



Campaign Finance Report

301966

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

Filer Identification Number: 20180461		Report Filed By:	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: LEADERSHIP 215										
Street Address: PO BOX 32097										
City: PHILADELPHIA			State: PA	Zip Code: 19146						
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes		No <input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2019	FILING METHOD () CHECK ONE			PAPER	<input checked="" type="checkbox"/>	DISKETTE	
Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY			DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
			MO	DAY	YEAR	STH				
			3	12	2019	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		NO	DAY	YEAR	TO	NO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	2	2019		2	25	2019		
A. Amount Brought Forward From Last Report			\$			20,068.45				
B. Total Monetary Contributions And Receipts (From Schedule I)			\$			0.00				
C. Total Funds Available (Sum Of Lines A and B)			\$			20,068.45				
D. Total Expenditures (From Schedule III)			\$			6,867.76				
E. Ending Cash Balance (Subtract Line D From Line C)			\$			13,200.69				
F. Value Of In-Kind Contributions Received (From Schedule II)			\$			0.00				
G. Unpaid Debts And Obligations (From Schedule IV)			\$			0.00				

COUNTY ELECTORAL CITY COMMISSION
 2019 MAR - 1

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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this
27th day of February 2019
 Signature
 My Commission Expires 06 22 2021
 NO DAY YR

Signature of Person Submitting Report
Kevin Harden JR
 Printed Name
keharden@gmail.com
215 7783
 Area Code Daytime Telephone Number

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
 My Commission Expires
 NO DAY YR

Signature of Candidate
 Printed Name
 Email
 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period	
LEADERSHIP 215	From: 1/2/2019	To: 2/25/2019

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor		
TOTAL for the Reporting Period (1)	\$	0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)		
Contributions Received From Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
TOTAL for the Reporting Period (2)	\$	0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)		
Contributions Received From Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
TOTAL for the Reporting Period (3)	\$	0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)		
TOTAL for the Reporting Period (4)	\$	0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$	0.00
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PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

	DATE	AMOUNT
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Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

PART C
Contributions Received From Political Committees
OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

Full Name of Contributing Committee	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

**PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00**

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

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT			
Full Name of Contributor	MO	DAY	YEAR				
Mailing Address				\$ 0.00			
<table style="width:100%; border:none;"> <tr> <td style="border:none; width:30%;">City</td> <td style="border:none; width:20%;">State</td> <td style="border:none; width:50%;">Zip Code (Plus 4)</td> </tr> </table>	City	State	Zip Code (Plus 4)				
City	State	Zip Code (Plus 4)					
Employer Name	Occupation						
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)				

Enter Grand Total of Part C on Schedule 1, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
	MO	DAY	YEAR	
Full Name				
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Receipt Description				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0.00

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

Name of Filing Committee or Candidate		Reporting Period	
LEADERSHIP 215		From:	1/2/2019 To: 2/25/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
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, Reports Cover Page, Item F.)			\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR			
Mailing Address				\$	0.00	
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.					PAGE TOTAL	
					\$	0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 0.00

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate LEADERSHIP 215	Reporting Period From <u>1/2/2019</u> To: <u>2/25/2019</u>
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				DATE	AMOUNT	
To Whom Paid Friends of Bridget Malloy Kosierowski			MO	DAY	YEAR	
Mailing Address PO Box 38			2	3	2019	\$ 5,000.00
City Clarks Summit	State PA	Zip Code (Plus 4) 18411	Description of Expenditure Contribution			
To Whom Paid Levin Promotional Products			MO	DAY	YEAR	
Mailing Address 3301 N. 6th St.			2	3	2019	\$ 1,867.76
City Harrisburg	State PA	Zip Code (Plus 4) 17110	Description of Expenditure Democratic Caucus Office Supplies			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					PAGE TOTAL	\$ 6,867.76