

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: 2006336	Report Filed On Behalf of: CANDIDATE 1.	COMMITTEE 2. <input checked="" type="checkbox"/>	LOBBYIST 3.											
Name of Filing Committee, Candidate or Lobbyist: Ward 30 Democratic Committee														
Street Address: 1521 Naudain Street														
City: Philadelphia		State: PA	Zip Code: 19146											
TYPE OF REPORT (Check One)	Name of Office Sought by Candidate:		District No.											
	Party DEM		DATE OF ELECTION MO. DAY YEAR 0 0 0											
6th Tuesday Pre-Primary 1.	Dates Of Reporting Period <table border="1" style="display:inline-table; margin-right:10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>11</td><td>28</td><td>2018</td></tr> </table> To <table border="1" style="display:inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>12</td><td>31</td><td>2018</td></tr> </table>	MO.	DAY	YEAR	11	28	2018	MO.	DAY	YEAR	12	31	2018	FOR OFFICE USE ONLY 2019 JAN 31 P 1:17 CITY OF CAMPAIGN FINES
MO.		DAY	YEAR											
11		28	2018											
MO.		DAY	YEAR											
12		31	2018											
2nd Friday Pre-Primary 2.														
30 Day Post Primary 3.														
6th Tuesday Pre-Election 4.														
2nd Friday Pre-Election 5.														
30 Day Post Election 6.														
Annual Report 7. <input checked="" type="checkbox"/>														
Cash Balance At End Of Reporting Period: \$ <u>289.97</u> Total Amount of Filer's Outstanding Debts or Liabilities At End Of Reporting Period: \$ <u>0</u>														
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.

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
ALICIA M. BANKHEAD, Notary Public
 My Commission Expires April 24, 2020

I swear (or affirm) that the aggregate receipts or disbursements or liabilities incurred during the reporting period in Philadelphia County did not exceed two hundred and fifty dollars (\$250.00) and this report is, to the best of my knowledge and belief, true and correct.

Sworn to and subscribed before me this
30th day of January 20 19

Alicia M. Bankhead
 Signature

My commission expires 4-24-20
 MO. DAY YEAR

[Signature]
 Signature of Person Submitting Report

Carolyn Williams
 Printed Name

610 310 1714
 Area Code Daytime Telephone Number

PART II -

If statement is filed on behalf of Candidate's Authorized Committee, the 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

My commission expires _____
 MO. DAY YEAR

 Signature of Candidate

 Printed Name

 Area Code Daytime Telephone Number