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 99	900251			eport		CANDI	ANDIDATE COMMITTEE \(\square \) LOBBYIST								
Name of Filing C	Committee, Can	didate or L	obbyist:	W	ard 1	6 Den	nocratic E	xecuti	ive Co	mmitt	ee					
Street Address:	2315 W Cl	JMBERLAN	D ST													
City:	PHILADELF	PHIA					State:	PA			Zip Code: 19132					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PR PRIMARY	E-	2. X	30 DA		POST-	3.		AMENDMENT Yes REPORT?				~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PF ELECTION	RE-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPO	RT 7.	Year 2010				NG METHO				PAPER		/	DISKE	ГТЕ	
Name of Office S	ought by Cand	idate:	•				DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	
							МО	DAY YEAR STH DEM						51		
REPRESENTATI	VE IN THE GEI	NERAL ASS	EMBLY				11		2	2010		(SEE IN	STRUCTIO	ONS FOR C	ODES)	
Summary of		МО	DAY YEA	R			МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		1 1	201	.0 T	0	5		3	2010						
A. Amount Bro	ught Forward F	rom Last R	eport			\$			1,3	394.58						
B. Total Monet	ary Contributio	ns And Rec	eipts (From Sch	edu	ıle I)	\$				0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)			\$			1,3	394.58						
D. Total Expend	ditures (From S	Schedule II	I)			\$			3	04.68						
E. Ending Cash	Balance (Subt	ract Line D	From Line C)			\$			1,0	89.90						
F. Value Of In-	Kind Contributi	ons Receiv	ed (From Sched	ule	II)	\$				0.00						
G. Unpaid Debt	s And Obligation	ons (From S	Schedule IV)			\$				0.00			'			
			AF	FΙC	DAVI	T SE	CTION									
PART I - If this is	s a Committee	report, trea	surer sign here.	If	this is	a Car	ndidate re	eport, o	candio	date sig	ın here.					
I swear (or affirm) correct and comple		including the	e attached schedul	es fi	iled on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	f , true	
Sworn to and subs	cribed before me day of	this	20						S	ignature	of Perso	n Submit	ting Rep	ort		
	— ————————————————————————————————————	ature	_			- -					Prin	ted Name	e			
My Commission Ex	cpires										Ema	il				
	мо	D	AY YI	₹				Are	ea Cod	e	Daytim	ie Teleph	none Nu	mber		
Part II- If this is	a report of a c	andidate's	authorized Com	mit	tee, C	andid	ate shall	hall sign here.								
I swear (or affirm) No 320) as amende		of my knowl	edge and belief th	is po	olitical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subsc		his						Signature of Candidate								
	day of					_					Printe	ed Name				
	Signatu	ıre				-										
My Commission Exp	ires										Ema	il				
	мо	D	AY Y	R		-		Area	Code		D	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
Ward 16 Democratic Executive Committee	From:	1/1/201	<u>0</u> To:	5/3/2010
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	J Period	(4)	\$	0.00
			I	
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 on with an aggregate val							
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•					-	Г	PAGE 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 Candidate			Reporting Period							
				From: To) :		
					DATE			AMOUNT		
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:		То	То:		
				D	ATE		АМО	DUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAG	GE 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		AM	OUNT
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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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		
Ward 16 Democratic Executive Committee	From:	<u>1/1/2010</u> To:	<u>5/3/2010</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 (Candidate		Reporti	ng Period			
Ward 16 Democratic Executiv	ve Committee		From	<u>1/</u>	1/2010	То:	5/3/2010
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Citizen Bank							
Mailing Address 3711 Gern	nantown Ave		3	31	2010	\$	12.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure	:	
PA			Monthl	y Bank Fee	2		
To Whom Paid Regina Smith	·		мо	DAY	YEAR		
Mailing Address 2252 N. W	oodstock St		4	29	2010	\$	150.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA			ation and o and cycle		ıbmission	of finance report
To Whom Paid Citizen Bank	·		МО	DAY	YEAR		
Mailing Address 3711 Gern	nantown Ave		4	30	2010	\$	12.00
City Philadelphia	State PA	Zip Code (Plus 4)		l otion of Exp y Bank Fee			
To Whom Paid Direct TV			МО	DAY	YEAR		
Mailing Address P.O. Box 11732		5	1	2010	\$	130.68	
City Newark	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
	NJ		Acct #2	25264183 /. cumberl	Ward Ho		
Futor Count Total of Free	dikuwa an Bara 4 Ba	nout Cover Dage There					PAGE TOTAL
Enter Grand Total of Expen	ultures on Page 1, Re	port Cover Page, Item I	J.			\$	304.68