Campaign Finance Report

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

Filer Identificati Number :	on 2015	0069			Repo Filed			ANDI	DATE		COM	AITTEE	Y	LUB	D1131		
Name of Filing C	ommittee, Candida	ate or L	obbyist:		PHILL'	Y SET	GO										
Street Address: 1414 S PENN SQ UNIT 17E																	
City:	PHILADELPHI <i>A</i>	Ą					State: PA Zip Code:						de: 19	19102			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 E PRII	DAY MARY	F	POST-	3.		AMENDN REPORT		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	5.	30 [ELE	DAY CTION	F	POST-	6.		TERMINA REPORT		Yes	No	√	
report type)	ANNUAL REPORT	7. X	Year 2023				ING M					PAPER		$ \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	DISKE	TTE	
Name of Office S	ought by Candidat	te:			-	-	DA	TE O	F ELEC	TIO	N	District Number	Office Code	Pa	rty Code	County Code	
							МО		DAY	YE	AR					51	
		,		•				11		7	2023		(SEE IN	ISTRUCTI	ONS FOR O	CODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
			11 28	3 20	023	то		12	3	1	2023						
A. Amount Bro	ught Forward Fron	1 Last R	eport				\$			2,8	93.00						
B. Total Moneta	ary Contributions <i>I</i>	And Rec	eipts (Fron	n Sche	dule I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)										2,8	93.00						
D. Total Expenditures (From Schedule III)											0.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			2,8	93.00						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	/)			\$				0.00						
				AFF	IDAV	/IT S	ECTI	ON									
I swear (or affirm)	that this report, incl	•	_								_		f my kno	wledge	and belie	ef , true	
correct and comple	ete. cribed before me this																
	day of		_ 20							Si	ignature	of Perso	n Submit	ting Re	port		
	Signatur	re				_						Prin	ted Nam	е			
My Commission Ex	·					_						Ema					
	МО		AY	YR	• • •					a Cod	e	Daytin	ne Telepi	none Nu	mber		
	a report of a cand								_		v provis	ions of th	e act of 1	una 3 1	037 (D I	1222	
No 320) as amende		iy Kilowi	euge and bei	ici tilis	pontice	ar com	initiee	1143 11		cu an	y provis			une 5,1	337 (F.E		
Sworn to and subsc	day of		20								S	ignature (of Candid	ate			
												Printe	ed Name				
My Commission Exp	Signature ires			_	_							Ema	il			-	
	мо	D	AY	YR		_			Area (Code		D	aytime T	elepho	ne Numb	 er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting Period							
PHILLY SET GO	11/28/202	<u>3</u> To:	12/31/2023					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	(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	\$	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	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			\$	0.00				

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Committee or Candidate				porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

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 Candidate				Reporting Period						
F					From: To:					
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)								
					I	ı	_			

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			g Period					
		From: To:						
				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.)

lame of Filing Committee or Candidate				Reporting Period						
			From:				То:			
				D	ATE		АМ	OUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name		•		Occupat	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL		
		, 131,				4	•	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 Ca	Name of Filing Committee or Candidate			Reporting Period						
			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 I. Detailed	d Summary Page.	Section	4.				PAGE TOTAL		
			22300				\$	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							
PHILLY SET GO	From:	11/28/2023 To:	12/31/2023						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Candidate			Reporting Period					
	From:							
		DATE		AMOUNT				
Full Name of Contributor				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	Reporting Period						
					Fro	om:		To:	То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	tion				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period							
	From			То:				
		_		DATE		AMOUN		
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
							PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item I).			\$	0.00	