

Commonwealth of Pennsylvania  
**Campaign Finance Report**

(Note: This report must be clear and legible. It may be typed or printed in blue or black ink.)

<b>Filer Identification Number:</b>	17760855	<b>Report Filed By:</b>	CANDIDATE	1.	COMMITTEE	2.	LOBBYIST	3.
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Name of Filing Committee, Candidate or Lobbyist:  
**Carpenter' Leg Prog of Greater PA**

Street Address:  
**1803 Spring Garden Street**

City: **Philadelphia** State: **PA** Zip Code: **19130**

<b>TYPE OF REPORT</b>	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	X	No	
	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: Other	DATE OF ELECTION			District Number:	Office Code: OTH	Party Code:	County Code: 51
	MO.	DAY	YEAR				
	11	5	2019				

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	
	A. Amount Brought Forward From Last Report	6	11	2019	To	9	16	2019
B. Total Monetary Contributions and Receipts (From Schedule I)								≈3,788,907.23
C. Total Funds Available (Sum of Lines A and B)								≈943,160.34
D. Total Expenditures (From Schedule III)								≈4,732,067.57
E. Ending Cash Balance (Subtract Line D from Line C)								≈444,991.77
F. Value of In-Kind Contributions Received (From Schedule II)								≈4,287,075.80
G. Unpaid Debts and Obligations (From Schedule IV)								≈0.00
								≈0.00

<b>FOR OFFICE USE ONLY</b>

**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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

25th day of October 2019

**LYNNETTA MARKER**  
 NOTARY PUBLIC OF NEW JERSEY  
 Comm. # 50081114  
 My Commission Expires 3/20/2023

Signature: Lynnette Marker

Signature of Person Submitting Report: Michael D Hand  
 Printed Name: MICHAEL HAND

Area Code: 215 Daytime Telephone Number: 609-1634

**AFFIDAVIT SECTION**

**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

\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature: \_\_\_\_\_

Signature of Person Submitting Report: \_\_\_\_\_

Printed Name: \_\_\_\_\_

My Commission expires MO. \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

Area Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_