

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	2016C0169		REPORT FILED ON BEHALF OF	CANDIDATE	<input checked="" type="checkbox"/>	COMMITTEE	<input type="checkbox"/>	LOBBYIST	<input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Mike Discoli										
STREET ADDRESS P.O. Box 63317										
CITY Phila				STATE PA		ZIP CODE 19114				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE				DISTRICT NO.		PARTY		DATE OF ELECTION	
	1. 6TH TUESDAY PRE-PRIMARY		2. 2ND FRIDAY PRE-PRIMARY		3. 30 DAY POST-PRIMARY		4. 6TH TUESDAY PRE-ELECTION		5. 2ND FRIDAY PRE-ELECTION	
6. 30 DAY POST-ELECTION		7. ANNUAL REPORT		FOR OFFICE USE ONLY		CITY COMMISSIONERS		2021 JUN 30 A 11:34		
3. 30 DAY POST-PRIMARY		DATES OF REPORTING PERIOD		MO. DAY YEAR		MO. DAY YEAR		COUNTRY BD. OF ELECTIONS		
		05 04 2021		TO		06 07 2021				
		CASH BALANCE AT END OF REPORTING PERIOD:		\$		0.00				
		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$		0.00				
		AMENDMENT REPORT?		YES		NO		<input checked="" type="checkbox"/>		
		TERMINATION REPORT?		YES		NO		<input checked="" type="checkbox"/>		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates'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 Kathleen Pease, Notary Public DAY OF Philadelphia County, 2021 My Commission Expires October 2023 Commission # 1198427 Member, Pennsylvania Association of Notaries MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.	Signature of Person Submitting Report Michael J Discoli PRINTED NAME 267 784-5805 AREA CODE DAYTIME TELEPHONE NUMBER
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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 _____ PRINTED NAME _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____
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