

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:	1776691	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	X	LOBBYIST	3.	
Name of Filing Committee, Candidate or Lobbyist: 48TH WARD EXECUTIVE COMMITTEE										
Street Address: 1807 S. 20TH ST										
City: PHILADELPHIA					State: PA		Zip Code: 19145			
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:	County Code:
				MO.	DAY	YEAR	2		DEM	51
Summary of Receipts and Expenditures from:				MO.	DAY	YEAR	FOR OFFICE USE ONLY			
				11	28	2018	To	MO.	DAY	YEAR
				12	31	2018	2019 JAN 31 P 1:14			
A. Amount Brought Forward From Last Report				\$ 405.00						
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 500.00						
C. Total Funds Available (Sum of Lines A and B)				\$ 905.00						
D. Total Expenditures (From Schedule III)				\$ 0						
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 905.00						
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										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>31st day of <u>January</u> 20 <u>19</u></p> <p><u>Shirley Johnson</u> Signature</p> <p>My commission expires <u>May 12</u> <u>2022</u></p> <p style="text-align:center;">MO. DAY YEAR</p> </div> <div style="width: 50%; border-left: 1px solid black; padding-left: 10px;"> <p style="text-align:center;"><i>[Signature]</i></p> <p style="text-align:center;">Signature of Person Submitting Report</p> <p style="text-align:center;"><u>TERRANCE CARPENTER</u></p> <p style="text-align:center;">Printed Name</p> <p style="text-align:center;"><u>215</u> <u>301-6148</u></p> <p style="text-align:center;">Area Code Daytime Telephone Number</p> </div> </div>										
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										
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>_____ day of _____ 20 _____</p> <p>_____ Signature</p> <p>My commission expires _____</p> <p style="text-align:center;">MO. DAY YEAR</p> </div> <div style="width: 50%; border-left: 1px solid black; padding-left: 10px;"> <div style="border: 1px solid black; padding: 5px; text-align:center;"> <p>Commonwealth of Pennsylvania - Notary Seal</p> <p>SHIRLEY JOHNSON, Notary Public</p> <p>Philadelphia County</p> <p>My Commission Expires May 12, 2022</p> <p>Commission Number 1223902</p> </div> <p style="text-align:center;">_____ Printed Name</p> <p style="text-align:center;">_____</p> <p style="text-align:center;">Area Code Daytime Telephone Number</p> </div> </div>										

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate 48TH WARD EXECUTIVE 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

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)	\$ 500.00
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period (3)	\$ 500.00

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 <small>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</small>	\$ 500.00
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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 48TH WARD EXECUTIVE COMMITTEE			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 48TH WARD EXECUTIVE COMMITTEE			Reporting Period From 11/28/2018 To 12/31/2018		
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)		
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 48TH WARD EXECUTIVE COMMITTEE			Reporting Period From <u>11/28/2018</u> To <u>12/31/2018</u>		
Full Name of Contributing Committee WILLIAMS FOR SENATE			MO.	DAY	YEAR
Mailing Address P. O. BOX 6313			12	29	2018
City PHILADELPHIA			State PA		Zip Code (Plus 4) 19121
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.					Part C Total \$ 500.00

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 48TH WARD EXECUTIVE COMMITTEE			Reporting Period From 11/28/2018 To 12/31/2018		
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					
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 48TH WARD EXECUTIVE 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 48TH WARD EXECUTIVE COMMITTEE	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

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 48TH WARD EXECUTIVE 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 48TH WARD EXECUTIVE 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		
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 48TH WARD EXECUTIVE COMMITTEE			Reporting Period From <u>11/28/2018</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					
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 48TH WARD EXECUTIVE 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	