



Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	20190067	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends of Michael Harvey								
Street Address	5616 Osage Avenue								
City	Philadelphia	State	PA	Zip Code	19143				

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		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/23/2019	05/06/2019	
A. Amount Brought Forward From Last Report	\$	1,351.42	<p style="text-align: center;">2019 MAY - 9 A 11:20</p> <p style="text-align: center;">COUNTY BD. OF ELECTIONS</p> <p style="text-align: center;">CITY COMMISSIONERS</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	1,351.42	
D. Total Expenditures (From Schedule III)	\$	402.85	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	948.57	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
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 8th day of May 2019

[Signature]
Signature

[Signature]
Signature of Person Submitting report
Stephen Harvey
Printed Name

My Commission expires 08/19/2020

215 _____ 472-1317
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL

Part II- If this is a **Report of a Candidate** or **Committee**, candidate shall sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is 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.

My commission expires August 19, 2020

Sworn to and subscribed before me this 8th day of May 2019

[Signature]
Signature

[Signature]
Signature of Candidate
Michael Harvey
Printed Name

My Commission expires 08/19/2020

215 _____ 475-6826
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Marilyn B. Aquino, Notary Public
City of Philadelphia, Philadelphia County
My commission expires August 19, 2020

SCHEDULE III
Statement of Expenditures

EBF Identification Number: 20190067 Friends of Michael Harvey

To Whom Paid		www.wolfe.org			Date [MM/DD/YYYY]	\$	300
					03/26/2019		
House #	Street Address	4256 Regent Square			Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19104	Campaign Contribution	
To Whom Paid		Aquino Notary Public			Date [MM/DD/YYYY]	\$	70
					04/02/2019		
House #	Street Address	2222 So. 15th Street			Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19145	Notarization	
To Whom Paid		U.S. Postal Service			Date [MM/DD/YYYY]	\$	32.85
					04/03/2019		
House #	Street Address	3000 Chestnut Street			Description of Expenditure		
City	Philadelphia	State	PA	Zip Code	19104	Mailing	
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			