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.

TYPE OF REPORT (CHECK ONE)		OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY
6TH TUESDAY PRE-PRIMARY	1.			
2ND FRIDAY PRE-PRIMARY	2.			
30 DAY POST-PRIMARY	3.			
6TH TUESDAY PRE-ELECTION	4.			
2ND FRIDAY PRE-ELECTION	5.			
30 DAY POST-ELECTION	6.			
ANNUAL REPORT	7.			

ZIP CODE: 17[illegible]

DATE OF ELECTION: MO. 11 DAY 02 YEAR 21

DATES OF REPORTING PERIOD: 3 30 21 TO 5 3 21

CASH BALANCE AT END OF REPORTING PERIOD: $ 10,000.38

TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: $ 0

PRE-PRIMARY REPORT?	YES		NO	X
TERMINATION REPORT?	YES		NO	X

FOR OFFICE USE ONLY

2021 JUN 16 A 10:28

CITY COMMISSIONERS

COMMITTEE 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 YR.

SIGNATURE OF PERSON SUBMITTING REPORT

Elizabeth A. Kelly Burch
PRINTED NAME

215 476-1330
AREA CODE DAYTIME TELEPHONE NUMBER

PART II -
If statement is filed on behalf of a Candidate's Authorized Committee, 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 YR.

SIGNATURE OF CANDIDATE

Joanna G McClinton
PRINTED NAME

267 304 2804
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

Pennsylvania Department of State

Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 28, 2020 that allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. 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.*** *This form must be signed by hand where a signature is required.*

☐ **Cycle 1** 6th Tuesday Pre-Primary	☑ **Cycle 2** 2nd Friday Pre-Primary	☐ **Cycle 3** 30 Day Post Primary	☐ **Cycle 4** 6th Tuesday Pre-Election	☐ **Cycle 5** 2nd Friday Pre-Election
☐ **Cycle 6** 30 Day Post-Election	☐ **Cycle 7** Annual Report	☐ **Cycle 8** 2nd Friday Pre-Special Election	☐ **Cycle 9** 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.*

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

15/06/2021
Date (DD/MM/YYYY)

Armah D. Fahnbulleh
Printed Name

Philadelphia/PA/US
Location (City/State/Country)

Pennsylvania Department of State

[illegible]

I declare under penalty of perjury under the laws of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Statement is true and correct.

Signature of Candidate

Date (DD/MM/YYYY)

Joanna E McClinton

Printed Name

Location (City/State/Country)