

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	17760901	Report Filed By (Mark X)		Candidate		Committee		Lobbyist	<input checked="" type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Tracey Gordon							
Street Address		100 S. Broad St 5th Fl							
City	Phila	State	PA	Zip Code	19110				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		
9/15/2019		2019						

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	1/1/19	4/1/19	COUNTY BD. OF ELECTIONS 2019 MAY 28 A 11: 25 CITY COMMISSIONERS
B. Total Monetary Contributions and Receipts (From Schedule I)		0	
C. Total Funds Available (Sum of Lines A and B)		100	
D. Total Expenditures (From Schedule III)		0	
E. Ending Cash Balance (Subtract Line D from Line C)		100	
F. Value of In-Kind Contributions Received (From Schedule II)		500	
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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 28 day of May 2019

Keusha D. Krawick
 Signature of Person Submitting report
Keusha D. Krawick
 Printed Name

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
 Chelsea H. Roberts, Notary Public
 City of Philadelphia, Philadelphia County
 My Commission Expires June 8, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

My Commission expires 6 MO. 8 DAY

879-5729
Daytime Telephone Number

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 _____ day of _____ 20____

Signature

Signature of Candidate

Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

Area Code

Daytime Telephone Number

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 100
Total for the reporting period	(2)	\$ 100
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 0
Total for the reporting period	(3)	\$ 0
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 100
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$ 100

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Jacqueline Wiggins					3/29/15		100
House #	Street Address				Date [MM/DD/YYYY]	\$	
1936	W. Page St						
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Phila		Pa		19111			
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

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

Filer Identification Number:	
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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 \$250.00 (FROM PART G)		
	TOTAL for the reporting period (3)	\$	500

	TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	\$	500
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SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	
Rasheen Crews				03/01/2019		\$	500
House #	Street Address	Date [MM/DD/YYYY]		\$			
1412	S. 51 street			\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Phila	Pa	19143			\$		
Employer Name			Occupation				
Crews Consulting			Owner				
Employer Mailing Address / Principal Place of Business			Description of Contribution				
100 S. Broad St Phila Pa 19110			Petitions				

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
						\$	
House #	Street Address	Date [MM/DD/YYYY]		\$			
				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
					\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution				

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
						\$	
House #	Street Address	Date [MM/DD/YYYY]		\$			
				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
					\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution				

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
						\$	
House #	Street Address	Date [MM/DD/YYYY]		\$			
				\$			
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
					\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business			Description of Contribution				