

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:	2017140	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.}	LOBBYIST ^{3.}					
Name of Filing Committee, Candidate or Lobbyist: 22nd Ward Republican Executive Committee										
Street Address: 6644 Lincoln Drive										
City: Philadelphia			State: PA		Zip Code: 19119					
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:	DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:
	MO.	DAY	YEAR				
	5	21	2019				

Dates of Reporting Period	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	1	1	2019		4	1	2019	
Cash Balance at End of Reporting Period:								COUNTY BD. OF ELECTIONS 19 APR 10 PM CITY COMMISSIONERS
Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period:								

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate'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

8th day of April 20 19

Signature: _____
 My Commission expires: 9 19 21

Signature of Person Submitting Report: _____
 Printed Name: Michael J. Cunningham
 Area Code: 610 Daytime Telephone Number: 613-3916

AFFIDAVIT SECTION

PART II -

If statement is filed on behalf of Candidate's Authorized Committee, the 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: _____

Signature of Person Submitting Report: _____
 Printed Name: _____
 Area Code: _____ Daytime Telephone Number: _____

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kyle Sheva, Notary Public
 Upper Merion Twp., Montgomery County
 My Commission Expires Sept. 19, 2021
 PENNSYLVANIA ASSOCIATION OF NOTARIES