Commonwealth of Pennsylvania

Campaign Finance Statement

File this in lieu of a full report *only* if aggregate receipts, expenditures, or liabilities, incurred each <u>did not exceed \$250.00</u> during the reporting period.

| Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period: AFFLOWIT SECTION | Filer Identification Number: | | 17760762 Report Filed By: | | | CANDIDATE | | COMMITTEE | | 2. LOBBYIST | | 3. | | |
|--|---|--------------------------------|------------------------------|-------------|---------------------------------------|-----------------------------|---|-----------------------------|---------------------------------------|------------------|---------------|-------------|------|--|
| City. Philadelphia PA State: 19148 Type Of Privation of the Party Primary Philadelphia Type Of Privation of the Party Primary Pre-Primary Pre-Prim | | - | | | Lobbyist: | | | | | | | | _ | |
| City Philadelphia State: PA Sta | | | | | | | | | | | | | | |
| Philadelphia PA 19148 TYPE OF Sth Tuesday Fre-Primary Sth Tuesday Fre-Primary Fre-Primary Fre-Primary Fre-Primary Fre-Primary Fre-Primary Fre-Primary Fre-Blection Fre-Primary Fre-Blection Fre-Blect | | in St | _ | | | | | | | -2 | | | | |
| TYPE OF REPORT Pre-Primary Pre-Primary Pre-Primary Post Primary Report? Yes No | Philadelphia | | | | | PA 19 | | | | | | | | |
| Other 101 Annual Report 7. YEAR 2019 Name of Office Sought by Candidate: Mo. DAY YEAR Y | | Pre-Primary | | Pre-Primary | | Post Primary | | 3. | Report? | | | No | X | |
| Name of Office Sought by Candidate: Other Data | | | | 4. | | 5. | | 6. | | Yes | | No | X | |
| Other Mo. DAY YEAR Number: Code: OTH DEM | 1 | Annual Re | eport | 7. | YEAR | 2019 | 9 | | | | | | | |
| Cash Balance at End of Reporting Period: Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period: ### Application of a Political Committee or Candidate's Committee, the Treasurer must sign here. ### 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 Candidate the Candidate 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 Candidate is Lobbyist must sign here. ### If statement is filed on behalf of a Candidate must sign here. ### If statement is filed on behalf of Candidate must sign here. ### If statement is filed on behalf of Candidate must sign here. ### If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here. ### If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here. ### If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here. ### If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here. ### If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here. ### If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here. ### If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here. ### If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here. ### If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here. ### If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here. ### If statement is filed on behalf of Candidate's Authorized Committee, the Candidate must sign here. ### If statement is filed on beh | | | | | | MO. | DAY YEAR | Num | ber: Cod | e: | Code: | | | |
| Cash Balance at End of Reporting Period: Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period: **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 Candidate, the Candidate must sign here. If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here. If statement is filed on behalf of a Contributing Lobbyist must sign here. If statement is filed on behalf of a Contributing Lobbyist must sign here. If statement is filed on behalf of a Contributing Lobbyist must sign here. Sworn to and subscribed before me this **Signature** **Description** **Signature** **Description** **Printed Name** **Description** **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.I. 1333, No 320) as amended. **Sworn to and subscribed before me this** **My Commission expires** **Application** **Signature** **Printed Name** **Prin | | | | | | | To | | 100 | FOR OF | | | - | |
| 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 Day of May 20 9 Signature of Person Submitting Report Signature Printed Name Printed Name 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. 1933). No 320) as amended. Sworn to and subscribed before me this day of 20 Signature of Person Submitting Report Signature Printed Name My Commission expires | Cash Ba | alance at E | nd of F | Reporti | ng Period: | | | \$1,909. | .03 | COUNT | | , | | |
| AFFIDATI SECTION PART 1. 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 twice the hundred and fifty dollars (\$250.00) and this report is, to the best of my knwoledge and belief, true, correct and complete. Sworn to and subscribed before me this Day of May 20 4 Signature of Person Submitting Report Signature of Person Submitting Report 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. 1933, No 320) as amended. Sworn to and subscribed before me this day of 20 Signature of Person Submitting Report Signature Printed Name My Commission expires | Total Amount of Filer's Outstanding Debts or l at End of Reporting Period: | | | | | Liabiliti | Liabilities \$0.00 | | | 2 A | | | | |
| FART 1- 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 Candidate, the Candidate 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 tw hundred and fifty dollars (\$250.00) and this report is, to the best of my knwoledge and belief, true, correct and complete. Sworn to and subscribed before me this Signature | | | J. 574 | | 5 No. 1 | Al | THEAVET SECTION | | | <u> </u> | 0 | | 77 | |
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| Signature of Person Submitting Report | l swear (or a hundred and | ffirm) that the | aggreq \$250.00 | gate rece | eipts or disbursen | nents or li | iabilities incurred du | ring the re elief, true, | porting period correct and co | l indicated a | bove did no | t exceed | two | |
| Signature My Commission expires Signature Tune MO. DAY YEAR AFFIDAVIT SECTION Printed Name 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.I. 1333, No 320) as amended. Sworn to and subscribed before me this day of 20 Signature Printed Name My Commission expires | 5 | | 00 | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | 2 | * | 2 | | | | |
| My Commission expires MO. DAY YEAR Area Code Area Code Daytime Telephone Number APPIDAVIT 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 Signature Printed Name My Commission expires | Ning Oculary Signature | | | | | | _ | Samuel Acrold | | | | | | |
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| Signature of Person Submitting Report Signature Printed Name My Commission expires | I swear (or al 1333, No 320 | firm) that to)) as amended | the best l. | of my k | nowledge and be | <u>nmittee,</u> lief this p | the Candidate must solitical committee ha | sign here. Is not viola | ted any provis | ions of the A | Act of June 3 | 3, 1937 (P | .L. | |
| My Commission expires Printed Name | day of 20 | | | | | | | | Signature of Person Submitting Report | | | | | |
| | <u>-</u> | | | | | | _ | Printed Name | | | | | | |
| Area Code Daytime Telephone Number | My Commiss | sion expires | M | 10. | DAY YI | EAR | _ | Area Co | ode | ——— Daytii | me Telepho | ne Numbe | er – | |

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

NOTARIAL SEAL NINO DAVLAS, Notary Public City of Philadelphia, Phila. County My Commission Expires June 14, 2021