

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:	2006371	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	LOBBYIST	3.		
Name of Filing Committee, Candidate or Lobbyist: Zarwin Baum Good Government PAC										
Street Address: 1818 Market Street 13th Floor										
City: Philadelphia			State: PA		Zip Code: 19103					
TYPE OF REPORT	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						
Name of Office Sought by Candidate: Other			DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:	
			MO.	DAY	YEAR		OTH	OTH	51	
			11	3	2020					
Dates of Reporting Period		MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
		5	19	2020		6	22	2020	<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED JUN 16 2020 PHILA CITY COMMISSIONERS </div>	
Cash Balance at End of Reporting Period:				¤306.26						
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 _____

Signature

My Commission expires _____
 MO. DAY YEAR

Signature of Person Submitting Report

Mitchell S. Kaplan

Printed Name

215 - 509-2800

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

My Commission expires _____
 MO. DAY YEAR

Signature of Person Submitting Report

Printed Name

Area Code

Daytime Telephone Number

Department of State Bureau of Commissions, Elections and Legislation
 210 North Office Building Harrisburg, PA 17120-0029 (717)787-5280