

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		FRIENDS OF THERESA BRUNSON			
Street Address		8510 PROVIDENT STREET			
City	PHILADELPHIA	State	PA	Zip Code	19150

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)	05/21/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2019	04/01/2019	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	13,850	
C. Total Funds Available (Sum of Lines A and B)	\$	13,850	
D. Total Expenditures (From Schedule III)	\$	8,486.66	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	5,363.34	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	10,000	

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 29 day of April 2019

Tiana Clanton
Signature

My Commission expires 4 3 2021
MO. DAY YR.

Crystal Cary
Signature of Person Submitting report
Printed Name
HS
Area Code
265-0857
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 29 day of April 2019

Tiana Clanton
Signature

My Commission expires 4 3 2021
MO. DAY YR.

Theresa D. Brunson
Signature of Candidate
Printed Name
267
Area Code
251-0828
Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
TIANA CLANTON, Notary Public
 Chester County
 My Commission Expires April 3, 2021
 Commission Number 1275076

Commonwealth of Pennsylvania - Notary Seal
TIANA CLANTON, Notary Public
 Chester County
 My Commission Expires April 3, 2021
 Commission Number 1275076

SCHEDULE I
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)	\$	850
Total for the reporting period (2)	\$	850
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	13,000
Total for the reporting period (3)	\$	13,000
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	251
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>	\$	14,101

COUNTY BLDG. OFF.
 RECEIPTS

2019 JUN 19 P 2:21

CITY COMMISSIONERS

PART A
Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	
-----------------------------	--

							Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State		Zip Code				Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State		Zip Code				Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State		Zip Code				Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State		Zip Code				Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State		Zip Code				Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State		Zip Code				Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State		Zip Code				Date [MM/DD/YYYY]

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:	
-------------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	200
IRIS BRUNSON					02/07/2019		
House #	1300	Street Address	72ND AVENUE		Date [MM/DD/YYYY]	\$	
City	PHILADELPHIA	State	PA	Zip Code	19126	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	150
RUTH ELEY					02/14/2019		
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	250
CARTRELL WRIGHT					01/17/2019		
House #		Street Address			Date [MM/DD/YYYY]	\$	
City	BOSTON	State	MA	Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	250
MEDRICK TURAY					01/19/2019		
House #		Street Address			Date [MM/DD/YYYY]	\$	
City	PHILADELPHIA	State	PA	Zip Code	19151	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]	\$

PART C
Contributions Received From Political Committees
Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
------------------------------	--

Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City					State	Zip Code	Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City					State	Zip Code	Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City					State	Zip Code	Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City					State	Zip Code	Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City					State	Zip Code	Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City					State	Zip Code	Date [MM/DD/YYYY]
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address						
City					State	Zip Code	Date [MM/DD/YYYY]

PART D
All Other Contributions
Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
 (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
-------------------------------------	--

Full Name of Contributor		LEONARD HILL, ESQUIRE				Date [MM/DD/YYYY]	\$	1,000
						01/10/2019		
House #	123	Street Address		S. BROAD STREET		Date [MM/DD/YYYY]	\$	
City	PHILADELPHIA	State	PA	Zip Code	19109	Date [MM/DD/YYYY]	\$	
Employer Name		SELF-EMPLOYED				Occupation	ATTORNEY	
Employer Mailing Address / Principal Place of Business		123 S. BROAD STREET						
Full Name of Contributor		DEREK BURNETT				Date [MM/DD/YYYY]	\$	1,000
						02/24/2019		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City	PHILADELPHIA	State	PA	Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name		US GOVERNMENT				Occupation	CONTRACTOR	
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		JOSEPH MILLER, JR				Date [MM/DD/YYYY]	\$	1,000
						02/24/2019		
House #		Street Address				Date [MM/DD/YYYY]	\$	
City	LANE	State	SC	Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name		RETIRED				Occupation	RETIRED	
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		THERESA BRUNSON				Date [MM/DD/YYYY]	\$	2,000
						01/04/2019		
House #		Street Address				Date [MM/DD/YYYY]	\$	2,000
						1/11/2019		
City	PHILADELPHIA	State	PA	Zip Code		Date [MM/DD/YYYY]	\$	2,000
						1/18/2019		
Employer Name		BEACON HILL LEGAL STAFFING				Occupation	ATTORNEY	
Employer Mailing Address / Principal Place of Business		1835 MARKET STREET , PHILADELPHIA PA 19103						

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
------------------------------	--

Full Name		CITIZEN'S BANK					
House #	Street Address		6324 STENTON AVANUE				
City	PHILA	State	PA	Zip Code	19138	Date [MM/DD/YYYY]	\$ 12
Receipt Description		FEE REBATE OF SERVICE CHARGE FOR EMERGENCY CARD DELIVERY FEE					
Full Name		NATIONBUILDER DEBIT RETURN					
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 239
Receipt Description		REFUND FOR TERMINATED SERVICES					
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

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:	
------------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$

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)		\$
---	--	----

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$		
House #					Street Address		Date [MM/DD/YYYY]	\$
City					State	Zip Code	Date [MM/DD/YYYY]	\$
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]	\$
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]	\$
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]	\$
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]	\$
Description of Contribution								

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
-------------------------------------	--

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		

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		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
-------------------------------------	--

To Whom Paid		CREWS MOSLEY & ASSOCIATES				Date [MM/DD/YYYY]	\$	2,000
						01/04/2019		
House #	123	Street Address	S. BROAD STREET			Description of Expenditure		
City	PHILADELPHIA	State	PA	Zip Code	19109	CONSULTING FEE		
To Whom Paid		CREWS MOSLEY & ASSOCIATES				Date [MM/DD/YYYY]	\$	2,000
						02/08/2019		
House #	123	Street Address	S. BROAD STREET			Description of Expenditure		
City	PHILADELPHIA	State	PA	Zip Code	19109	CONSULTING FEE		
To Whom Paid		THE NEW 42ND WARD				Date [MM/DD/YYYY]	\$	200
						02/16/2019		
House #		Street Address				Description of Expenditure		
City	PHILADELPHIA	State	PA	Zip Code		PETITION PARTY MAJESTIC BALLROOM		
To Whom Paid		FRIENDS OF CINDY BASS				Date [MM/DD/YYYY]	\$	100
						02/17/2019		
House #		Street Address				Description of Expenditure		
City	PHILADELPHIA	State	PA	Zip Code		FUNDRAISER DONATION		
To Whom Paid		CITIZENS FOR OMAR SABIR				Date [MM/DD/YYYY]	\$	100
						02/15/2019		
House #		Street Address				Description of Expenditure		
City	PHILADELPHIA	State	PA	Zip Code		FUNDRAISER DONATION		
To Whom Paid		13TH WARD DEMOCRATIC EXECUTIVE COMMITTEE				Date [MM/DD/YYYY]	\$	200
						02/16/2019		
House #		Street Address				Description of Expenditure		
City	PHILADELPHIA	State	PA	Zip Code		PETITION PARTY / TREASURES		
To Whom Paid		MILLENNIALS IN ACTION PAC				Date [MM/DD/YYYY]	\$	100
						02/22/2019		
House #		Street Address				Description of Expenditure		
City	PHILADELPHIA	State	PA	Zip Code		PETITION PARTY/ CHARLIE B'S		
To Whom Paid		12TH WARD EXECUTIVE COMMITTEE				Date [MM/DD/YYYY]	\$	100
						02/22/2019		
House #		Street Address				Description of Expenditure		
City	PHILADELPHIA	State	PA	Zip Code		PETITION PARTY		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
-------------------------------------	--

To Whom Paid		38TH WARD DEMOCRATIC EXECUTIVE COMMITTEE			Date [MM/DD/YYYY]	\$	100
					03/02/2019		
House #		Street Address		Description of Expenditure			
City	PHILADELPHIA	State	PA	Zip Code	PETITION PARTY		
To Whom Paid		51ST WARD DEMOCRATIC EXECUTIVE COMMITTEE			Date [MM/DD/YYYY]	\$	100
					03/03/2019		
House #		Street Address		Description of Expenditure			
City	PHILADELPHIA	State	PA	Zip Code	PETITION PARTY		
To Whom Paid		BEVERLY COFER			Date [MM/DD/YYYY]	\$	60
					02/27/2019		
House #		Street Address		Description of Expenditure			
City	PHILADELPHIA	State	PA	Zip Code	PETITION SIGNATURES		
To Whom Paid		22ND WARD DEMOCRATIC COMMITTEE			Date [MM/DD/YYYY]	\$	150
					03/03/2019		
House #		Street Address		Description of Expenditure			
City	PHILADELPHIA	State	PA	Zip Code	PETITION PARTY		
To Whom Paid		TRAVEL INSURANCE (AMTRAK)			Date [MM/DD/YYYY]	\$	9
					03/12/2019		
House #		Street Address		Description of Expenditure			
City		State		Zip Code	TRAVEL INSURANCE FOR TRAIN TIXS TO/FROM H-BERG		
To Whom Paid		ATM - CASH/FEE			Date [MM/DD/YYYY]	\$	63.5
					03/12/2019		
House #		Street Address		Description of Expenditure			
City		State		Zip Code	BALANCE FOR PETITION FILING FEE - COMMON PLEAS		
To Whom Paid		AMTRAK			Date [MM/DD/YYYY]	\$	68
					02/13/2019		
House #		Street Address		Description of Expenditure			
City		State		Zip Code	ROUND TRIP TIX/HARRISBURG PETITION FILING		
To Whom Paid		AMTRAK			Date [MM/DD/YYYY]	\$	68
					02/20/2019		
House #		Street Address		Description of Expenditure			
City		State		Zip Code	ROUND TRIP TIX/HARRISBURG BALLOT LOTTERY		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
-------------------------------------	--

Name of Creditor		THERESA BRUNSON					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$		2,000	
		01/04/2019						
City	PHILADELPHIA	State	PA	Zip Code	19126			
Description of Debt		LOAN TO CAMPAIGN						
Name of Creditor		THERESA BRUNSON					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$		2,000	
		01/11/2019						
City	PHILADELPHIA	State	PA	Zip Code	19126			
Description of Debt		LOAN TO CAMPAIGN						
Name of Creditor		THERESA BRUNSON					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$		2,000	
		01/18/2019						
City	PHILADELPHIA	State	PA	Zip Code	19126			
Description of Debt		LOAN TO CAMPAIGN						
Name of Creditor		THERESA BRUNSON					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$		2,000	
		01/25/2019						
City	PHILADELPHIA	State	PA	Zip Code	19126			
Description of Debt		LOAN TO CAMPAIGN						
Name of Creditor		THERESA BRUNSON					Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$		2,000	
		02/01/2019						
City		State	PA	Zip Code	19126			
Description of Debt		LOAN TO CAMPAIGN						
Name of Creditor							Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]			\$			
City		State		Zip Code				
Description of Debt								