

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		
9/15/2018		2019						

Summary of Receipts and Expenditures	From Date	To Date	
	1/1/19	4/1/19	For Office Use Only
A. Amount Brought Forward From Last Report	\$	0	COUNTY BD. OF ELECTIONS 2019 MAY 31 A 10:46 CITY COMMISSIONERS COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Rhonda Exum, Notary Public City of Philadelphia, Philadelphia County My Comm. Expires November 21, 2020
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	100	
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

3 day of June 20 19
 Rhonda Exum
 Signature

Klaska D. Kawick
 Signature of Person Submitting report
 Klaska D. Kawick
 Printed Name

My Commission expires 11-21-2020
 MO. DAY YR.

267 Area Code
 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

3 day of June 20 19
 T.I.
 Signature

Tracey P. Gordon
 Signature of Candidate
 Tracey P. Gordon
 Printed Name

My Commission expires 9-13-2022
 MO. DAY YR.

267 Area Code
 235 0091 Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Joyce I. Johnson, Notary Public
 Philadelphia County
 My commission expires September 13, 2022
 Commission number 1079344
 Member, Pennsylvania Association of Notaries

COUNTY BD. OF ELECTIONS
 2019 MAY 31 A 10:46
 CITY COMMISSIONERS
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Rhonda Exum, Notary Public
 City of Philadelphia, Philadelphia County
 My Comm. Expires November 21, 2020

Contributions and Receipts

Detailed Summary Page

Filer Identification Number		17760901
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:	17760901
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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:	17760901
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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:	17760901
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Full Name of Contributor				Date [MM/DD/YYYY]		\$	500
Rasheon Crews				03/01/2019			
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			