

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | | | | | | | | |
|---|--------------------------|--------------------------|-----------|-------------------------------------|-----------|--------------------------|----------|--------------------------|
| Filer Identification Number | 20180008 | Report Filed By (Mark X) | Candidate | <input checked="" type="checkbox"/> | Committee | <input type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | Friends of Danilo Burgos | | | | | | | |
| Street Address | 1117 W Ontario Street | | | | | | | |
| City | Philadelphia | State | PA | Zip Code | 19140 | | | |

Type of Report (Place x under report type)

| | | | | | | | | |
|--|---------------------------------------|--------------------------|---|--|--------------------------|--------------------------|---|------------------------------|
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre-Election | 5- 2 nd Friday Pre-Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | 05/15/2018 | Year | 2018 | | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only | |
|--|------------|------------|---|--|
| | 04/03/2018 | 04/30/2018 | | |
| A. Amount Brought Forward From Last Report | \$ | 9,983.43 | COUNTY BD. OF ELECTIONS 2018 MAY - 4 P 4: 04 CITY COMMISSIONERS | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 17,050 | | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 27,033.43 | | |
| D. Total Expenditures (From Schedule III) | \$ | 6,544.86 | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 20,488.57 | | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | | | |

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20_____

Signature

My Commission expires _____ MO. _____ DAY _____ YR.

Signature of Person Submitting report

Printed Name

Area Code _____
Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

4th day of May 2018

Signature

My Commission expires Jun 10, 2019
MO. DAY YR.

Signature of Candidate

Danilo Burgos
Printed Name

267 456-2884
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 CAMILO CHABUR - Notary Public
 Philadelphia County
 My Commission Expires Jun 10, 2019
 Commission Number 1291327

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | | | | | | | | | | | |
|---|--------------|--------------------------|-------------------------------------|-----------|-------|-------------------------------------|-----------|--|--------------------------|----------|--|
| Filer Identification Number | 20180008 | Report Filed By (Mark X) | <input checked="" type="checkbox"/> | Candidate | | <input checked="" type="checkbox"/> | Committee | | <input type="checkbox"/> | Lobbyist | |
| Name of Filing Committee, Candidate or Lobbyist | | Friends of Danilo Burgos | | | | | | | | | |
| Street Address | | 1117 W Ontario Street | | | | | | | | | |
| City | Philadelphia | State | PA | Zip Code | 19140 | | | | | | |

Type of Report (Place x under report type)

| | | | | | | | | |
|--|---------------------------------------|--------------------------|---|--|--------------------------|--------------------------|---|------------------------------|
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre-Election | 5- 2 nd Friday Pre-Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | 05/15/2018 | Year | 2018 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|--|------------|------------|---|
| | 04/03/2018 | 04/30/2018 | |
| A. Amount Brought Forward From Last Report | \$ | 9,983.43 | COUNTY BD. OF ELECTIONS MAY - JUN 14 P 4: 04 CITY COMMISSIONERS |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 17,050 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 27,033.43 | |
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| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 20,488.57 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | | |

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20_____

Signature

Signature of Person Submitting report

Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

Area Code

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

4th day of May 2018

Signature

Danilo Burgos
Signature of Candidate

Danilo Burgos
Printed Name

My Commission expires Jun 10, 2019
MO. DAY YR.

267
Area Code

456-2884
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 CAMILO CHABUR - Notary Public
 Philadelphia County
 My Commission Expires Jun 10, 2019
 Commission Number 1291327

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

| | | |
|---|----------|--------|
| Filer Identification Number | 20180008 | |
| 1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor | | |
| Total for the reporting period (1) | \$ | |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | \$ | 200 - |
| All Other Contributions (Part B) | \$ | 1,350 |
| Total for the reporting period (2) | \$ | 1,550 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | \$ | 6,500 |
| All Other Contributions (Part D) | \$ | 9,000 |
| Total for the reporting period (3) | \$ | 15,500 |
| 4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period (4) | \$ | 17,050 |
| Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> | | \$ |

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| | |
|------------------------------|----------|
| Filer Identification Number: | 20180008 |
|------------------------------|----------|

| | | | | | | | |
|--------------------------|--------------|-------------------|--------------|----------|-------------------|-------------------|-------------------|
| Full Name of Contributor | | Eduardo Fernandez | | | Date [MM/DD/YYYY] | \$ | 200 ⁰⁰ |
| | | | | | 04-17-2018 | | |
| House # | 522 | Street Address | W Lehigh AVE | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | Philadelphia | State | PA | Zip Code | 19133 | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| Full Name of Contributor | | John McDaniel | | | Date [MM/DD/YYYY] | \$ | 150 ⁻ |
| | | | | | 04-18-18 | | |
| House # | 7657 | Street Address | Wyndale AVE | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | Philadelphia | State | PA | Zip Code | 19151 | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| Full Name of Contributor | | David Groverman | | | Date [MM/DD/YYYY] | \$ | 200 ⁻ |
| | | | | | 4-30-2018 | | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| Full Name of Contributor | | Wen Xi Zhang | | | Date [MM/DD/YYYY] | \$ | 150 ⁻ |
| | | | | | | | |
| House # | 1530 | Street Address | N Broad St | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | Philadelphia | State | PA | Zip Code | 19147 | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| Full Name of Contributor | | Martin Ori Rhode | | | Date [MM/DD/YYYY] | \$ | 150 ⁻ |
| | | | | | 4-21-18 | | |
| House # | 1500 | Street Address | Locust St | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | Philadelphia | State | PA | Zip Code | 19102 | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |
| Full Name of Contributor | | Cynthia Mota | | | Date [MM/DD/YYYY] | \$ | 100 ⁻ |
| | | | | | 4-14-18 | | |
| House # | 2604 | Street Address | Appel St | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | Allentown | State | PA | Zip Code | 18103 | Date [MM/DD/YYYY] | \$ |
| | | | | | | | |

PART B
All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| | |
|------------------------------|----------|
| Filer Identification Number: | 20180008 |
|------------------------------|----------|

| | | | | | | | |
|--------------------------|--------------|-----------------|----|-------------|-------------------|-------------------|------------------|
| Full Name of Contributor | | Jose Rivera | | | Date [MM/DD/YYYY] | \$ | 200 ⁻ |
| House # | 4211 | Street Address | | Palmetto St | Date [MM/DD/YYYY] | \$ | |
| City | Philadelphia | State | PA | Zip Code | 19124 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | Facunde Knight | | | Date [MM/DD/YYYY] | \$ | 100 ⁻ |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | Philadelphia | State | PA | Zip Code | 19124 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | Robert Berubers | | | Date [MM/DD/YYYY] | \$ | 100 ⁻ |
| House # | 141 | Street Address | | Lombard St | Date [MM/DD/YYYY] | \$ | |
| City | Philadelphia | State | PA | Zip Code | 19147 | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |

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 over \$250.00 in the reporting period.

| | |
|-------------------------------------|----------|
| Filer Identification Number: | 20180008 |
|-------------------------------------|----------|

| | | | | | | | | |
|--|--------------|------------------------------------|-------------------|-----------------|-------|--------------------------|----|----------|
| Full Name of Contributing Committee | | Laborers District Council PAC Fund | | | | Date [MM/DD/YYYY] | \$ | 5,000.00 |
| | | | | | | 04/19/2018 | | |
| House # | 665 | Street Address | N Broad St | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Philadelphia | State | PA | Zip Code | 19123 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributing Committee | | friends of Shearif Street | | | | Date [MM/DD/YYYY] | \$ | 1,500.00 |
| | | | | | | 04/14/2018 | | |
| House # | 1401 | Street Address | W Susquehanna AVE | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | Philadelphia | State | PA | Zip Code | 19121 | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| Full Name of Contributing Committee | | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| House # | | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | | |

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

| | |
|------------------------------|----------|
| Filer Identification Number: | 20180008 |
|------------------------------|----------|

| | | | | | | | |
|--|--------------|----------------------------|---------------|----------|-------------------|-------------------|-------------------|
| Full Name of Contributor | | William and Kristien DAVIS | | | Date [MM/DD/YYYY] | \$ | 500 ⁻ |
| House # | 1086 | Street Address | S. Hampton Rd | | Date [MM/DD/YYYY] | \$ | |
| City | Philadelphia | State | PA | Zip Code | 19116 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | Self Employed | | | Occupation | LAWYER | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | Mario Reina | | | Date [MM/DD/YYYY] | \$ | 600 ⁻ |
| House # | 168 | Street Address | WYOMING | | Date [MM/DD/YYYY] | \$ | |
| City | Philadelphia | State | PA | Zip Code | 19140 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | Self Employed | | | Occupation | Electrician | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | Jesus Jimenez | | | Date [MM/DD/YYYY] | \$ | 1000 ⁻ |
| House # | 3616 | Street Address | N 5 ST | | Date [MM/DD/YYYY] | \$ | |
| City | Philadelphia | State | PA | Zip Code | 19140 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | Self Employed | | | Occupation | Accountant | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | Roberto Espinal | | | Date [MM/DD/YYYY] | \$ | 500 ⁻ |
| House # | 905 | Street Address | MAGEE AVE | | Date [MM/DD/YYYY] | \$ | |
| City | Philadelphia | State | PA | Zip Code | 19111 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | Self Employed | | | Occupation | Store owner | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

| | |
|------------------------------|----------|
| Filer Identification Number: | 20180008 |
|------------------------------|----------|

| | | | | | | | |
|--|--------------|--|----|---------------|-------------------|-------------------|-------|
| Full Name of Contributor | | Jonathan Sidel | | | Date [MM/DD/YYYY] | \$ | 2,500 |
| House # | 101 | Street Address | | Greenwood AVE | Date [MM/DD/YYYY] | \$ | |
| City | Philadelphia | State | PA | Zip Code | 19046 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | Rosen Law Firm | | | Occupation | Lawyer | |
| Employer Mailing Address / Principal Place of Business | | 101 Greenwood AVE. Suite 400 Jenkintown PA | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

| | |
|------------------------------|----------|
| Filer Identification Number: | 20180008 |
|------------------------------|----------|

| | | | | | | | |
|--|--------------|------------------|----|---------------|-------------------|-------------------|--------------------|
| Full Name of Contributor | | Sean Schellenger | | | Date [MM/DD/YYYY] | \$ | 1,500 ⁻ |
| House # | 901 | Street Address | | N Penn St | Date [MM/DD/YYYY] | \$ | |
| City | Philadelphia | State | PA | Zip Code | 19123 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | Self Employed | | | Occupation | Construction | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | Kenny Poon | | | Date [MM/DD/YYYY] | \$ | 1,000 |
| House # | 6550 | Street Address | | Algon Ave | Date [MM/DD/YYYY] | \$ | |
| City | Philadelphia | State | PA | Zip Code | 19111 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | Bon Chan | | | Occupation | Restaurant | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | Gaby Varona | | | Date [MM/DD/YYYY] | \$ | 500 ⁻ |
| House # | 135 | Street Address | | E. Venango St | Date [MM/DD/YYYY] | \$ | |
| City | Philadelphia | State | PA | Zip Code | 19134 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | Self Employed | | | Occupation | Truck Driver | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | Anastacia Romano | | | Date [MM/DD/YYYY] | \$ | 300 ⁻ |
| House # | 4712 | Street Address | | N 5 St | Date [MM/DD/YYYY] | \$ | |
| City | Philadelphia | State | PA | Zip Code | 19140 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | Self Employed | | | Occupation | Auto Repair | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

| | |
|------------------------------|----------|
| Filer Identification Number: | 20180008 |
|------------------------------|----------|

| | | | | | | | |
|--|--------------|----------------|----|----------|-------------------|-------------------|------|
| Full Name of Contributor | | Jose Galan | | | Date [MM/DD/YYYY] | \$ | 500- |
| House # | 2701 | Street Address | | | N. Fairhill St | Date [MM/DD/YYYY] | \$ |
| City | Philadelphia | State | PA | Zip Code | 19140 | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| House # | | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | |

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| | |
|------------------------------|----------|
| Filer Identification Number: | 20180008 |
|------------------------------|----------|

| | | | | | | | | | |
|---------------------|----------------|--|--|----------|-------------------|--|----|--|--|
| Full Name | | | | | | | | | |
| House # | Street Address | | | | | | | | |
| City | State | | | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | Street Address | | | | | | | | |
| City | State | | | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | Street Address | | | | | | | | |
| City | State | | | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | Street Address | | | | | | | | |
| City | State | | | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | Street Address | | | | | | | | |
| City | State | | | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| Receipt Description | | | | | | | | | |
| Full Name | | | | | | | | | |
| House # | Street Address | | | | | | | | |
| City | State | | | Zip Code | Date [MM/DD/YYYY] | | \$ | | |
| Receipt Description | | | | | | | | | |

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

| | |
|------------------------------|----------|
| Filer Identification Number: | 20180008 |
|------------------------------|----------|

| | | |
|---|-----|----|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | |
| TOTAL for the reporting period | (1) | \$ |

| | | |
|--|-----|----|
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | |
| TOTAL for the reporting period | (2) | \$ |

| | | |
|--|-----|----|
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) | | |
| TOTAL for the reporting period | (3) | \$ |

| | | |
|---|--|----|
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F) | | \$ |
|---|--|----|

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

| | |
|-------------------------------------|----------|
| Filer Identification Number: | 20180008 |
|-------------------------------------|----------|

| | | | | | | | |
|------------------------------------|-----------------------|--|-----------------|--------------------------|--------------------------|----|--|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| City | State | | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| Description of Contribution | | | | | | | |
| | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| City | State | | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| Description of Contribution | | | | | | | |
| | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| City | State | | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| Description of Contribution | | | | | | | |
| | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| City | State | | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| Description of Contribution | | | | | | | |
| | | | | | | | |

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

| | |
|-------------------------------------|----------|
| Filer Identification Number: | 20180008 |
|-------------------------------------|----------|

| | | | | | | | |
|---|-----------------------|-----------------|--|--------------------------|------------------------------------|----|----|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| Employer Name | | | | | Occupation | | |
| | | | | | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | |
| | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| Employer Name | | | | | Occupation | | |
| | | | | | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | |
| | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| Employer Name | | | | | Occupation | | |
| | | | | | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | |
| | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | |
| Employer Name | | | | | Occupation | | |
| | | | | | | | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | | |
| | | | | | | | |

SCHEDULE III
Statement of Expenditures

| | | | | | | | |
|------------------------------|--|----------|--|--|--|--|--|
| Filer Identification Number: | | 20180008 | | | | | |
|------------------------------|--|----------|--|--|--|--|--|

| | | | | | | | |
|--------------|--------------|-------------------------|-----------|----------|----------------------------|---------|-------------------|
| To Whom Paid | | Cheltenham Printing Co. | | | Date [MM/DD/YYYY] | \$ | 233 ²⁰ |
| House # | 518 | Street Address | Ryers Ave | | Description of Expenditure | | |
| City | Philadelphia | State | PA | Zip Code | 19012 | Posters | |

| | | | | | | | |
|--------------|--------------|------------------------|----------|----------|----------------------------|---------------|-------------------|
| To Whom Paid | | Cheltenham Printing Co | | | Date [MM/DD/YYYY] | \$ | 143 ¹⁰ |
| House # | 518 | Street Address | Ryers AV | | Description of Expenditure | | |
| City | Philadelphia | State | PA | Zip Code | 19012 | Printing Lit. | |

| | | | | | | | |
|--------------|--------------|------------------------|-----------|----------|----------------------------|----------|-------------------|
| To Whom Paid | | Cheltenham Printing Co | | | Date [MM/DD/YYYY] | \$ | 360 ⁴⁰ |
| House # | 518 | Street Address | Ryers AVE | | Description of Expenditure | | |
| City | Philadelphia | State | PA | Zip Code | 19012 | Litature | |

| | | | | | | | |
|--------------|--------------|------------------|---------|----------|----------------------------|--------------------|------------------|
| To Whom Paid | | Silvia Rodriguez | | | Date [MM/DD/YYYY] | \$ | 200 ⁻ |
| House # | 1959 | Street Address | N 23 St | | Description of Expenditure | | |
| City | Philadelphia | State | PA | Zip Code | 19121 | Event for campaign | |

| | | | | | | | |
|--------------|--------------|----------------------|------------------|----------|----------------------------|---------------|------------------|
| To Whom Paid | | Democratic City Com. | | | Date [MM/DD/YYYY] | \$ | 150 ⁻ |
| House # | 219 | Street Address | Spring Garden St | | Description of Expenditure | | |
| City | Philadelphia | State | PA | Zip Code | 19123 | Tickets Event | |

| | | | | | | | |
|--------------|--------------|--------------------|------------|----------|----------------------------|-----------------|------------------|
| To Whom Paid | | Signature by Ansel | | | Date [MM/DD/YYYY] | \$ | 200 ⁻ |
| House # | 1401 | Street Address | E. Bristol | | Description of Expenditure | | |
| City | Philadelphia | State | PA | Zip Code | 19124 | Event Promotion | |

| | | | | | | | |
|--------------|--------------|----------------|--------------|----------|----------------------------|------------------|------------------|
| To Whom Paid | | Vernon Johnson | | | Date [MM/DD/YYYY] | \$ | 600 ⁻ |
| House # | 2740 | Street Address | N Croskey St | | Description of Expenditure | | |
| City | Philadelphia | State | PA | Zip Code | | Street Work Lit. | |

| | | | | | | | |
|--------------|--------------|----------------|----|----------|----------------------------|-------------|------------------|
| To Whom Paid | | EL Faro Latino | | | Date [MM/DD/YYYY] | \$ | 300 ⁻ |
| House # | | Street Address | | | Description of Expenditure | | |
| City | Philadelphia | State | PA | Zip Code | | Advertising | |

SCHEDULE III
Statement of Expenditures

| | |
|------------------------------|----------|
| Filer Identification Number: | 20180008 |
|------------------------------|----------|

| | | | | | | |
|--------------|--------------|-----------------------|-------------------|----------|----------------------------|---------------------|
| To Whom Paid | | TD BANK | | | Date [MM/DD/YYYY] | \$ |
| | | | | | 04-30-2018 | |
| House # | 217 | Street Address | W Lehigh AVE | | Description of Expenditure | |
| City | Philadelphia | State | PA | Zip Code | 19133 | Bank Fee |
| To Whom Paid | | Gabby Signs | | | Date [MM/DD/YYYY] | \$ |
| | | | | | 04-17-2018 | 260- |
| House # | 4100 | Street Address | American St | | Description of Expenditure | |
| City | Philadelphia | State | PA | Zip Code | 19140 | Palm cards |
| To Whom Paid | | The New Working Group | | | Date [MM/DD/YYYY] | \$ |
| | | | | | 4-12-2018 | 3000- |
| House # | 2343 | Street Address | N Smedley | | Description of Expenditure | |
| City | Philadelphia | State | PA | Zip Code | 19132 | Consulting |
| To Whom Paid | | GraFi Colors | | | Date [MM/DD/YYYY] | \$ |
| | | | | | 04-11-2018 | 1,098 ¹⁶ |
| House # | 119 | Street Address | E. Clear Field St | | Description of Expenditure | |
| City | Philadelphia | State | PA | Zip Code | 19134 | Banners |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ |
| | | | | | | |
| House # | | Street Address | | | Description of Expenditure | |
| City | | State | | Zip Code | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ |
| | | | | | | |
| House # | | Street Address | | | Description of Expenditure | |
| City | | State | | Zip Code | | |
| To Whom Paid | | | | | Date [MM/DD/YYYY] | \$ |
| | | | | | | |
| House # | | Street Address | | | Description of Expenditure | |
| City | | State | | Zip Code | | |

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| | |
|------------------------------|----------|
| Filer Identification Number: | 20180008 |
|------------------------------|----------|

| | | | | | | |
|---------------------|----------------|------------------------------------|--|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|--|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|--|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|--|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|--|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|--|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| | |
|------------------------------|----------|
| Filer Identification Number: | 20180008 |
|------------------------------|----------|

| | | | | | | |
|---------------------|----------------|------------------------------------|--|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|--|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|--|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|--|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|--|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |

| | | | | | | |
|---------------------|----------------|------------------------------------|--|--|--|-----------------------------|
| Name of Creditor | | | | | | Outstanding Balance of Debt |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | | | \$ |
| City | State | Zip Code | | | | |
| Description of Debt | | | | | | |