

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:	<b>2003244</b>	Report Filed On Behalf of	<b>CANDIDATE 1.</b>	<b>COMMITTEE 2.</b>	<b>X</b>	<b>LOBBYIST 3.</b>
Name of Filing Committee, Candidate or Lobbyist: 49th Ward Democratic Executive Committee						
Street Address: 5803 north 12th street						
City: Phila			State: PA		Zip Code: 19141	
TYPE OF REPORT (Check One)	Name of Office Sought by Candidate:			District No.		Party DEM
	DATE OF ELECTION					
	MO.	DAY	YEAR	MO.	DAY	YEAR
6th Tuesday Pre-Primary 1.						
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. <b>X</b>						
Dates Of Reporting Period			To			
MO. DAY YEAR			MO. DAY YEAR			
11 28 2018			12 31 2018			
Cash Balance At End Of Reporting Period:			\$		16,184.91	
Total Amount of Filer's Outstanding Debts or Liabilities At End Of Reporting Period:			\$		0	
Amendment Report?		YES		NO	<b>X</b>	
Termination Report?		YES		NO	<b>X</b>	
<b>FOR OFFICE USE ONLY</b>						
COUNTY BD. OF ELECTIONS						
JAN 29 P 1:41						
COMMISSIONERS						

**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.

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

Sworn to and subscribed before me this

29<sup>th</sup> day of January 20 19  
Mina A. Bodnick  
 Signature

Shirley Gregory  
 Signature of Person Submitting Report  
Shirley GREGORY  
 Printed Name

My commission expires 5 7 2022  
 MO. DAY YEAR

215 276-0995  
 Area Code Daytime Telephone Number

**Commonwealth of Pennsylvania - Notary Seal**  
**TRINA P. BOONIK, Notary Public**  
**Philadelphia County**  
 My Commission Expires July 1, 2022  
 Commission Number 1187135

**PART II -**

If statement is filed on behalf of a 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

\_\_\_\_\_  
 Signature of Candidate  
 \_\_\_\_\_  
 Printed Name

My commission expires \_\_\_\_\_  
 MO. DAY YEAR

\_\_\_\_\_ Area Code \_\_\_\_\_ Daytime Telephone Number