



2018

Reset Form

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### Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	2003219	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		GENESIS IV							
Street Address		236 N 59 ST							
City	Phila	State	PA	Zip Code	19139				

Type of Report (Place x under report type)

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

Summary of Receipts and Expenditures	From Date	To Date
A. Amount Brought Forward From Last Report		\$ 26557.51
B. Total Monetary Contributions and Receipts (From Schedule I)		\$
C. Total Funds Available (Sum of Lines A and B)		\$
D. Total Expenditures (From Schedule III)		\$ 2770.34
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 23787.17
F. Value of In-Kind Contributions Received (From Schedule II)		\$
G. Unpaid Debts and Obligations (From Schedule IV)		\$

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JAN 31 2019

PHILA CITY COMMISSIONERS

#### 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 28<sup>th</sup> day of January 2019

*[Signature]*

**COMMONWEALTH OF PENNSYLVANIA**

**NOTARIAL SEAL**

**BROOKE WHITTINGTON, Notary Public**

City of Philadelphia, Philadelphia County

My Commission Expires May 8, 2021

*[Signature]*

Signature of Person Submitting report

**EDGAR C. CAMPBELL JR**

Printed Name

Area Code: \_\_\_\_\_ Daytime Telephone Number: 267 978 4842

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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Printed Name

Area Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

SCHEDULE III  
Statement of Expenditures

Filer Identification Number: **2003219** **EMERSON IV**

To Whom Paid		William Brown			Date [MM/DD/YYYY]	\$	1500
House #	Street Address	6251 RACE ST			Description of Expenditure		
City	State	Zip Code	19139		THREE MONTH CONTRACT		
To Whom Paid		LISA WHITTINGTON			Date [MM/DD/YYYY]	\$	100
House #	Street Address				Description of Expenditure		
City	State	Zip Code			FIRE ARM		
To Whom Paid		VERIZON			Date [MM/DD/YYYY]	\$	172 <sup>32</sup>
House #	Street Address				Description of Expenditure		
City	State	Zip Code			CELL SERVICE		
To Whom Paid		STAPLES			Date [MM/DD/YYYY]	\$	230 <sup>89</sup>
House #	Street Address	751 SPROUL RD			Description of Expenditure		
City	State	Zip Code	19064		OFFICE SUPPLY		
To Whom Paid		BEST BUY			Date [MM/DD/YYYY]	\$	767.13
House #	Street Address	642 BALTIMORE AVE			Description of Expenditure		
City	State	Zip Code	19064		NEW LAPTOP COMPUTERS		
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					

2770.34