

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	2003241		REPORT FILED ON BEHALF OF	CANDIDATE <sup>1</sup>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <sup>3</sup>
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST 55 <sup>th</sup> Ward Republican Executive Committee						
STREET ADDRESS 3203 Unruh Ave						
CITY Philadelphia			STATE PA	ZIP CODE 19149		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE			DISTRICT NO.	PARTY	DATE OF ELECTION
	6TH TUESDAY PRE-PRIMARY					MO. DAY YEAR
	<input checked="" type="checkbox"/>					
	2ND FRIDAY PRE-PRIMARY					
	30 DAY POST-PRIMARY					
	6TH TUESDAY PRE-ELECTION					
	2ND FRIDAY PRE-ELECTION					
30 DAY POST-ELECTION						
ANNUAL REPORT						
DATES OF REPORTING PERIOD					FOR OFFICE USE ONLY	
MO. DAY YEAR			MO. DAY YEAR		CITY COMMISSIONERS 19 APR 15 PM 2:16 COUNTY BD. OF ELECTIONS	
1 1 2019 TO 4 8 2019						
CASH BALANCE AT END OF REPORTING PERIOD:			\$ 3,020.72			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$ 0			
AMENDMENT REPORT?			YES	NO	<input checked="" type="checkbox"/>	
TERMINATION REPORT?			YES	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  
 8<sup>th</sup> DAY OF April 2019

*John Vearling*  
 SIGNATURE OF PERSON SUBMITTING REPORT

John Vearling  
 PRINTED NAME

MY COMMISSION EXPIRES MO. DAY YEAR

*Sebastian D. Pasquale*  
 SIGNATURE

Commonwealth of Pennsylvania - Notary Seal  
 SEBASTIAN DIPASQUALE, Notary Public  
 Bucks County  
 My Commission Expires February 17, 2022  
 Commission Number 010000

AREA CODE DAYTIME TELEPHONE NUMBER

**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