

Commonwealth of Pennsylvania
Campaign Finance Report

(Note: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: 9900251	Report Filed By: CANDIDATE 1.	COMMITTEE 2. X	LOBBYIST 3.
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Name of Filing Committee, Candidate or Lobbyist:
 Ward 16 Democratic Executive Committee

Street Address:
 2252 N Woodstock Street

City: Philadelphia State: PA Zip Code: 19132

TYPE OF REPORT	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	YES	NO	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	YES	NO	X
	Annual Report	7. X	YEAR	2018						

Name of Office Sought by Candidate: Representative in the General Assembly	DATE OF ELECTION MO. DAY YEAR	District Number: 197	Office Code: STH	Party Code: DEM	County Code: 51
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Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
	11 27 2018		12 31 2018	
A. Amount Brought Forward From Last Report	\$		455.91	2019 JUN 16 PM
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		450.00	
C. Total Funds Available (Sum of Lines A and B)	\$		905.91	
D. Total Expenditures (From Schedule III)	\$		0	
E. Ending Cash Balance (Subtract Line D from Line C)	\$		905.91	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$		0	

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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this
 15th day of January 20 19

Signature: *[Signature]* Signature of Person Submitting Report: *[Signature]*
 Printed Name: Andrew Smith

My commission expires 08 03 2015
 MO. DAY YEAR My Commission Expires Aug 3, 2015 Area Code: 609-5876 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
 _____ day of _____ 20 _____

Signature: _____ Signature of Candidate
 Printed Name: _____

My commission expires _____
 MO. DAY YEAR Area Code: _____ Daytime Telephone Number: _____

Based on DSEB-502 (7-99)

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Ward 16 Democratic Executive Committee	From <u>11/27/2018</u> To <u>12/31/2018</u>

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period (2)	\$ 0
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 450.00
TOTAL for the Reporting Period (3)	\$ 450.00
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 0
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 450.00

Part B

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 Ward 16 Democratic Executive Committee			Reporting Period From <u>11/27/2018</u> To <u>12/31/2018</u>		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.					Part B Total

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.

Name of Filing Committee or Candidate Ward 16 Democratic Executive Committee			Reporting Period From <u>11/27/2018</u> To <u>12/31/2018</u>		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.					Part C Total

Part D

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				Reporting Period			
Ward 16 Democratic Executive Committee				From <u>11/27/2018</u> To <u>12/31/2018</u>			
Full Name of Contributor				MO.	DAY	YEAR	
Andrew Smith				12	10	2018	\$ 450.00
Mailing Address							
2252 N Woodstock St							
City		State	Zip Code (Plus 4)				
Philadelphia		PA	19132				
Employer Name				Occupation			
Retired				Retired			
Employer Mailing Address/Principal Place of Business							
Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.							Part D Total
							\$ 450.00

Part E 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 Candidate Ward 16 Democratic Executive Committee			Reporting Period From <u>11/27/2018</u> To <u>12/31/2018</u>		
Full Name			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Full Name			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Full Name			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Full Name			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Full Name			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Receipt Description					
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.					Part E Total

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 Ward 16 Democratic Executive Committee	Reporting Period From <u>11/27/2018</u> To <u>12/31/2018</u>
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page, Item F.)	\$ 0
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SCHEDULE II

Part F

In-kind Contributions Received

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Ward 16 Democratic Executive Committee			Reporting Period From <u>11/27/2018</u> To <u>12/31/2018</u>		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.					Part F Total

**SCHEDULE II
Part G**

In-kind Contributions Received

VALUE OVER \$250.00

Name of Filing Committee or Candidate Ward 16 Democratic Executive Committee			Reporting Period From <u>11/27/2018</u> To <u>12/31/2018</u>		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					Part G Total

**SCHEDULE III
Statement Of Expenditures**

Name of Filing Committe or Candidate Ward 16 Democratic Executive Committee			Reporting Period From <u>11/27/2018</u> To <u>12/31/2018</u>		
To Whom Paid			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Expenditure					
To Whom Paid			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Expenditure					
To Whom Paid			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Expenditure					
To Whom Paid			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Expenditure					
To Whom Paid			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Expenditure					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					Schedule III Total

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.

Name of Filing Committee or Candidate Ward 16 Democratic Executive Committee					Reporting Period From 11/27/2018 To 12/31/2018		
Name of Creditor							Outstanding Balance of Debt
Mailing Address				Date Debt Incurred	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)				
Description of Debt							
Name of Creditor							Outstanding Balance of Debt
Mailing Address				Date Debt Incurred	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)				
Description of Debt							
Name of Creditor							Outstanding Balance of Debt
Mailing Address				Date Debt Incurred	MO.	DAY	YEAR
City		State	Zip Code (Plus 4)				
Description of Debt							
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							Schedule IV Total