

# Campaign Finance Report

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

|   |  |                                       |                                       |   |  |
|---|--|---------------------------------------|---------------------------------------|---|--|
| <b>Filer Identification Number:</b>   | 9990285                                | <b>Report Filed By:</b>               | CANDIDATE <sup>1.</sup>               | COMMITTEE <sup>2.</sup> <input checked="" type="checkbox"/> | LOBBYIST <sup>3.</sup>   |
| Name of Filing Committee, Candidate or Lobbyist:<br>31st Ward Republican Committee  |  |                                       |                                       |   |  |
| Street Address:<br>2520 Edgemont Street   |  |                                       |                                       |   |  |
| City:<br>Philadelphia   |  | State:<br>PA                          |                                       | Zip Code:<br>19125  |  |
| <b>TYPE OF REPORT</b>   | 6th Tuesday Pre-Primary <sup>1.</sup>  | <input checked="" type="checkbox"/>   | 2nd Friday Pre-Primary <sup>2.</sup>  | 30 Day Post Primary <sup>3.</sup>                           | Amendment Report? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                    |
|   | 6th Tuesday Pre-Election <sup>4.</sup> |                                       | 2nd Friday Pre-Election <sup>5.</sup> | 30 Day Post Election <sup>6.</sup>                          | Termination Report? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  |
| Other   | Annual Report <sup>7.</sup>            |                                       | YEAR                                  | 2019  |  |
| Name of Office Sought by Candidate:   |  |                                       | <b>DATE OF ELECTION</b>               |   | District Number:   |
|   |  |                                       | MO. DAY YEAR                          |   |  |
|   |  |                                       | 5 21 2019                             |   |  |
|   |  |                                       | Office Code:                          | Party Code:   | County Code:   |
|   |  |                                       |                                       |   | 51   |
| <b>Summary of Receipts and Expenditures from:</b>   |  | MO. DAY YEAR                          | To                                    | MO. DAY YEAR  | <b>FOR OFFICE USE ONLY</b><br><br><b>Phila. County</b><br><b>DEC - 7 2020</b><br><b>Board of Electio</b> |
|   |  | 1 1 2019                              |                                       | 4 1 2019  |  |
| A. Amount Brought Forward From Last Report  |  | \$64,078.08                           |                                       |   |  |
| B. Total Monetary Contributions and Receipts (From Schedule I)  |  | \$230.00                              |                                       |   |  |
| C. Total Funds Available (Sum of Lines A and B)   |  | \$64,308.08                           |                                       |   |  |
| D. Total Expenditures (From Schedule III)   |  | \$9,287.54                            |                                       |   |  |
| E. Ending Cash Balance (Subtract Line D from Line C)  |  | \$55,020.54                           |                                       |   |  |
| F. Value of In-Kind Contributions Received (From Schedule II)   |  | \$0.00                                |                                       |   |  |
| G. Unpaid Debts and Obligations (From Schedule IV)  |  | \$0.00                                |                                       |   |  |
| <b>AFFIDAVIT SECTION</b>  |  |                                       |                                       |   |  |
| <b>PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.</b>   |  |                                       |                                       |   |  |
| I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.       |  |                                       |                                       |   |  |
| Sworn to and subscribed before me this  |  |                                       |                                       |   |  |
| 28 day of November 20 20  |  |                                       |                                       |   |  |
|   |  |                                       |                                       |   |  |
|   |  | Signature of Person Submitting Report |                                       |   |  |
|   |  | Robert J. Hager                       |                                       |   |  |
|   |  | Printed Name                          |                                       |   |  |
|   |  | 215                                   |                                       | 426-5893  |  |
|   |  | Area Code                             |                                       | Daytime Telephone Number                                    |  |
| <b>AFFIDAVIT SECTION</b>  |  |                                       |                                       |   |  |
| <b>PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.</b>  |  |                                       |                                       |   |  |
| 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   |  | Printed Name                          |                                       |   |  |
| MO. DAY YEAR  |  | _____                                 |                                       | _____   |  |
|   |  | Area Code                             |                                       | Daytime Telephone Number                                    |  |