## Commonwealth of Pennsylvania

## **Campaign Finance Report**

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

Filer Identii Number:		8000119 Report Filed By		1	CANI	DIDATE	1. COMMI		MITTEE	2,	LOBE	BYIST	3.	
Name of Filing Committee, Candidate or Lobbyist: CWA Local 13000														
Street Address: 2124 Race Street														
City: State: Zip Code:														
philadelphia PA						PA 19103								
TYPE OF REPORT	6th Tuesday Pre-Primary	e-Primary Pre-Prim		Po		Day st Primary	rimary		Amendment Report?			No	X	
	6th Tuesday Pre-Election	4. X	2nd Friday Pre-Election	3.		Day st Election	ű.	Tern Repo	nination ort?	Yes		No	X	
Other	Annual Repor	7. t	YEAR	20	20									
	e Sought by Can	ELECTION District Y YEAR Number:			Office Code:									
Other Mo. 11						3 2020			ОТН					
Summary of Receipts and Expenditures from: 6 23 2020  A. Amount Brought Forward From Last Report							AY YEAR		FO	FOR OFFICE USE ONLY				
							9 14 2020 ¤281,889.71							
B. Total Monetary Contributions and Receipts (From Schedule 1)							¤32,720.77							
C. Total Funds Available (Sum of Lines A and B)							¤314,610.48							
D. Fotal Expenditures (From Schedule III)						¤36,500.00								
E. Ending Cash Balance (Subtract Line D from Line C)							¤278	3,110.4	8					
F. Value of In-Kind Contributions Received (From Schedule II)								¤0.0						
G. Enpaid Debts and Obligations (From Schedule IV)								¤0.0	0					
PART I - If thi	s is a <b>Committe</b>	e report, tr	easurer sign here			III SECTION didate repor	t, candi	idate sign	here.					
PART I - If this is a <b>Committee</b> report, treasurer sign here. If this is a <b>Candidate</b> 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														
24th day of Sept 20 2D Signature of Person Submitting Report														
Commonwealth of Pennsylvania Aptary Seal Commonwealth of Printed Name														
My Commission expirit HARLOTTE I INCOME.							215				sted Name 564-6169			
My Commission Expires May 19, 2023) E.A.I.  My Commission Expires May 19, 2023 E.A.I.  Area Code Daytime Telephone											one Numl	er		
AFFIDAVIT SECTION  PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.														
l swear (or af	irm) that to the		e's Authorized ( knowledge and b						ny provision	s of the A	ct of June	3, 1937 (	P.L.	
1333, No 320 Sworn to and	) as amended. subscribed befor	e me this		\$2							ŧ	, * V		
day of 20							Signature of Person Submitting Report							
	· •••							Sign	aune of Pers	on Subm	uttng Ke	μστι		
Mr. Commonwe	Signature					_		<u>/¶</u>	Prin	ted Name	÷			
My Commission expires MO. DAY YEAR							Ar	ea Code	PLT		- Colopi	o.c. iani	jer	
<u>7</u> -		Dep	partment of State	Bure	au of Cor	amissions, Ele	ections	and Legis	slation	<del>ia, C</del>	iout	ity '		

210 North Office Building Harrisburg, PA 17120-0029 (717)787-280