

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: 1776729	Report Filed By: CANDIDATE ^{1.}	COMMITTEE ^{2.} X	LOBBYIST ^{3.}
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Name of Filing Committee, Candidate or Lobbyist:
 22nd Democratic Ward

Street Address:
 6836 Anderson Street

City: Philadelphia State: PA Zip Code: 19119

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: _____

DATE OF ELECTION			District Number:	Office Code:	Party Code: DEM	County Code: 51
MO.	DAY	YEAR				

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	11	28	2018		12	31	2018	
A. Amount Brought Forward From Last Report	\$		0		COUNTY NO. OF: _____ 9 FEB - 6 P 2:02 STATE OF PENNSYLVANIA			
B. Total Monetary Contributions and Receipts (From Schedule I)	\$		16,888.15					
C. Total Funds Available (Sum of Lines A and B)	\$		16,888.15					
D. Total Expenditures (From Schedule III)	\$		16,376.64					
E. Ending Cash Balance (Subtract Line D from Line C)	\$		511.51					
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 true, correct and complete.

Sworn to and subscribed before me this _____ day of FEBRUARY 20 19

Signature: [Signature]

My commission expires MAY 15th 2020

Signature of Person Submitting Report: [Signature]

Printed Name: Sharon Roseboro

Area Code: 215 267 Daytime Telephone Number: 972-2869

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: _____

Printed Name: _____

My commission expires _____ MO. _____ DAY _____ YEAR

Area Code: _____ Daytime Telephone Number: _____

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
22nd Democratic Ward	From <u>11/28/2018</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)	\$ 13,888.15
All Other Contributions (Part D)	\$ 3,000.00
TOTAL for the Reporting Period (3)	\$ 16,888.15

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.)	\$ 16,888.15
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Part A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate 22nd Democratic Ward			Reporting Period From 11/28/2018 To 12/31/2018		
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 A on Schedule I, Detailed Summary Page, Section 2.					Part A Total

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 22nd Democratic Ward	Reporting Period From <u>11/28/2018</u> To <u>12/31/2018</u>
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Full Name of Contributor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">MO.</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> </table>	MO.	DAY	YEAR
MO.	DAY	YEAR		

Mailing Address		
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City	State	Zip Code (Plus 4)
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Full Name of Contributor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">MO.</td> <td style="width: 33%; text-align: center;">DAY</td> <td style="width: 33%; text-align: center;">YEAR</td> </tr> </table>	MO.	DAY	YEAR
MO.	DAY	YEAR		

Mailing Address		
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City	State	Zip Code (Plus 4)
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MO.	DAY	YEAR		

Mailing Address		
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City	State	Zip Code (Plus 4)
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MO.	DAY	YEAR		

Mailing Address		
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City	State	Zip Code (Plus 4)
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MO.	DAY	YEAR		

Mailing Address		
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City	State	Zip Code (Plus 4)
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Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.	Part B Total
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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			Reporting Period			
22nd Democratic Ward			From <u>11/28/2018</u> To <u>12/31/2018</u>			
Full Name of Contributing Committee			MO.	DAY	YEAR	
District Council 1199C			8	22	2018	
Mailing Address						
1319 Locust Street						
City		State	Zip Code (Plus 4)			
Philadelphia		PA	19107			
Full Name of Contributing Committee			MO.	DAY	YEAR	
District Council 1199C			9	5	2018	
Mailing Address						
1319 Locust Street						
City		State	Zip Code (Plus 4)			
Philadelphia		PA	19107			
Full Name of Contributing Committee			MO.	DAY	YEAR	
Laborers District Council			11	6	2018	
Mailing Address						
665 N. Broad Street						
City		State	Zip Code (Plus 4)			
Philadelphia		PA	19123			
Full Name of Contributing Committee			MO.	DAY	YEAR	
Dwight Evans for Congress			11	2	2018	
Mailing Address						
PO Box 6578						
City		State	Zip Code (Plus 4)			
Philadelphia		PA	19138			
Full Name of Contributing Committee			MO.	DAY	YEAR	
Chris Rabb For State Representative			10	30	2018	
Mailing Address						
1500 JFK Blvd. #59202						
City		State	Zip Code (Plus 4)			
Philadelphia		PA	19102			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.						Part C Total
						\$ 13,888.15

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 22nd Democratic Ward		Reporting Period From 11/28/2018 To 12/31/2018			
Full Name of Contributor The Galman Group		MO. 12	DAY 21	YEAR 2018	\$ 3,000.00
Mailing Address 261 Old York Road #110					
City Jenkintown	State PA	Zip Code (Plus 4) 19046			
Employer Name		Occupation			
Employer Mailing Address/Principal Place of Business					

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

Part D Total	\$ 3,000.00
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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 22nd Democratic Ward		Reporting Period From <u>11/28/2018</u> To <u>12/31/2018</u>	
Full Name		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Receipt Description			
Full Name		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Receipt Description			
Full Name		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Receipt Description			
Full Name		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Receipt Description			
Full Name		MO.	DAY
Mailing Address		YEAR	
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 22nd Democratic Ward	Reporting Period From <u>11/28/2018</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
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2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the Reporting Period (2)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)

TOTAL for the Reporting Period (3)	\$	0
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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 22nd Democratic Ward			Reporting Period From <u>11/28/2018</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					

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 22nd Democratic Ward			Reporting Period From <u>11/28/2018</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 Committee or Candidate 22nd Democratic Ward			Reporting Period From <u>11/28/2018</u> To <u>12/31/2018</u>			
To Whom Paid Shariff Roseboro			MO.	DAY	YEAR	\$ 350.00
			8	24	2018	
Mailing Address 1211 Cardeza Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19119			
Description of Expenditure Ward BBQ Catering						
To Whom Paid Calling Post.com			MO.	DAY	YEAR	\$ 10.00
			9	17	2018	
Mailing Address						
City		State	Zip Code (Plus 4)			
Description of Expenditure Notification Service						
To Whom Paid Cash			MO.	DAY	YEAR	\$ 150.00
			10	17	2018	
Mailing Address 1211 Cardeza Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19119			
Description of Expenditure Printer Purchase at Staples						
To Whom Paid Democratic City Committee			MO.	DAY	YEAR	\$ 1,500.00
			10	24	2018	
Mailing Address 219 Spring Garden Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19123			
Description of Expenditure Tickets for Fall Fundraiser						
To Whom Paid Election Day Expenses			MO.	DAY	YEAR	\$ 13,366.64
			11	6	2018	
Mailing Address						
City		State	Zip Code (Plus 4)			
Description of Expenditure Election Day Workers, Supplies, Food						
To Whom Paid Target			MO.	DAY	YEAR	\$ 700.00
			12	15	2018	
Mailing Address Cheltenham Mall						
City Wyncote		State PA	Zip Code (Plus 4) 19095			
Description of Expenditure Purchases for Event						

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate 22nd Democratic Ward			Reporting Period From 11/28/2018 To 12/31/2018			
To Whom Paid Zitners Chocolates			MO.	DAY	YEAR	\$ 300.00
			12	14	2018	
Mailing Address 3120 N. 17th Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19132			
Description of Expenditure Purchases for Event						

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

Schedule III Total
\$ 16,376.64

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 22nd Democratic Ward	Reporting Period From <u>11/28/2018</u> To <u>12/31/2018</u>
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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
