

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 type="checkbox"/> No <input checked="" type="checkbox"/> |
| | 6th Tuesday Pre-Election | 4. <input checked="" type="checkbox"/> | 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: |
| | | | MO. | DAY | YEAR | | | |
| | | | 11 | 3 | 2020 | | | 22 |
| Dates of Reporting Period | | MO. | DAY | YEAR | To | MO. | DAY | YEAR |
| | | 6 | 23 | 2020 | | 9 | 14 | 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 | | | | | | FOR OFFICE USE ONLY Phila. County SEP 23 2020 Board of Elections | | |

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

Melissa Bova

Signature of Person Submitting Report

Melissa Bova

Printed Name

717
Area Code

232-4433
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