

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 \$250,000 during the reporting period.

Filer Identification Number:	2017140	Report Filed By:	CANDIDATE	1	COMMITTEE	2	LOBBYIST	3
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Name of Filing Committee, Candidate or Lobbyist:
22nd Ward Republican Executive Committee

Street Address:
6644 Lincoln Drive

City: **Philadelphia** State: **PA** Zip Code: **19119**

TYPE OF REPORT	1. 6th Tuesday Pre-Primary		2. 2nd Friday Pre-Primary		3. 30 Day Post-Primary		4. 6th Tuesday Pre-Election		5. 2nd Friday Pre-Election		6. 30 Day Post-Election		7. Termination Report?	
	Pre-Primary	Pre-Election	Pre-Primary	Pre-Election	Post-Primary	Post-Election	Pre-Primary	Pre-Election	Post-Primary	Post-Election	Pre-Primary	Pre-Election	Post-Primary	Post-Election
	X													
Annual Report														X

Name of Office Sought by Candidate: _____

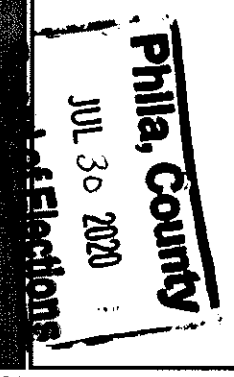
DATE OF ELECTION: MO. 1 DAY 1 YEAR 2020 To MO. 3 DAY 9 YEAR 2020

District Number: 22 Office Code: _____ Party Code: _____ County Code: 51

Dates of Reporting Period: MO. 1 DAY 1 YEAR 2020 To MO. 3 DAY 9 YEAR 2020

Cash Balance at End of Reporting Period: **\$0.00**

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

day of March 20 20
 Signature: [Signature]
 My Commission expires MO. 9 DAY 19 YEAR 2021

Signature of Person Submitting Report: [Signature]
 Printed Name: Michael S. Cunningham
 Area Code: 610 Daytime Telephone Number: 613-3916

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

Printed Name: _____

My Commission expires MO. _____ DAY _____ YEAR _____ Area Code _____ Daytime Telephone Number _____

