

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: 9900082	Report Filed By: CANDIDATE 1.	COMMITTEE 2. X	LOBBYIST 3.
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Name of Filing Committee, Candidate or Lobbyist:
 29th Ward Democratic Committee

Street Address:
 1233 N. 29th St.

City: Philadelphia State: PA Zip Code: 19121

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	X	NO
	Annual Report	7. X	YEAR	2018						

Name of Office Sought by Candidate:	DATE OF ELECTION	District Number:	Office Code:	Party Code:	County Code:
	MO. DAY YEAR			DEM	50

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	
	A. Amount Brought Forward From Last Report	11	28		2018		12	31
B. Total Monetary Contributions and Receipts (From Schedule I)								\$ 11,176.63
C. Total Funds Available (Sum of Lines A and B)								\$ 0
D. Total Expenditures (From Schedule III)								\$ 11,176.63
E. Ending Cash Balance (Subtract Line D from Line C)								\$ 0
F. Value of In-Kind Contributions Received (From Schedule II)								\$ 0
G. Unpaid Debts and Obligations (From Schedule IV)								\$ 0

FOR OFFICE USE ONLY

COUNTY OF CO. OF ELECTIONS

CITY COMMISSIONERS

2019 JAN 30 A 10:12

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

Sworn to and subscribed before me this 29th day of JANUARY, 2019

Signature: [Signature]

My commission expires MAY 5, 2019

NOTARIAL SEAL
 LISA M. THOMAS, Notary Public
 City of Philadelphia, Phila. County
 My Commission Expires May 5, 2019

Signature of Person Submitting Report: [Signature]
 Printed Name: Diane Johnson
 Area Code: 19121
 Daytime Telephone Number: 267-974-0789

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: _____

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 29th Ward Democratic Committee	Reporting Period From <u>11/28/2018</u> To <u>12/31/2018</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period (1)	\$	0
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)	\$	0
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All Other Contributions (Part B)	\$	0
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TOTAL for the Reporting Period (2)	\$	0
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3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)	\$	0
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All Other Contributions (Part D)	\$	0
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TOTAL for the Reporting Period (3)	\$	0
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4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period (4)	\$	0
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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.)	\$	0
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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 29th Ward Democratic Committee			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)			
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 29th Ward Democratic Committee			Reporting Period From <u>11/28/2018</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 29th Ward Democratic Committee			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 Name			Occupation		
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
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

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 29th Ward Democratic Committee			Reporting Period From <u>11/28/2018</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 29th Ward Democratic Committee		Reporting Period From <u>11/28/2018</u> To <u>12/31/2018</u>	
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

SCHEDULE II
Part F
In-kind Contributions Received

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate 29th Ward Democratic Committee			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 29th Ward Democratic Committee			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		

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 29th Ward Democratic Committee			Reporting Period From 11/28/2018 To 12/31/2018			
To Whom Paid Friends of 29th Ward Democrats			MO.	DAY	YEAR	\$ 11,176.63
			12	22	2018	
Mailing Address 1300 N. 26th St.						
City Philadelphia	State PA	Zip Code (Plus 4) 19121				
Description of Expenditure Termination of PAC						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					Schedule III Total \$ 11,176.63	

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 29th Ward Democratic Committee					Reporting Period From 11/28/2018 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	