

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	2018 C0617	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Melissa Scott							
STREET ADDRESS 2134 E. Washington Ln							
CITY Philadelphia		STATE PA		ZIP CODE 19138-			
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	State Representative		200	Dem	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY					05	15	18
2ND FRIDAY PRE-PRIMARY <input checked="" type="checkbox"/>	DATES OF REPORTING PERIOD				FOR OFFICE USE ONLY		
30 DAY POST-PRIMARY	MO. DAY YEAR TO MO. DAY YEAR				COUNTY Bd. of Elections 2018 JUN 14 P 3:00 CITY COMMISSIONERS		
6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD:		\$ -104-				
2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ -104-				
30 DAY POST-ELECTION	AMENDMENT REPORT?		YES	NO			<input checked="" type="checkbox"/>
ANNUAL REPORT	TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

13 DAY OF June 2018

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Susan Blazejewski, Notary Public
 City of Philadelphia, Philadelphia County
 My Commission Expires Aug. 16, 2021
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SIGNATURE
 8/16/2021
 MO. DAY YR.

SIGNATURE OF PERSON SUBMITTING REPORT

Melissa Scott
 PRINTED NAME

215 713-4560
 AREA CODE DAYTIME TELEPHONE NUMBER

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

DAY OF 20

SIGNATURE
 MY COMMISSION EXPIRES
 MO. DAY YR.

SIGNATURE OF CANDIDATE

Melissa Scott
 PRINTED NAME

AREA CODE DAYTIME TELEPHONE NUMBER