v  | violate | d any i                     | provisi | ons of the              | e act of J     | une 3,19  | 937 (P.L. | 1333,          |
| Sworn to and subsc                        | ribed before me this             |             |                        |         |                             |      |       |           | _      |         |                             | Si      | gnature o               | of Candid      | ate       |           |                |
|   | day of                           |             |                        |         |                             |      | -     |           | _      |         |                             |         | Printe                  | d Name         |           |           |                |
|   | Signature                        |             |                        |         |                             |      | -     |           | _      |         |                             |         |                         |                |           |           |                |
| My Commission Exp                         | ires                             |             |                        |         |                             |      |       |           |        |         |                             |         | Ema                     | il             |           |           |                |
|   | МО                               | D           | AY                     | YR      | 1                           |      | •     |           | _      | Area Co | ode                         |         | Da                      | ytime T        | elephon   | e Numbe   | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period |              |            |
|--|-----------|----------|--------------|------------|
| URBAN ENGINEERS, INC PAC   | From:     | 1/1/202  | <u>3</u> To: | 12/31/2023 |
| 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)  | -         |          | \$           | 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)   |           |          | \$           | 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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |          | \$           | 0.00       |

#### **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 Commi     | ttee or Candidate |                   | Rep | oorting F | eriod |      |    |        |
|--------------------------|-------------------|-------------------|-----|-----------|-------|------|----|--------|
|                          |                   |                   | Fro | m:        |       | To   | o: |        |
|                          |                   |                   |     |           | DATE  |      |    | AMOUNT |
| Full Name of Contributor | r                 |                   |     | 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 Candidate |                       |          | Reporting   | Period |     |      |    |            |
|---------------------------------------|-----------------------|----------|-------------|--------|-----|------|----|------------|
|                                       |                       |          | From:       |        |     | То:  |    |            |
|                                       |                       |          |             | DA     | TE  |      | А  | MOUNT      |
| Full Name of Contributing Committee   |                       |          |             | мо     | DAY | YEAR |    |            |
| Mailing Address                       |                       |          |             |        |     |      | \$ | 0.00       |
| City                                  | State                 | Zip Cod  | e (Plus 4)  |        |     |      |    |            |
|                                       |                       |          |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on Scho   | edule I, Detailed Sun | nmary 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               |                     |                |              | Reporting Period |       |      |          |             |  |  |
|---|---------------------|----------------|--------------|------------------|-------|------|----------|-------------|--|--|
|   |                     |                | Fron         | n:               |       | То   | :        |             |  |  |
|   |                     |                |              | D/               | ATE   |      | ı        | AMOUNT      |  |  |
| Full Name of Contributor                            |                     |                |              | МО               | DAY   | YEAR |          |             |  |  |
| Mailing<br>Address                                  |                     |                |              |                  |       |      | \$       | 0.00        |  |  |
| City  | State               | Zip Code (Plus | s <b>4</b> ) |                  |       |      |          |             |  |  |
| Employer Name                                       |                     |                |              | Occupat          | tion  |      |          |             |  |  |
| Employer Mailing Address/Principal Plac<br>Business | e of                | City           |              |                  | State |      | Zip Co   | de (Plus 4) |  |  |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed Su | ımmary Page,   | Section      | on 3.            |       |      |          | PAGE TOTAL  |  |  |
|   |                     |                |              |                  |       |      | <b>•</b> | 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               |                   | Repor   | ting Perio | od  |      |    |          |
|-------------------------------|-------------------------|-------------------|---------|------------|-----|------|----|----------|
|                               |                         |                   | From:   |            |     | To:  |    |          |
|                               |                         |                   | •       | D          | ATE |      | AI | MOUNT    |
| 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. Detailed | d Summary Page    | Section | 4          |     |      | PA | GE TOTAL |
| - Inc. Statia Total of Fall E | Jonedane 1, Betanet     | . Jammar y r uge, | 500.011 |            |     |      | \$ | 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 | I                          |            |
|--|------------------|----------------------------|------------|
| URBAN ENGINEERS, INC PAC   | From:            | <u>1/1/2023</u> <b>To:</b> | 12/31/2023 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER CONTRIBUTOR  |                            |            |
| 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:     |               |      | To:       |            |
|                                    |                     |                       |           | 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 | ,    |           | PAGE TOTAL |
|                                    |                     |                       |           |               |      | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

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

## SCHEDULE III STATEMENT OF EXPENDITURES

| URBAN ENGINEERS, INC PAC From | 1/1/2023 | То: | 12/31/2023 |
|-------------------------------|----------|-----|------------|

|   |                    |                                   | DATE  |     |      |    | AMOUNT     |
|---|--------------------|-----------------------------------|---|-----|------|----|------------|
| To Whom Paid Urban Engineers, Inc.                                      |                    |                                   | мо  | DAY | YEAR |    |            |
| Mailing Address 530 Walnut Street, 7th Floor                            |                    |                                   | 12  | 27  | 2023 | \$ | 55.00      |
| <b>City</b> Philadelphia  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19020 | Description of Expenditure Bank account charges |     |      |    |            |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                    |                                   |   |     |      |    | PAGE TOTAL |
|   |                    |                                   |   |     |      | \$ | 55.00      |