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 Report Filed E									CA	NDII	DATE		COMN	4ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee,	Candida	te or Lo	obbyist:		WAF	RD 1	.6 DE	M EXI	EC C	ОМ								
Street Address:	2315 V	V CUMB	ERLANI	O ST															
City:	PHILAD	DELPHIA	1						State	e:	PA			Zip Cod	le: 19	132			
TYPE OF REPORT	6TH TUESD PRE-PRIMAI		1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?	Yes	N	0	\	
(place X to the right of	6TH TUESD PRE-ELECTI		4.	2ND FRIDA ELECTION	AY PRI	E	5.	30 DA		Р	POST- 6.			TERMINA REPORT?	Yes	N	0	√	
report type)	ANNUAL R	EPORT	7. X	Year 2007	7				IG ME		4-			PAPER		√	DISK	ETTE	
Name of Office S	ought by C	andidat	e:			-			DAT	ΕO	F ELE	CTIC	ON	District Number	Office Code	Pai	ty Code	Code	
									МО		DAY	Y	EAR			DEN	1	51	
										11		6	2007		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Expenditures		and	МО	DAY	YEAF			_	МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
				1	1 2	007	Т	0		12	;	31	2007						
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$					642.57						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,000.00																			
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B) \$ 1,642.57																		
D. Total Expend	ditures (Fro	om Sche	dule II	I)				\$				8	870.37						
E. Ending Cash Balance (Subtract Line D From Line C)								\$					772.20						
F. Value Of In-	Kind Contri	butions	Receive	ed (From S	Schedu	le II)	\$		0.00									
G. Unpaid Debt	s And Oblig	gations ((From S	chedule I	V)			\$					0.00		,				
					AFF	FIDA	١٧٢	ΓSE	CTIO	NC									
PART I - If this is		-	-	_									_						
I swear (or affirm) correct and comple		oort, inclu	iding the	attached s	chedule	s file	d on	paper	or by e	electr	onic m	edium	ı, are to t	the best o	f my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before day of	e me this		20									Signature	of Perso	1 Submitt	ing Re _l	ort		
		Signatur	e	-				-						Prin	ted Name				_
My Commission Ex		_								-				Emai	il				-
	м	0	D/	ΑY	YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	f a cand	idate's	authorize	Comr	nitte	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and be	lief this	s polit	ical	comm	ittee h	as no	ot viola	ted ar	ny provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc		me this											Si	ignature o	f Candida	ite			-
	day of — —							-						Printe	d Name				-
	Sig	ınature						-											_
My Commission Exp	_													Ema	il				
		мо	D	AY	YF	R		-			Area	Code		Da	ytime Te	elephor	e Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
WARD 16 DEM EXEC COM	From:	1/1/200	<u>7</u> To:	12/31/2007
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	1,000.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu	-			•			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•	•		•	•		DACE TOTAL

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

PAGE TOTAL\$ 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 C	andidate		Rep Fro	oorting P m:	eriod	To) :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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 Ca	indidate			Rep	orting Pe	riod			
				Fron	n:		T	o:	
					D	ATE		AM	10UNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Princ Business	cipal Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C	on Schedule I, Detai	led Sumr	mary Page,	Section	on 3.			P <i>/</i>	AGE 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	ing Perio	d		
WARD 16 DEM EXEC COM			From:		1/1/200	<u>7</u> To:	12/31/2007
				D	ATE		AMOUNT
Full Name JOE WATERS				МО	DAY	YEAR	
Mailing Address							\$ 1,000.00
City	State	Zip Code (Plus 4)	11	27	2007	
Receipt Description CK #2245 NEV	ER CASHED	·					
Enter Grand Total of Part E on Schedu	ıle I. Detailed	Summary Page.	Section	4.			PAGE TOTAL
	<u>-,</u>						\$ 1,000.00

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>1/1/2007</u> To:	<u>12/31/2007</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	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 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 Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							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	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
WARD 16 DEM EXEC COM			From	1/	1/2007	То:	12/31/2007
				DATE			AMOUNT
To Whom Paid CITIZENS NATIONAL BANK			мо	DAY	YEAR		
Mailing Address 3711 GERMA	NTOWN AVE.		11	30	2007	\$	12.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip				
	PA	19140		ILY BANK F			
To Whom Paid REGINA SMITH	REGINA SMITH				YEAR		
Mailing Address 2252 N WOO	12	4	2007	\$	150.00		
City PHILADELPHIA State Zip Code (Plus 4)				tion of Exp	enditure		
	PA	19132	FINANC	CE REPORT	10/23 -	11/26/07	
To Whom Paid MELVIN JAMISON			мо	DAY	YEAR		
Mailing Address PO BOX 187	14		12	20	2007	\$	53.58
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
	PA	19132	REIMBU	JRSEMENT	WARD E	XPENSES	
To Whom Paid PHILLIPS SEAFOOD RESTAURAN	NT		МО	DAY	YEAR		
Mailing Address 17TH & RACI	E STREETS		12	21	2007	\$	600.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA		WARD	(ILLEGIBLI	E) PARTY	EXPENSES	5
To Whom Paid MELVIN JAMISON			мо	DAY	YEAR		
Mailing Address PO BOX 187	14		12	28	2007	\$ \$	42.79
City PHILADEL PHIA State Zip Code (Plus 4)			Descrir	tion of Exp	l penditure	<u> </u>	
PHILADELPHIA State Zip Code (Plus 4)							

19132

PA

REIMBURSEMENT WARD EXPENSES

							 PAGE 12
To Whom CITIZEN	Paid NATIONAL BANK		мо	DAY	YEAR		
Mailing A	ddress 3711 GERMA	ANTOWN AVE		12	31	2007	\$ 12.00
City Pi	HILADELPHIA	State PA	Zip Code (Plus 4) 19140		otion of Exp		
Enter Gr	and Total of Expend	itures on Page 1, Re	port Cover Page, Item D	•			\$ PAGE TOTAL 870.37