


Campaign Finance Report

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

Filer Identification Number:	7900328	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.}	LOBBYIST ^{3.}						
Name of Filing Committee, Candidate or Lobbyist: 5th Ward Democratic Executive Committee											
Street Address: 603 N American Street											
City: Philadelphia		State: PA		Zip Code: 19123							
TYPE OF REPORT	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	No	X	
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes	No	X	
Other	Annual Report	7.	YEAR	2021							
Name of Office Sought by Candidate: Other			DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:		
			MO.	DAY	YEAR		OTH	DEM	51		
			5	18	2021						
Summary of Receipts and Expenditures from:		MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY		
		5	4	2021		6	7	2021	COUNTY BD. OF ELECTIONS 2021 JUN 21 P 2: CITY COMMISSIONERS		
A. Amount Brought Forward From Last Report								\$18,298.99			
B. Total Monetary Contributions and Receipts (From Schedule I)								\$9,815.00			
C. Total Funds Available (Sum of Lines A and B)								\$28,113.99			
D. Total Expenditures (From Schedule III)								\$15,306.79			
E. Ending Cash Balance (Subtract Line D from Line C)								\$12,807.20			
F. Value of In-Kind Contributions Received (From Schedule II)								\$0.00			
G. Unpaid Debts and Obligations (From Schedule IV)								\$0.00			
AFFIDAVIT SECTION											
PART I - If this is a Committee report, treasurer sign here. If this is a Candidate 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											
_____ day of _____ 20 _____					 Signature of Person Submitting Report						
_____ Signature					Amy Roat Printed Name						
My Commission expires _____ MO. DAY YEAR					215 Area Code		768 8479 Daytime Telephone Number				
AFFIDAVIT SECTION											
PART II - If this is a report of a Candidate's Authorized Committee , candidate shall 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 of Person Submitting Report						
_____ Signature					_____ Printed Name						
My Commission expires _____ MO. DAY YEAR					_____ 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



Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Statements

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), 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.**

Name of Filing Committee, Candidate, or Lobbyist				
Reporting Cycle Name				
<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 I – 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 foregoing is true and correct.

Amy Roat
 Signature of Treasurer, Candidate, or Lobbyist

AMY ROAT
 Printed Name

06/16/2021
 Date (DD/MM/YYYY)

PHILA, PA, USA
 Location (City/State/Country)

