



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

| | | | | | | | |
|---|---------------------------|--------------------------|-----------|-----------|-------------------------------------|----------|--------------------------|
| Filer Identification Number | 20190067 | Report Filed By (Mark X) | Candidate | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| 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 type="checkbox"/> | <input checked="" type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | 03/12/2019 | Year | | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|--|------------|------------|--|
| | 02/26/2019 | 03/22/2019 | |
| A. Amount Brought Forward From Last Report | \$ | 554.19 | <p style="text-align: center;">COUNTY BD. OF ELECTIONS</p> <p style="text-align: center;">2019 APR - 5 P 12:46</p> <p style="text-align: center;">CITY COMMISSIONERS</p> |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 1,000 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 1,554.19 | |
| D. Total Expenditures (From Schedule III) | \$ | 200 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 1,354.19 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 345.71 | |
| 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 2nd day of April 2019

[Signature]
Signature

[Signature]
Signature of Person Submitting report

Stephen Harvey
Printed Name

My Commission expires 08/19/2020
MO. DAY YR.

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

472-1317
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 2nd day of April 2019

[Signature]
Signature

[Signature]
Signature of Candidate

Michael Harvey
Printed Name

My Commission expires 08/19/2020
MO. DAY YR.

215
Area Code

475-6826
Daytime Telephone Number

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 | 20190067 Friends of Michael Harvey | | |
| 1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor | | | |
| Total for the reporting period | (1) | \$ | 0 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | | |
| 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) | | | |
| Contributions Received from Political Committees (Part C) | | \$ | 1,000 |
| All Other Contributions (Part D) | | \$ | 0 |
| Total for the reporting period | (3) | \$ | 1,000 |
| 4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | | |
| Total for the reporting period | (4) | \$ | 0 |
| 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> | | \$ | 1,000 |

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 over \$250.00 in the reporting period.

| | |
|-------------------------------------|------------------------------------|
| Filer Identification Number: | 20190067 Friends of Michael Harvey |
|-------------------------------------|------------------------------------|

| | | | | | | | |
|--|-----------------------|----------------|----|--------------------------|-------|--------------------------|-------|
| Full Name of Contributing Committee | | HRCC | | Date [MM/DD/YYYY] | | \$ | |
| | | | | 03/04/2019 | | \$ | 1,000 |
| House # | Street Address | P.O. Box 11787 | | Date [MM/DD/YYYY] | | \$ | 0 |
| City | Harrisburg | State | PA | Zip Code | 17108 | Date [MM/DD/YYYY] | \$ 0 |
| Full Name of Contributing Committee | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | Date [MM/DD/YYYY] | | \$ | |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| City | | State | | Zip Code | | Date [MM/DD/YYYY] | \$ |

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: | 20190067 Friends of Michael Harvey |
|------------------------------|------------------------------------|

| | | |
|---|-----|------|
| 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) | \$ 345.71 |

| | | |
|--|-----|------|
| 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) | | \$ 345.71 |
|---|--|-----------|

**SCHEDULE II
PART F**

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

| | |
|-------------------------------------|------------------------------------|
| Filer Identification Number: | 20190067 Friends of Michael Harvey |
|-------------------------------------|------------------------------------|

| | | | | | | | |
|------------------------------------|-----------------------|--|-----------------|--------------------------|--------------------------|-----------|-----------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| Patrick A. Harvey | | | | | 02/02/2019 | | 147.95 |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | 5616 Osage Avenue | | | | | | 0 |
| City | State | | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| Philadelphia | PA | | 19143 | | | | 0 |
| Description of Contribution | | | | | | | |
| Campaign Palm Cards | | | | | | | |

| | | | | | | | |
|------------------------------------|-----------------------|--|-----------------|--------------------------|--------------------------|-----------|-----------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ |
| HRCC | | | | | 03/13/2019 | | 197.76 |
| House # | Street Address | | | Date [MM/DD/YYYY] | | \$ | |
| | P.O. Box 11787 | | | | | | 0 |
| City | State | | Zip Code | Date [MM/DD/YYYY] | | \$ | |
| Harrisburg | PA | | 17108 | | | | 0 |
| Description of Contribution | | | | | | | |
| Postcards | | | | | | | |

| | | | | | | | |
|------------------------------------|-----------------------|--|-----------------|--------------------------|--------------------------|-----------|-----------|
| 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: | 20190067 Friends of Michael Harvey |
|-------------------------------------|------------------------------------|

| | | | | | | | | | |
|---------------------|--------------|-----------------------|----|----------------------|-------|-----------------------------------|--|----|-----|
| To Whom Paid | | Howard Myers | | | | Date [MM/DD/YYYY] | | \$ | 200 |
| House # | | Street Address | | 6047 N. Camac Street | | Description of Expenditure | | | |
| City | Philadelphia | State | PA | Zip Code | 19141 | Usage of Public Address System | | | |
| 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 | | | | | |

COMMONWEALTH OF PENNSYLVANIA
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 2019C0009 | | REPORT FILED ON BEHALF OF | CANDIDATE | <input checked="" type="checkbox"/> | COMMITTEE | <input type="checkbox"/> | LOBBYIST | <input type="checkbox"/> |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Michael Harvey | | | | | | | | |
| STREET ADDRESS 5616 Osage Avenue | | | | | | | | |
| CITY Philadelphia | | | STATE PA | | ZIP CODE 19143-1318 | | | |
| TYPE OF REPORT (CHECK ONE) | NAME OF OFFICE SOUGHT BY CANDIDATE | | DISTRICT NO. | PARTY | DATE OF ELECTION | | | |
| | PA State Representative | | 190 | Republican | MO. | DAY | YEAR | |
| 6TH TUESDAY PRE-PRIMARY | 1. | DATES OF REPORTING PERIOD | | MO. | | DAY | YEAR | |
| 2ND FRIDAY PRE-PRIMARY | 2. | 02 26 2019 TO 03 22 2019 | | | | | | |
| 30 DAY POST-PRIMARY | 3. | CASH BALANCE AT END OF REPORTING PERIOD: \$ 106.55 TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0 | | | | | | |
| 6TH TUESDAY PRE-ELECTION | 4. | | | | | | | |
| 2ND FRIDAY PRE-ELECTION | 5. | | | | | | | |
| 30 DAY POST-ELECTION | 6. <input checked="" type="checkbox"/> | | | | | | | |
| ANNUAL REPORT | 7. | | | | | | | |
| FOR OFFICE USE ONLY | | | | | | | | |
| COUNTY BD. OF ELECTIONS 2019 APR -5 P 12:46 CITY COMMISSIONERS | | | | | | | | |

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
 2nd DAY OF April, 2019

[Signature]
 SIGNATURE

MY COMMISSION EXPIRES 08/19/2020

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

Michael Harvey
 PRINTED NAME

475-6826
 DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL (215)
 Marilyn B. Aquino, Notary Public
 City of Philadelphia, Philadelphia County
 My commission expires August 19, 2020

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
 2nd DAY OF April, 2019

[Signature]
 SIGNATURE

MY COMMISSION EXPIRES 08/19/2020

[Signature]
 SIGNATURE OF CANDIDATE

Michael Harvey
 PRINTED NAME

475-6826
 DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL (215)
 Marilyn B. Aquino, Notary Public
 City of Philadelphia, Philadelphia County
 My commission expires August 19, 2020