

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	1776727		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Matt + Wolfe											
STREET ADDRESS 4256 Regent Sq.											
CITY Phila.			STATE PA		ZIP CODE 19104-						
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY		DATE OF ELECTION				
	City Council			AA	R		MO.	DAY	YEAR		
	<input checked="" type="checkbox"/> 6TH TUESDAY PRE-PRIMARY						5	21	2019		
	<input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY										
	<input type="checkbox"/> 30 DAY POST-PRIMARY										
	<input type="checkbox"/> 6TH TUESDAY PRE-ELECTION										
	<input type="checkbox"/> 2ND FRIDAY PRE-ELECTION										
	<input type="checkbox"/> 30 DAY POST-ELECTION										
<input type="checkbox"/> ANNUAL REPORT											
DATES OF REPORTING PERIOD			MO.	DAY	YEAR	MO.	DAY	YEAR	FOR OFFICE USE ONLY		
1 / 1 / 19			TO	4	1	19	COUNTY BD. OF ELECTIONS 2019 APR - 9 P 3:59 CITY COMMISSIONERS				
CASH BALANCE AT END OF REPORTING PERIOD:				\$		_____					
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$		_____					
AMENDMENT REPORT?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>						
TERMINATION REPORT?		YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>						

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

9th DAY OF APRIL 2019
 Nancy A. Vargas Maynard
 SIGNATURE

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT
 Matt + Wolfe
 PRINTED NAME

215 387-7300
 AREA CODE DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania Notary Seal
 NANCY A VARGAS MAYNARD - Notary Public
 Philadelphia County
 My Commission Expires May 19, 2019
 Commission Number 4262609

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

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

 AREA CODE DAYTIME TELEPHONE NUMBER