### **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	99002	251				oort ed B		CAN	IDI	DATE		COMM	ITTEE	<b>✓</b>	LOB	BYIS		
Name of Filing C	ommittee,	Candida	ite or Lo	obbyist:		War	d 16	5 Den	nocrat	ic E	xecuti	ve Co	mmitte	ee					-
Street Address:	2315	W CUMB	ERLANI	) ST															
City:	PHILA -	DELPHIA							State	:	PA			Zip Cod	de: 19	9132			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRIC PRIMARY	AY PRE	:-	2.	30 DA		P	OST-	3.		AMENDM REPORT		Yes		OV	<b>/</b>
(place X to the right of	6TH TUESI PRE-ELECT		4. <b>X</b>	2ND FRIC		E	5.	30 DA		P	OST-	6.		TERMINA REPORT		Yes		No	<b>/</b>
report type)	ANNUAL I	REPORT	7.	<b>Year</b> 201	0				NG ME					PAPER		<b>\</b>	DIS	ETTE	
Name of Office S	ought by (	Candidat	e:						DATE	0	F ELE	CTIO	N	District Number	Office Code	Pa	rty Co	le Cou	
									МО		DAY	YE	AR		STH	DE	М	51	
REPRESENTATI	VE IN THE	E GENERA	AL ASS	EMBLY						11		2	2010		(SEE IN	STRUCT	ONS FO	R CODES	5)
Summary of	•	and	МО	DAY	YEAF	ł			МО		DAY	YE	AR	FO	R OFFI	CE USE	ONL	Y	
Expenditures	from:			1	1 2	010	Т	0		9		13	2010						
A. Amount Bro	ught Forw	ard From	Last R	eport				\$				2,6	17.90						
B. Total Moneta	ary Contrib	outions A	nd Rec	eipts (Fro	m Sche	dule	<b>I</b> )	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 2,617.9							517.90												
D. Total Expenditures (From Schedule III) \$ 1,596.6							96.63												
E. Ending Cash	Balance (	Subtract	Line D	From Line	e C)			\$				1,0	21.27						
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From	Schedu	le II	)	\$					0.00						
G. Unpaid Debt	s And Obli	gations (	(From S	Schedule :	IV)			\$					0.00						
					AFF	ID/	١٧٧	T SE	CTIO	N									
PART I - If this is	a Commi	ttee repo	rt, trea	surer sig	n here.	If th	is is	a Car	ndidate	e re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		port, inclu	ıding the	attached s	schedule	s file	d on	paper	or by el	ectr	onic m	edium	, are to t	he best o	f my kno	wledge	and b	elief , tr	rue
Sworn to and subs	cribed befor	e me this		20						•		s	ignature	of Perso	n Submit	ting Re	port		_
		Signatur						- -		•				Prin	ted Name	•			-
My Commission Ex	pires	Signatur	-							-				Ema	il				-
	M	10	D/	ΑY	YR						Are	ea Cod	e	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report o	of a cand	idate's	authorize	d Comr	nitte	e, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and b	elief this	polit	ical	comm	ittee ha	s no	ot viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (1	.L. 133	з,
Sworn to and subsc		me this											Si	ignature o	of Candid	ate			-
	day of —— —							-						Printa	d Name				_
	Si	gnature						-		_									_
My Commission Exp										-				Ema	il				_
		мо	DA	AY	YF	ł		•			Area	Code		Da	aytime T	elepho	ne Nur	ıber	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reportin	g Period		
Ward 16 Democratic Executive Committee	From:	<u>1/1/201</u>	<u>.0</u> To:	9/13/2010
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	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 Reportin	g 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 Reportin	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E	)			
TOTAL for the Reportin	g Period	(4)	\$	0.00
			<u> </u>	
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover P.			\$	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 Comm	ittee or Candidate		Re					
			From:			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			Rep Fro					
					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	ame of Filing Committee or Candidate		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:		To	<b>)</b> :	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	5 4)					
Employer Name				Occupa	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 Su	ummary Page,	Section	on 3.			PA \$	<b>0.00</b>

## 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
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 T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, <b>200</b> 0000		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 Period							
Ward 16 Democratic Executive Committee	From:	<u>1/1/2010</u> <b>To:</b>	9/13/2010					
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 Candid	ate		Reportin	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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary Pa	ge,		PAGE TOTAL
Section 2.						\$	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									<b>\$</b>	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

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ındidate		Reporti	ng Period			
Ward 16 Democratic Executive	Committee		From	1/	1/2010	То:	9/13/2010
				DATE			AMOUNT
<b>To Whom Paid</b> Andrew Smith			мо	DAY	YEAR		
Mailing Address 2252 N. Wo	odstock St		6	8	2010	\$	658.51
<b>City</b> Philadelphia	<b>State</b> PA	Zip Code (Plus 4)	<b>Description of Expenditure</b> Ward Expense Meeting Reimbur				ents
<b>To Whom Paid</b> Norma Fogel			МО	DAY	YEAR		
Mailing Address 2540 N. Bar	ncroft St.		6	8	\$	52.12	
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19132	Description of Expenditure  Reimbursement for Secretary Ward supplies purchase from staples				
<b>To Whom Paid</b> Regina Smith			мо	DAY	YEAR		
Mailing Address 2252 N. Wo	odstock St		6	14	2010	\$	150.00
<b>City</b> Philadelphia	<b>State</b> PA	Zip Code (Plus 4)	Prep,Re	otion of Exp econ and o y campaign	n line su	bmission (	of 30day post
<b>To Whom Paid</b> Steven Jones			мо	DAY	YEAR		
Mailing Address 2621 N Cha	dwick St		9	7	2010	\$	150.00
<b>City</b> Philadelphia	<b>State</b> PA	Zip Code (Plus 4)	Description of Expenditure Ward Labor day event				
<b>To Whom Paid</b> Joyce Smith			МО	DAY	YEAR		
Mailing Address 2246 W Alleghany Ave		8	31	2010	\$	500.00	
<b>City</b> Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure				

19132

PA

Food for Ward Labor Day Event

							TAGE 12
<b>To Whom Paid</b> Richard Sparman			МО	DAY	YEAR		
Mailing Address 2008 N. Cl	leveland St		9	7	2010	\$	50.00
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19121		otion of Exp abor Day I			
<b>To Whom Paid</b> Citizen Bank			МО	DAY	YEAR		
Mailing Address 1500 N. Br	road St		6	30	2010	\$	12.00
<b>City</b> Philadelphia	<b>State</b> PA	Zip Code (Plus 4)		otion of Exp			
<b>To Whom Paid</b> Citizen Bank			МО	DAY	YEAR		
Mailing Address 1500 N. Br	road St		7	31	2010	\$	12.00
<b>City</b> Philadelphia	<b>State</b> PA	Zip Code (Plus 4)	1	otion of Exp			
<b>To Whom Paid</b> Citizen Bank			МО	DAY	YEAR		
Mailing Address 1500 N. Br	road St		8	31	2010	\$	12.00
<b>City</b> Philadelphia	<b>State</b> PA	Zip Code (Plus 4)	Description of Expenditure  Monthly Bank Fee				
Enter Grand Total of Expen	nditures on Page 1, Re	port Cover Page, Item D	_				PAGE TOTAL
	3. 7					\$	1,596.63