



**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement  
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)  
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

## Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per the temporary waiver granted by the Governor on April 6, 2020, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. (See Temporary Waiver of Notarization Requirement for Campaign Finance Reports and Statements). Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports and only so long as the waiver referenced above is in effect.** This form must be signed by hand or by typing your name where a signature is required. If you type your name, you understand that's your electronic signature and will constitute the legal equivalent of your signature on this form.

Name of Filing Committee, Candidate, or Lobbyist			
CWA LOCAL 13000			
Reporting Cycle Name			
<input checked="" type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input checked="" type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 9</b> 30-Day Post Special Election

**Part I -** If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

By signing or typing my name below, I hereby declare under the penalty of perjury, pursuant to 18 Pa.C.S. § 4904, that the information contained in the accompanying Campaign Finance Report is to the best of my knowledge and belief true, correct and complete.

Marisa MacCroy  
Signature of Treasurer, Candidate, or Lobbyist

MARISA MAC CROY  
Printed Name

2020 JUL -1 A 10: 29  
COUNTY BO. OF ELECTIONS  
6/1/20  
CITY COMMISSIONERS

# 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>	8000119	<b>Report Filed By:</b>	CANDIDATE	1.	COMMITTEE	2.	LOBBYIST	3.		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> CWA Local 13000										
<b>Street Address:</b> 2124 Race Street										
<b>City:</b> philadelphia			<b>State:</b> PA			<b>Zip Code:</b> 19103				
<b>TYPE OF REPORT</b>	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	No	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes	No	X
Other	Annual Report	7.	YEAR	2020						

<b>Name of Office Sought by Candidate:</b> Other	<b>DATE OF ELECTION</b>			<b>District Number:</b>	<b>Office Code:</b> OTH	<b>Party Code:</b> OTH	<b>County Code:</b> 51
	MO.	DAY	YEAR				
	11	3	2020				

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
		3	10	2020		5	18	
A. Amount Brought Forward From Last Report								\$257,449.63
B. Total Monetary Contributions and Receipts (From Schedule I)								\$28,197.56
C. Total Funds Available (Sum of Lines A and B)								\$285,647.19
D. Total Expenditures (From Schedule III)								\$17,700.00
E. Ending Cash Balance (Subtract Line D from Line C)								\$267,947.19
F. Value of In-Kind Contributions Received (From Schedule II)								\$0.00
G. Unpaid Debts and Obligations (From Schedule IV)								\$0.00

**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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature

My Commission expires \_\_\_\_\_  
MO. DAY YEAR

  
Signature of Person Submitting Report

MARISA MACCROY  
Printed Name

215 564-6169  
Area Code Daytime Telephone Number

**AFFIDAVIT SECTION**

**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 \_\_\_\_\_  
MO. DAY YEAR

\_\_\_\_\_  
Signature of Person Submitting Report

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Area Code Daytime Telephone Number