

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Friends of Michael Harvey			
Street Address		5616 Osage Avenue			
City	Philadelphia	State	PA	Zip Code	19143

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	03/12/2019	Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	02/07/2019	02/25/2019	
A. Amount Brought Forward From Last Report	\$	0	COUNTY ED. OF ELECTIONS 2019 MAR - 1 A 11:28 CITY COMMISSIONERS
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	554.19	
C. Total Funds Available (Sum of Lines A and B)	\$	554.19	
D. Total Expenditures (From Schedule III)	\$	2.77	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	551.42	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	196.02	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 26th day of February, 2019.

Signature of Person Submitting report: Stephen Harvey
 Printed Name: Stephen Harvey
 Area Code: (215) Daytime Telephone Number: 472-1317

NOTARIAL SEAL
 Marilyn B. Aquino, Notary Public
 City of Philadelphia, Philadelphia County
 My commission expires August 19, 2020

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 26th day of February, 2019.

Signature of Candidate: Michael Harvey
 Printed Name: Michael Harvey
 Area Code: 215 Daytime Telephone Number: 475-6826

My Commission expires MO. DAY YR.

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Marilyn B. Aquino, Notary Public
 City of Philadelphia, Philadelphia County
 My commission expires August 19, 2020

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	Friends of Michael Harvey
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1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor		
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Total for the reporting period	(1)	\$ 0
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2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
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Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
Total for the reporting period	(2)	\$ 0

3. Contributions Over \$250.00 (From Part C and Part D)		
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Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 500
Total for the reporting period	(3)	\$ 500

4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
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Total for the reporting period	(4)	\$ 54.19
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Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$ 554.19
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PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	Friends of Michael Harvey
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Full Name of Contributor					Harold Harvey		Date [MM/DD/YYYY]	\$	50
							02/23/2019		
House #	100	Street Address			Morton Avenue, Apt. B105		Date [MM/DD/YYYY]	\$	0
City	Ridley Park	State	PA	Zip Code	19078		Date [MM/DD/YYYY]	\$	0
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code			Date [MM/DD/YYYY]	\$	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	Friends of Michael Harvey
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Full Name of Contributor					Karen Scott		Date [MM/DD/YYYY]	\$	500
							02/07/2019		
House #	3054	Street Address	Mickle Blvd				Date [MM/DD/YYYY]	\$	0
City	Camden	State	NJ	Zip Code	08105			\$	0
Employer Name					Retired		Occupation	Retired	
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code				\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code				\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor							Date [MM/DD/YYYY]	\$	
House #		Street Address					Date [MM/DD/YYYY]	\$	
City		State		Zip Code				\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	Friends of Michael Harvey
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Full Name		Michael Harvey							
House #	5616	Street Address		Osage Avenue					
City		Philadelphia	State	PA	Zip Code	19143	Date [MM/DD/YYYY]	\$	4.19
Receipt Description		Campaign Contribution via Anedot							
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									
Full Name									
House #		Street Address							
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Receipt Description									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number:	Friends of Michael Harvey
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 196.02

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 196.02
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	Friends of Michael Harvey
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Full Name of Contributor		HRCC		Date [MM/DD/YYYY]		\$	196.02
				02/22/2019			
House #	Street Address				Date [MM/DD/YYYY]		\$
	P.O. Box 11787						0
City	State		Zip Code	Date [MM/DD/YYYY]		\$	0
Harrisburg	PA		17108				
Description of Contribution							
Data, Lists, Post Cards							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution							

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Description of Contribution							

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	Friends of Michael Harvey
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To Whom Paid		Anedot			Date [MM/DD/YYYY]	\$	2.77
					02/23/2019		
House #		Street Address	Description of Expenditure				
City		State		Zip Code	Donation processing fee.		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #		Street Address	Description of Expenditure				
City		State		Zip Code			

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		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/> COMMITTEE	<input type="checkbox"/> LOBBYIST		
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Michael Harvey</i>							
STREET ADDRESS <i>5616 Osage Avenue</i>							
CITY <i>Philadelphia</i>		STATE <i>PA</i>	ZIP CODE <i>19143-1318</i>				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION		
	<i>PA State Representative</i>		<i>190</i>	<i>Republican</i>	MO. <i>03</i>	DAY <i>12</i>	YEAR <i>2019</i>
	6TH TUESDAY PRE-PRIMARY	1.	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY		
	2ND FRIDAY PRE-PRIMARY	2.	MO. <i>02</i>	DAY <i>07</i>	YEAR <i>2019</i>	2019 MAR - 1 A 11:28 COUNTY ED. OF ELECTIONS CITY COMMISSIONERS	
	30 DAY POST-PRIMARY	3.	MO. <i>02</i>	DAY <i>25</i>	YEAR <i>2019</i>		
	6TH TUESDAY PRE-ELECTION	4.	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u><i>152.78</i></u>				
	2ND FRIDAY PRE-ELECTION	5. <input checked="" type="checkbox"/>	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u><i>0</i></u>				
30 DAY POST-ELECTION	6.	AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>		
ANNUAL REPORT	7.	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
26th DAY OF *February* 20*19*

[Signature]
 COMMONWEALTH OF PENNSYLVANIA
 MY COMMISSION EXPIRES _____ YR.
 NOTARIAL SEAL
 Marilyn B. Aquino, Notary Public
 City of Philadelphia, Philadelphia County
 My commission expires August 19, 2020

Michael Harvey
 SIGNATURE OF PERSON SUBMITTING REPORT
Michael Harvey
 PRINTED NAME
 (215) 475-6826
 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
26th DAY OF *February* 20*19*

[Signature]
 COMMONWEALTH OF PENNSYLVANIA
 MY COMMISSION EXPIRES _____ DAY _____ YR.
 NOTARIAL SEAL
 Marilyn B. Aquino, Notary Public
 City of Philadelphia, Philadelphia County
 My commission expires August 19, 2020

Michael Harvey
 SIGNATURE OF CANDIDATE
Michael Harvey
 PRINTED NAME
 (215) 475-6826
 AREA CODE DAYTIME TELEPHONE NUMBER