

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:	17760845	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.}	LOBBYIST ^{3.}						
Name of Filing Committee, Candidate or Lobbyist: Prosper Philly											
Street Address: 100 State Street											
City: Harrisburg			State: PA		Zip Code: 17101						
TYPE OF REPORT	6th Tuesday Pre-Primary	1.	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						
			11	5	2019						
Dates of Reporting Period		MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY		
		6	11	2019		9	16	2019	COUNTY BD. OF ELECTIONS SEP 27 P 4: COUNTY COMMISSIONERS		
Cash Balance at End of Reporting Period:						\$975.00					
Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period:						\$0.00					

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

<u>25</u> day of <u>Sept.</u> 20 <u>19</u>	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL VICKI A ZEPPA Notary Public CITY OF HARRISBURG, DAUPHIN COUNTY My Commission Expires Sep 25, 2020	Signature of Person Submitting Report _____ Melissa Bouca
My Commission expires	MO. DAY YEAR	Printed Name
<u>09</u> <u>25</u>		<u>Melissa Bouca</u>
	Area Code	Daytime Telephone Number
		<u>232-4433</u>

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	Signature of Person Submitting Report
My Commission expires	MO. DAY YEAR	Printed Name
		Area Code
		Daytime Telephone Number