

Candidate Financial Statement

This form is for a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

NAME OF CANDIDATE		NAME OF PARTY																			
NAME OF FATHER, MOTHER, SPOUSE OR GUARDIAN		ADDRESS																			
CITY		STATE																			
TYPE OF REPORT (CHECK ONE)		RACE OF OFFICE SOUGHT BY CANDIDATE																			
6TH TUESDAY PRE-PRIMARY	1	DISTRICT NO.	PARTY																		
2ND FRIDAY PRE-PRIMARY	2	<table border="1"> <tr> <th colspan="3">DATES OF REPORTING PERIOD</th> <th colspan="3">TO</th> </tr> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>5</td> <td>4</td> <td>21</td> <td>6</td> <td>7</td> <td>21</td> </tr> </table>		DATES OF REPORTING PERIOD			TO			MO.	DAY	YEAR	MO.	DAY	YEAR	5	4	21	6	7	21
DATES OF REPORTING PERIOD				TO																	
MO.	DAY			YEAR	MO.	DAY	YEAR														
5	4			21	6	7	21														
30 DAY POST-PRIMARY	3			<table border="1"> <tr> <th colspan="3">CASH BALANCE AT END OF REPORTING PERIOD:</th> </tr> <tr> <td colspan="3">\$ 129.00</td> </tr> </table>		CASH BALANCE AT END OF REPORTING PERIOD:			\$ 129.00												
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6TH TUESDAY PRE-ELECTION	4	<table border="1"> <tr> <th colspan="3">TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</th> </tr> <tr> <td colspan="3">\$ 0</td> </tr> </table>		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:			\$ 0														
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2ND FRIDAY PRE-ELECTION	5	<table border="1"> <tr> <td>ANNUAL REPORT?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TERMINATING REPORT?</td> <td>YES</td> <td>NO</td> </tr> </table>		ANNUAL REPORT?	YES	NO	TERMINATING REPORT?	YES	NO												
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30 DAY POST-ELECTION	6	<table border="1"> <tr> <td>ANNUAL REPORT</td> <td>YES</td> <td>NO</td> </tr> </table>		ANNUAL REPORT	YES	NO															
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ANNUAL REPORT	7	<table border="1"> <tr> <td>ANNUAL REPORT</td> <td>YES</td> <td>NO</td> </tr> </table>		ANNUAL REPORT	YES	NO															
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		<table border="1"> <tr> <th colspan="3">DATE OF ELECTION</th> </tr> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>7</td> <td>12</td> <td>21</td> </tr> </table>		DATE OF ELECTION			MO.	DAY	YEAR	7	12	21									
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		<table border="1"> <tr> <th colspan="3">FOR OFFICE USE ONLY</th> </tr> <tr> <td colspan="3">2021 JUN 16 A 10 21</td> </tr> <tr> <td colspan="3">CITY COMMISSIONER</td> </tr> </table>		FOR OFFICE USE ONLY			2021 JUN 16 A 10 21			CITY COMMISSIONER											
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AFFIDAVIT SECTION

PART I -
 If statement is filed on behalf of a Political Committee or Candidates' 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

 PRINTED NAME

215 _____
 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

 PRINTED NAME

267 _____
 AREA CODE DAYTIME TELEPHONE NUMBER


Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

*Note: Per Act 2020-15, which was signed into law on March 24, 2020, this allows for unsworn declarations. Campaign Finance Reports (form DSEB-502), Campaign Finance Statements (form DSEB-503), 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 Statements. This form must be signed by hand where a signature is required.***


<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input checked="" type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part 1 – If this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full 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 Statement is true and correct.



Signature of Treasurer, Candidate, or Lobbyist



Printed Name

16/06/2021

Date (DD/MM/YYYY)

Phila/PA/US

Location (City/State/Country)

Registration and Ballot Date: 11/23/2016

Ballot Number: 00000000000000000000

Ballot Type: General

Part of this form is submitted with a separate ballot and is not to be submitted with this ballot.

I declare under penalty of perjury under the laws of the State of Florida, and to the best of my knowledge and belief, that the accompanying campaign finance statement is true and correct.

Joanna E. McClain
Signature of Candidate

11/23/2016
Date (DD/MM/YYYY)

Joanna E. McClain
Printed Name

PHILADELPHIA, PA, US
Location (City/State/Country)