

# 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.

<b>Filer Identification Number:</b>		1776037		<b>Report Filed By:</b>		CANDIDATE <sup>1.</sup>		COMMITTEE <sup>2.</sup>		LOBBYIST <sup>3.</sup>	
Name of Filing Committee, Candidate or Lobbyist: Executive Committee of the 15th Ward											
Street Address: 801 N Ringgold Street											
City: Philadelphia				State: PA				Zip Code: 19130			
<b>TYPE OF REPORT</b>	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:				DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:	
				MO.	DAY	YEAR	15		DEM	51	
				5	18	2021					
<b>Dates of Reporting Period</b>		MO.	DAY	YEAR	To	MO.	DAY	YEAR	<b>FOR OFFICE USE ONLY</b> COUNTY BD. OF ELECTIONS 2021 JUN 28 P 1 34 CITY COMMISSIONER		
		5	4	2021		6	7	2021			
Cash Balance at End of Reporting Period:						\$9,089.30					
Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period:						\$0.00					

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**

24 day of June, 2021  
 \_\_\_\_\_  
 Signature  
 My Commission expires \_\_\_\_\_  
 MO. DAY YEAR

\_\_\_\_\_  
 Signature of Person Submitting Report  
Harvey S. WELCH  
 Printed Name  
215 978-4364  
 Area Code 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

