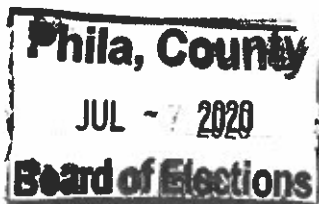


Campaign Finance Statement

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:	17760845	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	LOBBYIST	3.		
Name of Filing Committee, Candidate or Lobbyist: Prosper Philly										
Street Address: 100 State Street										
City: Harrisburg			State: PA			Zip Code: 17101				
TYPE OF REPORT	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Other	Annual Report	7.	YEAR	2020						
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:
				MO.	DAY	YEAR				
				6	2	2020				22
Dates of Reporting Period		MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY 	
		5	19	2020		6	22	2020		
Cash Balance at End of Reporting Period:				\$975.00						
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 _____ 20 _____

Melissa Bova
Signature of Person Submitting Report

Signature

Melissa Bova
Printed Name

My Commission expires _____
MO. DAY YEAR

717 232-4433
Area Code Daytime Telephone Number

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 of Person Submitting Report

Signature

Printed Name

My Commission expires _____
MO. DAY YEAR

Area Code Daytime Telephone Number