

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:	17760752	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.}	LOBBYIST ^{3.}
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Name of Filing Committee, Candidate or Lobbyist:

Friends of Maria

Street Address:

P O Box 60811

City:

Philadelphia

State:

PA

Zip Code:

19133

TYPE OF REPORT

6th Tuesday Pre-Primary

1. X

2nd Friday Pre-Primary

2.

30 Day Post Primary

3.

Amendment Report?

Yes

No

X

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 Council

DATE OF ELECTION

MO.	DAY	YEAR
5	21	2019

District Number:

7

Office Code:

PH4

Party Code:

DEM

County Code:

Summary of Receipts and Expenditures from:

MO.	DAY	YEAR
1	1	2019

To

MO.	DAY	YEAR
4	1	2019

FOR OFFICE USE ONLY

A. Amount Brought Forward From Last Report

\$114,679.98

B. Total Monetary Contributions and Receipts (From Schedule I)

\$88,505.00

C. Total Funds Available (Sum of Lines A and B)

\$203,184.98

D. Total Expenditures (From Schedule III)

\$42,921.92

E. Ending Cash Balance (Subtract Line D from Line C)

\$160,263.06

F. Value of In-Kind Contributions Received (From Schedule II)

\$0.00

G. Unpaid Debts and Obligations (From Schedule IV)

\$0.00

2019 APR 11 A 11
 COUNTY BD. OF ELECTIONS
 CITY COMMISSIONER

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 of Person Submitting Report

Signature

Printed Name

My Commission expires

MO. DAY YEAR

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

11th day of April 20

Commonwealth of Pennsylvania - Notary Seal
 RAFAEL E. ALVAREZ FEBO, Notary Public
 Philadelphia County
 My Commission Expires February 14, 2023
 Commission Number 1347179

Signature of Person Submitting Report

Printed Name

My Commission expires

Feb 14 2023
MO. DAY YEAR

267
Area Code

236-3614
Daytime Telephone Number

Department of State Bureau of Commissions, Elections and Legislation
 210 North Office Building Harrisburg, PA 17120-0029 (717)787-5280

Campaign Finance Report

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Filer Identification Number:	17760752	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.}	LOBBYIST ^{3.}						
Name of Filing Committee, Candidate or Lobbyist: Friends of Maria											
Street Address: P O Box 60811											
City: Philadelphia		State: PA		Zip Code: 19133							
TYPE OF REPORT	6th Tuesday Pre-Primary	1. X	2nd Friday Pre Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	No	X	
	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 Council			DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:		
			MO.	DAY	YEAR	7	PH4	DEM			
			5	21	2019						
Summary of Receipts and Expenditures from:		MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY		
		1	1	2019		4	1	2019	2019 APR 11 A 11:00 COUNTY BD. OF ELECTIONS CITY COMMISSIONERS		
A. Amount Brought Forward From Last Report								\$114,679.98			
B. Total Monetary Contributions and Receipts (From Schedule I)								\$88,505.00			
C. Total Funds Available (Sum of Lines A and B)								\$203,184.98			
D. Total Expenditures (From Schedule III)								\$42,921.92			
E. Ending Cash Balance (Subtract Line D from Line C)								\$160,263.06			
F. Value of In-Kind Contributions Received (From Schedule II)								\$0.00			
G. Unpaid Debts and Obligations (From Schedule IV)								\$0.00			
AFFIDAVIT SECTION											
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11 th day of April 20		Signature		My Commission expires		MO.		DAY	YEAR	Signature of Person Submitting Report Marie Monica Parrilla Printed Name 267 Area Code 236-3614 Daytime Telephone Number	
AFFIDAVIT SECTION											
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_____ day of _____ 20____		Signature		My Commission expires		MO.		DAY	YEAR	Signature of Person Submitting Report Printed Name Area Code Daytime Telephone Number	

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 210 North Office Building Harrisburg, PA 17120-0029 (717)787-5280