

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	2003241		REPORT FILED ON BEHALF OF	CANDIDATE ¹	COMMITTEE ² <input checked="" type="checkbox"/>	LOBBYIST ³
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST 55 th Ward Republican Executive Committee						
STREET ADDRESS 3203 Unruh Avenue						
CITY Philadelphia			STATE PA	ZIP CODE 19149		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION
	MO.	DAY	YEAR	MO.	DAY	YEAR
6TH TUESDAY PRE-PRIMARY	11	27	2018	12	31	2018
2ND FRIDAY PRE-PRIMARY	FOR OFFICE USE ONLY					
30 DAY POST-PRIMARY	COUNTY ED. OF ELECTIONS					
6TH TUESDAY PRE-ELECTION	CITY COMMISSIONERS					
2ND FRIDAY PRE-ELECTION	19 JAN 30 P 1:55					
30 DAY POST-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD: \$ 3019.72					
ANNUAL REPORT <input checked="" type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0					
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>		
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates' 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.

COMMONWEALTH OF PENNSYLVANIA
 City of Philadelphia, Philadelphia County
 My commission expires September 19, 2021

SWORN TO AND SUBSCRIBED BEFORE ME THIS 29th DAY OF JANUARY 2019

Mary Frances Woodruff
 SIGNATURE
 MY COMMISSION EXPIRES SEPT 19 2021
 MO. DAY YR.

John Vearling
 SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, 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 YR.

AREA CODE _____ DAYTIME TELEPHONE NUMBER _____