

COMMONWEALTH OF PENNSYLVANIA  
**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 90-0870630	REPORT FILED ON BEHALF OF CANDIDATE <input type="checkbox"/> COMMITTEE <input checked="" type="checkbox"/> LOBBYIST <input type="checkbox"/>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST African-Caribbean & Afro-Caribbean Latino Parent PAC	
STREET ADDRESS 1417 S. 58th Street	
CITY Philadelphia	STATE Pa
ZIP CODE 19143	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE
6TH TUESDAY PRE-PRIMARY <input type="checkbox"/>	DISTRICT NO.
2ND FRIDAY PRE-PRIMARY <input type="checkbox"/>	PARTY
30 DAY POST-PRIMARY <input type="checkbox"/>	DATE OF ELECTION MO. DAY YEAR 05 08 2018
6TH TUESDAY PRE-ELECTION <input checked="" type="checkbox"/>	FOR OFFICE USE ONLY
2ND FRIDAY PRE-ELECTION <input type="checkbox"/>	DATES OF REPORTING PERIOD MO. DAY YEAR TO MO. DAY YEAR 06 14 2018 TO 09 10 2018
30 DAY POST-ELECTION <input type="checkbox"/>	CASH BALANCE AT END OF REPORTING PERIOD: \$ 20.00
ANNUAL REPORT <input type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0
AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
TERMINATION REPORT? YES <input type="checkbox"/> 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  
 21st DAY OF September 2018  
 [Signature] DONNA M. FOOKS, Notary Public, Brookhaven Borough, Delaware County, My Commission Expires January 2, 2019

SIGNATURE OF PERSON SUBMITTING REPORT  
 [Signature] CAROLINA B. HARRIS  
 PRINTED NAME  
 267 366-2055  
 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 OF CANDIDATE  
 \_\_\_\_\_ PRINTED NAME  
 \_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER  
 MY COMMISSION EXPIRES \_\_\_\_\_ MO. DAY YR.