

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:	17760820	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	LOBBYIST	3.
-------------------------------------	----------	-------------------------	-----------	----	-----------	----	----------	----

Name of Filing Committee, Candidate or Lobbyist:
Friends of Carla Cain

Street Address:
1500 Walnut Street Suite 700-21A

City: **phila** State: **PA** Zip Code: **19102**

TYPE OF REPORT	6th Tuesday Pre-Primary	1.	X	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	X	No	
	6th Tuesday Pre-Election	4.		2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes		No	X

Other	Annual Report	7.	YEAR	2019
-------	---------------	----	------	------

Name of Office Sought by Candidate: City Commissioner	DATE OF ELECTION			District Number:	Office Code: PH5	Party Code: DEM	County Code:
	MO.	DAY	YEAR				
	5	21	2019				

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR
		1	1		2019	4	1
A. Amount Brought Forward From Last Report					\$1,500.00		
B. Total Monetary Contributions and Receipts (From Schedule I)					\$1,500.00		
C. Total Funds Available (Sum of Lines A and B)					\$3,000.00		
D. Total Expenditures (From Schedule III)					\$647.04		
E. Ending Cash Balance (Subtract Line D from Line C)					\$2,352.96		
F. Value of In-Kind Contributions Received (From Schedule II)					\$0.00		
G. Unpaid Debts and Obligations (From Schedule IV)					\$0.00		

FOR OFFICE USE ONLY

COUNTY ED. OF ELECTIONS
 2019 JUN 20 P 12:00
 CITY COMMISSIONERS

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

_____ day of _____ 20____

Signature

My Commission expires _____ MO. _____ DAY _____ YEAR

Signature of Person Submitting Report

Printed Name

_____ Area Code _____ Daytime Telephone Number

AFFIDAVIT SECTION

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

20th day of June 20 19

Signature of Person Submitting Report

Printed Name

215 Area Code 758-4405 Daytime Telephone Number

My Commission expires _____ MO. _____ DAY _____ YEAR

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
BROOKE WHITTINGTON, Notary Public
 City of Philadelphia, Philadelphia County
 My Commission Expires May 8, 2021