

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: <input type="checkbox"/>	Report Filed By: <input type="checkbox"/>	CANDIDATE ^{1.}	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: <u>19th WARD EX-COMM -</u>				
Street Address: <u>2122 N. HANCOCK ST.</u>				
City: <u>Phila.</u>		State: <u>Pa.</u>	Zip Code: <u>19122</u>	

TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.}	30 DAY POST PRIMARY ^{3.} <input checked="" type="checkbox"/>	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT? YES <input type="checkbox"/> NO <input type="checkbox"/>
	ANNUAL REPORT ^{7.}	YEAR <input type="checkbox"/>	FILING METHOD <input type="checkbox"/>	PAPER <input type="checkbox"/> DISKETTE <input type="checkbox"/>

Name of Office Sought by Candidate:	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
	MO. DAY YEAR <u>5 18 2021</u>			<u>DEM-51</u>	

Summary of Receipts and Expenditures from:	MO. DAY YEAR <u>2</u> <u>2021</u>	To	MO. DAY YEAR <u>5</u> <u>2021</u>	FOR OFFICE USE ONLY																			
	<table border="1"> <tr> <td>A. Amount Brought Forward From Last Report</td> <td>\$</td> <td><u>21-70</u></td> </tr> <tr> <td>B. Total Monetary Contributions and Receipts (From Schedule II)</td> <td>\$</td> <td><u>20,800-00</u></td> </tr> <tr> <td>C. Total Funds Available (Sum of Lines A and B)</td> <td>\$</td> <td><u>20,831-70</u></td> </tr> <tr> <td>D. Total Expenditures (From Schedule III)</td> <td>\$</td> <td><u>20,600-00</u></td> </tr> <tr> <td>E. Ending Cash Balance (Subtract Line D from Line C)</td> <td>\$</td> <td><u>231-70</u></td> </tr> <tr> <td>F. Value of In-Kind Contributions Received (From Schedule II)</td> <td>\$</td> <td></td> </tr> <tr> <td>G. Unpaid Debts and Obligations (From Schedule IV)</td> <td>\$</td> <td></td> </tr> </table>				A. Amount Brought Forward From Last Report	\$	<u>21-70</u>	B. Total Monetary Contributions and Receipts (From Schedule II)	\$	<u>20,800-00</u>	C. Total Funds Available (Sum of Lines A and B)	\$	<u>20,831-70</u>	D. Total Expenditures (From Schedule III)	\$	<u>20,600-00</u>	E. Ending Cash Balance (Subtract Line D from Line C)	\$	<u>231-70</u>	F. Value of In-Kind Contributions Received (From Schedule II)	\$		G. Unpaid Debts and Obligations (From Schedule IV)
A. Amount Brought Forward From Last Report	\$	<u>21-70</u>																					
B. Total Monetary Contributions and Receipts (From Schedule II)	\$	<u>20,800-00</u>																					
C. Total Funds Available (Sum of Lines A and B)	\$	<u>20,831-70</u>																					
D. Total Expenditures (From Schedule III)	\$	<u>20,600-00</u>																					
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<u>231-70</u>																					
F. Value of In-Kind Contributions Received (From Schedule II)	\$																						
G. Unpaid Debts and Obligations (From Schedule IV)	\$																						

2021 JUN 17 P 1:43
 DIVISION OF COMMISSIONERS
 DOCUMENTS UNIT

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 _____

My commission expires _____ MO. _____ DAY _____ YR.

Signature of Person Submitting Report: Leonard Brown

Printed Name: LEONARD BROWN

Area Code: 215- Daytime Telephone Number: 225-5814

~~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 _____

My commission expires _____ MO. _____ DAY _____ YR.

Signature of Candidate _____

Printed Name _____

Area Code _____ Daytime Telephone Number _____

SM 100 13 B 1-1

100 13 B 1-1

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate 19th WARD EX COMM.	Reporting Period From _____ To _____
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 0

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period	(2) \$ 0

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 20,800.
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period	(3) \$ 20,800.

4. OTHER RECEIPTS, REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ 0

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 20,800.00
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CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate <u>19th WARD EX-COMM</u>					Reporting Period From _____ To _____			
Full Name of Contributing Committee	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
								\$
								\$
								\$
								\$
								\$
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								\$
								\$
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								PAGE TOTAL
								\$ <u>0</u>

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <p style="font-size: 1.2em; font-family: cursive;">19th WARD EX-COMM</p>	Reporting Period From _____ To _____
---	---

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
				-				\$
				-				\$
				-				\$
				-				\$
				-				\$
				-				\$
				-				\$
				-				\$
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				-				\$
				-				\$
				-				\$
				-				\$
				-				\$
				-				\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0

DSEB-502 (7-99)

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES OVER \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value over \$250.00 in the reporting period.

Name of Filing Committee or Candidate 19th WARD Ex. Comm.	Reporting Period From _____ To _____
--	---

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Democratic Campaign Comm Mailing Address: 219 Spring Garden St. OF Phila. City: Phila. State: PA Zip Code (Plus 4): 19123	5	11	2021	\$ 3,800.00
Friends of Vega, FOR DA. Mailing Address: Check # 49511 City: Phila. State: PA Zip Code (Plus 4): -	5	13	2021	\$ 9,500.00
CMA PAC Mailing Address: 3917 Reno St. City: Phila. State: PA Zip Code (Plus 4): 19104	5	14	2021	\$ 6,000.00
Friends of Chris Hall Mailing Address: 9101 Green Tree Rd. City: Phila. State: PA Zip Code (Plus 4): 19118	5	14	2021	\$ 1,500.00
_____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____				\$
_____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____				\$
_____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____				\$
_____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____				\$
_____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____				\$
_____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____				\$
_____ Mailing Address: _____ City: _____ State: _____ Zip Code (Plus 4): _____				\$

PAGE TOTAL
\$ 20,800.00

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PART D
ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate 19th WARD EX-COMM				Reporting Period From _____ To _____		
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name	MO.	DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business				
Occupation				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name	MO.	DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business				
Occupation				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name	MO.	DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business				
Occupation				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name	MO.	DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business				
Occupation				

Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Employer Name	MO.	DAY	YEAR	\$
Employer Mailing Address/Principal Place of Business				
Occupation				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0

PART E
OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate 19TH WARD EX-COMM	Reporting Period From _____ To _____
---	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$ 0
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0

SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate 19th WARD Ex-Comm	Reporting Period From _____ To _____
---	---

Full Name of Contributor	DATE			AMOUNT	
	MO.	DAY	YEAR		\$ 0
Mailing Address				\$	
City		State	Zip Code (Plus 4)	\$	
Description of Contribution:					

Full Name of Contributor	DATE			AMOUNT	
	MO.	DAY	YEAR		\$
Mailing Address				\$	
City		State	Zip Code (Plus 4)	\$	
Description of Contribution:					

Full Name of Contributor	DATE			AMOUNT	
	MO.	DAY	YEAR		\$
Mailing Address				\$	
City		State	Zip Code (Plus 4)	\$	
Description of Contribution:					

Full Name of Contributor	DATE			AMOUNT	
	MO.	DAY	YEAR		\$
Mailing Address				\$	
City		State	Zip Code (Plus 4)	\$	
Description of Contribution:					

Full Name of Contributor	DATE			AMOUNT	
	MO.	DAY	YEAR		\$
Mailing Address				\$	
City		State	Zip Code (Plus 4)	\$	
Description of Contribution:					

Full Name of Contributor	DATE			AMOUNT	
	MO.	DAY	YEAR		\$
Mailing Address				\$	
City		State	Zip Code (Plus 4)	\$	
Description of Contribution:					

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate 19th WARD Ex-Comm	Reporting Period From _____ To _____
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$ 0
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State	MO.	DAY	YEAR	\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate 19th WARD EX-COMM	Reporting Period From _____ To _____
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$ 0
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor	MO.	DAY	YEAR	\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate 19th Ward Ex-Comm	Reporting Period From _____ To _____
--	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 0
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STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate					Reporting Period			
19th Ward Executive Comm.					From	To		
To Whom Paid	Beatrice Jackson				MO	DAY	YEAR	Amount
Mailing Address	328 W. Diamond St.				5	18	21	\$ 50-00
City	Phila. Pa.	State	Pa.	Zip Code (Plus 4)	19122			Description of Expenditure
								Election day work
To Whom Paid	Ratiner Lebron				MO	DAY	YEAR	Amount
Mailing Address	2622 Carol St				5	18	21	\$ 150-00
City	Phila.	State	Pa.	Zip Code (Plus 4)	-			Description of Expenditure
								Election day work
To Whom Paid	Joyline Canada				MO	DAY	YEAR	Amount
Mailing Address	3220 N. Mascher St.				5	18	21	\$ 110-00
City	Phila.	State	Pa.	Zip Code (Plus 4)	19133			Description of Expenditure
								Election day work
To Whom Paid	Paula Canada				MO	DAY	YEAR	Amount
Mailing Address	3220 N. Mascher St.				5	18	21	\$ 100-00
City	Phila.	State	Pa.	Zip Code (Plus 4)	19133			Description of Expenditure
								Election day work
To Whom Paid	Christine Colon				MO	DAY	YEAR	Amount
Mailing Address	4307 Bennington St				5	18	21	\$ 100-00
City	Phila.	State	Pa.	Zip Code (Plus 4)	-			Description of Expenditure
								Election day work
To Whom Paid	Roselin Cillios				MO	DAY	YEAR	Amount
Mailing Address	3922 Howland St				5	18	21	\$ 100-00
City	Phila.	State	Pa.	Zip Code (Plus 4)	-			Description of Expenditure
								Election day work
To Whom Paid	Eliel Lironzo				MO	DAY	YEAR	Amount
Mailing Address	3403 N. Pranti St				5	18	21	\$ 100-00
City	Phila.	State	Pa.	Zip Code (Plus 4)	19144			Description of Expenditure
								Canvas work
To Whom Paid	Mia Figueroa				MO	DAY	YEAR	Amount
Mailing Address	4307 Bennington St				5	18	21	\$ 150-00
City	Phila.	State	Pa.	Zip Code (Plus 4)	-			Description of Expenditure
								Election day work

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 870-00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
19 th Ward Executive Committee				From _____ To _____			

To Whom Paid	Mailing Address	City	State	Zip Code (Plus 4)	MO	DAY	YEAR	Amount	Description of Expenditure
Josette Perez	2321 N. 3rd St	Phila.	Pa	19133				\$ 110.00	election day work
Ary Rojas	5406 W. Huntington St	Phila	Pa	19133	5	18	21	\$ 110.00	election day work
Sonia Brown	546 W. Huntington St	Phila	Pa	19133	5	15	21	\$ 110.00	election day work
Eliud Nazario	2543 N. 6th St	Phila.	Pa	19133	5	18	21	\$ 110.00	election day work
Michael Eusej	2913 Kenwood Ave	Phila.	Pa	-	5	18	21	\$ 200.00	election day work
Carmen Vargas	1159 Bell St	Phila.	Pa	-	5	18	21	\$ 110.00	election day work
Rosalinda Felix	2501 N. 5th St	Phila.	Pa	19133	5	18	21	\$ 110.00	election day work
Stacy Foster	2505 N. 5th St	Phila	Pa	19133	5	18	21	\$ 200.00	election day work

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 1,060.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
19th Ward Executive Comm.				From _____ To _____			
To Whom Paid	Stephanna Santiago			MO	DAY	YEAR	Amount
Mailing Address	2512 N. 4th St			5	18	21	\$ 100-00
City	Phila.	State	Pa.	Zip Code (Plus 4)		19133	
				Description of Expenditure			
				Election day work			
To Whom Paid	Maria Sanchez			MO	DAY	YEAR	Amount
Mailing Address	2570 W. 4th St			5	18	21	\$ 100-00
City	Phila.	State	Pa.	Zip Code (Plus 4)		19133	
				Description of Expenditure			
				Election day work			
To Whom Paid	Carlos Santiago			MO	DAY	YEAR	Amount
Mailing Address	2512 N. 4th St			5	18	21	\$ 100-00
City	Phila.	State	Pa.	Zip Code (Plus 4)		19133	
				Description of Expenditure			
				Election day work			
To Whom Paid	John Bolona			MO	DAY	YEAR	Amount
Mailing Address	522 Longshore av			5	18	21	\$ 200-00
City	Phila.	State	Pa.	Zip Code (Plus 4)		-	
				Description of Expenditure			
				Election day work			
To Whom Paid	Magna Cousa			MO	DAY	YEAR	Amount
Mailing Address	2864 N. Fairhill St			5	18	21	\$ 500-00
City	Phila.	State	Pa.	Zip Code (Plus 4)		19133	
				Description of Expenditure			
				Election day work			
To Whom Paid	Juan Carlos Cruz			MO	DAY	YEAR	Amount
Mailing Address	524 W. Cambria St			5	18	21	\$ 100-00
City	Phila.	State	Pa.	Zip Code (Plus 4)		19133	
				Description of Expenditure			
				Election day work			
To Whom Paid	Antonia Ruero			MO	DAY	YEAR	Amount
Mailing Address	524 W. Cambria St			5	18	21	\$ 100-00
City	Phila.	State	Pa.	Zip Code (Plus 4)		19133	
				Description of Expenditure			
				Election day work			
To Whom Paid	Mary Boris			MO	DAY	YEAR	Amount
Mailing Address	5324 Laska Blvd			5	18	21	\$ 100-00
City	Phila.	State	Pa.	Zip Code (Plus 4)		-	
				Description of Expenditure			
				Election day work			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 1,100-00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
19th Ward Executive Comm-				From	To		
To Whom Paid	Carmen Maria Mateo			MO	DAY	YEAR	Amount
Mailing Address	2938 W. Faulkner St			5	15	21	\$ 100.00
City	State	Zip Code (Plus 4)		Description of Expenditure			
Phila	PA	19140		9 Election day work			
To Whom Paid	Howard Jones			MO	DAY	YEAR	Amount
Mailing Address	2945 N. Faulkner St			5	18	21	\$ 150.00
City	State	Zip Code (Plus 4)		Description of Expenditure			
Phila	PA	19140		9 Election day work			
To Whom Paid	Lennard Bowen			MO	DAY	YEAR	Amount
Mailing Address	3306 N. 2nd St			5	15	21	\$ 300.00
City	State	Zip Code (Plus 4)		Description of Expenditure			
Phila	PA	19140		Election day organizer			
To Whom Paid	Kenneth Ortiz			MO	DAY	YEAR	Amount
Mailing Address	3340 N. Palmyra St			5	18	21	\$ 100.00
City	State	Zip Code (Plus 4)		Description of Expenditure			
Phila	PA	19140		9 Election day work			
To Whom Paid	Tres Ortiz			MO	DAY	YEAR	Amount
Mailing Address	3376 N. 5th St			5	18	21	\$ 300.00
City	State	Zip Code (Plus 4)		Description of Expenditure			
Phila	PA	19140		9 Election day work			
To Whom Paid	Luis Sanchez			MO	DAY	YEAR	Amount
Mailing Address	3438 N. American St			5	18	21	\$ 100.00
City	State	Zip Code (Plus 4)		Description of Expenditure			
Phila	PA	19140		9 Election day work			
To Whom Paid	Alexandra Marala			MO	DAY	YEAR	Amount
Mailing Address	158 W. Antero St			5	18	21	\$ 100.00
City	State	Zip Code (Plus 4)		Description of Expenditure			
Phila	PA	19140		9 Election day work			
To Whom Paid	Keith Brewer			MO	DAY	YEAR	Amount
Mailing Address	319 W. Lehigh Ave			5	18	21	\$ 110.00
City	State	Zip Code (Plus 4)		Description of Expenditure			
Phila	PA	19130		9 Election day work			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 1,260.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period			
19th Ward Executive Comm.				From _____ To _____			
To Whom Paid	Dalin Kimer			MO	DAY	YEAR	Amount
Mailing Address	2857 N. Orange St			5	18	21	\$ 110.00
City	Phila	State	Pa	Zip Code (Plus 4)		19133	
				Description of Expenditure			
				Election day work			
To Whom Paid	Jorge Diaz			MO	DAY	YEAR	Amount
Mailing Address	2525 N. 3rd St			5	18	21	\$ 110.00
City	Phila	State	Pa	Zip Code (Plus 4)		19133	
				Description of Expenditure			
				Election day work			
To Whom Paid	Jokana Thron			MO	DAY	YEAR	Amount
Mailing Address	297 W. Indiana Ave			5	18	21	\$ 100.00
City	Phila	State	Pa	Zip Code (Plus 4)		19133	
				Description of Expenditure			
				Election day work			
To Whom Paid	Jose Santos			MO	DAY	YEAR	Amount
Mailing Address	226 W. Indiana Ave			5	18	21	\$ 100.00
City	Phila	State	Pa	Zip Code (Plus 4)		19133	
				Description of Expenditure			
				Election day work			
To Whom Paid	Jose Munoz			MO	DAY	YEAR	Amount
Mailing Address	3044 N. 3rd St			5	18	21	\$ 100.00
City	Phila	State	Pa	Zip Code (Plus 4)		-	
				Description of Expenditure			
				Election day work			
To Whom Paid	Heri Rodriguez			MO	DAY	YEAR	Amount
Mailing Address	3044 N. Orange St			5	18	21	\$ 100.00
City	Phila	State	Pa	Zip Code (Plus 4)		19140	
				Description of Expenditure			
				Election day work			
To Whom Paid	Evelina Lopez			MO	DAY	YEAR	Amount
Mailing Address	2936 N. 3rd St			5	18	21	\$ 250.00
City	Phila	State	Pa	Zip Code (Plus 4)		19133	
				Description of Expenditure			
				Election day work			
To Whom Paid	Mindy Lopez			MO	DAY	YEAR	Amount
Mailing Address	2936 N. 3rd St			5	18	21	\$ 100.00
City	Phila	State	Pa	Zip Code (Plus 4)		19133	
				Description of Expenditure			
				Election day work			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 970.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period	
19 th Ward Executive Comm.		From	To
To Whom Paid	David Lopez	MO: 5 DAY: 18 YEAR: 21	Amount \$ 100-00
Mailing Address	2936 N. 3rd St	Description of Expenditure	
City	Phila Pa 19133	Election day work	
To Whom Paid	Sonia Andina	MO: 5 DAY: 18 YEAR: 21	Amount \$ 200-00
Mailing Address	2834 N. Lehigh	Description of Expenditure	
City	Phila Pa 19133	Election day work	
To Whom Paid	Jennifer Figueroa	MO: 5 DAY: 18 YEAR: 21	Amount \$ 200-00
Mailing Address	355 N. Cedar St	Description of Expenditure	
City	Phila Pa 19133	Election day work	
To Whom Paid	Cameron Glenn	MO: 5 DAY: 18 YEAR: 21	Amount \$ 300-00
Mailing Address	2141 N. 5th St	Description of Expenditure	
City	Phila Pa 19133	Election day work	
To Whom Paid	Ben Dillard	MO: 5 DAY: 18 YEAR: 21	Amount \$ 110-00
Mailing Address	2410 N. 5th St	Description of Expenditure	
City	Phila Pa 19133	Election day work	
To Whom Paid	Misael Sadya	MO: 5 DAY: 18 YEAR: 21	Amount \$ 100-00
Mailing Address	2224 N. Fairhill St	Description of Expenditure	
City	Phila Pa 19133	Election day work	
To Whom Paid	Evelyn Ortiz	MO: 5 DAY: 18 YEAR: 21	Amount \$ 100-00
Mailing Address	2436 N. Fairhill St	Description of Expenditure	
City	Phila Pa 19133	Election day work	
To Whom Paid	Renee Burke	MO: 5 DAY: 18 YEAR: 21	Amount \$ 100-00
Mailing Address	2617 N. Macbeth St	Description of Expenditure	
City	Phila Pa 19133	Election day work	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 1,110-00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period	
19 th Ward Executive Comm.		From	To
To Whom Paid	Alexander Poterzig	MO: 5 DAY: 18 YEAR: 21	Amount: \$ 100.00
Mailing Address	2625 N. Wacker	Description of Expenditure: Election day work	
City	Phila Pa 19133		
To Whom Paid	David Wilkoff	MO: 5 DAY: 18 YEAR: 21	Amount: \$ 110.00
Mailing Address	2458 N. 14 th ST	Description of Expenditure: Election day work	
City	Phila Pa 19133		
To Whom Paid	Shawn Anderson	MO: 5 DAY: 18 YEAR: 21	Amount: \$ 110.00
Mailing Address	2329 N. Fairhill st	Description of Expenditure: Election day work	
City	Phila Pa 19133		
To Whom Paid	Carla Murphy	MO: 5 DAY: 18 YEAR: 21	Amount: \$ 110.00
Mailing Address	2325 N. Fairhill st	Description of Expenditure: Election day work	
City	Phila Pa 19133		
To Whom Paid	Darnell Martin	MO: 5 DAY: 18 YEAR: 21	Amount: \$ 100.00
Mailing Address	2525 N. York st	Description of Expenditure: Election day work	
City	Phila Pa		
To Whom Paid	Zelie Lopez Jr	MO: 5 DAY: 18 YEAR: 21	Amount: \$ 250.00
Mailing Address	2349 N. Hancock st	Description of Expenditure: Election day work	
City	Phila Pa 19133		
To Whom Paid	Tracy Ranson	MO: 5 DAY: 18 YEAR: 21	Amount: \$ 110.00
Mailing Address	2319 N. Hancock st	Description of Expenditure: Election day work	
City	Phila Pa 19133		
To Whom Paid	Julian Muler	MO: 5 DAY: 18 YEAR: 21	Amount: \$ 110.00
Mailing Address	2310 N. Hancock st	Description of Expenditure: Election day work	
City	Phila Pa 19133		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 1,000.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period	
19th Ward Executive Comm.		From	To
To Whom Paid	Juan Mates	MO: 5 DAY: 18 YEAR: 21	Amount \$ 100-00
Mailing Address	31-22 N-Hancock St	Description of Expenditure	
City	Phila Pa 19133	Election day work	
To Whom Paid	Eralinda Navarro	MO: 5 DAY: 18 YEAR: 21	Amount \$ 110-00
Mailing Address	21-57 N-Phillip St	Description of Expenditure	
City	Phila Pa 19132	Election day work	
To Whom Paid	Depter Rene	MO: 5 DAY: 18 YEAR: 21	Amount \$ 100-00
Mailing Address	1126 Overington St	Description of Expenditure	
City	Phila Pa -	Election day work	
To Whom Paid	Brittany Martos	MO: 5 DAY: 18 YEAR: 21	Amount \$ 100-
Mailing Address	550 W. Huntington St	Description of Expenditure	
City	Phila Pa 19133	Election day work	
To Whom Paid	Maldom Dixon	MO: 5 DAY: 18 YEAR: 21	Amount \$ 100-00
Mailing Address	2319 N-3rd St	Description of Expenditure	
City	Phila Pa 19133	Election day work	
To Whom Paid	Bernad Jackson	MO: 5 DAY: 18 YEAR: 21	Amount \$ 50-00
Mailing Address	329 W-Diamond St	Description of Expenditure	
City	Phila Pa 19132	Election day work	
To Whom Paid	Christina Figueroa	MO: 5 DAY: 18 YEAR: 21	Amount \$ 300-00
Mailing Address	3065 Memphis St	Description of Expenditure	
City	Phila Pa -	Election day work	
To Whom Paid	Ely Mates	MO: 5 DAY: 18 YEAR: 21	Amount \$ 300-00
Mailing Address	3063 N-Mascher St	Description of Expenditure	
City	Phila Pa 19133	Election day work	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 1,160-00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period	
19 th Ward Executive Comm.		From	To
To Whom Paid	Charlotte Foster	MO: 5 DAY: 15 YEAR: 21	Amount \$ 110.00
Mailing Address	2525 N 5 th St	Description of Expenditure Election day work	
City	Phila Pa 19132		
To Whom Paid	Maryl Pitts	MO: 5 DAY: 18 YEAR: 21	Amount \$ 110.00
Mailing Address	306 E S Sheldon St	Description of Expenditure Election day work	
City	Phila Pa -		
To Whom Paid	Melissa Jamerson	MO: 5 DAY: 18 YEAR: 21	Amount \$ 110.00
Mailing Address	2428 N 5 th St	Description of Expenditure Election day work	
City	Phila Pa 19133		
To Whom Paid	Popeyes Chicken	MO: 5 DAY: 15 YEAR: 21	Amount \$ 1,249.68
Mailing Address	458 P Coster ave	Description of Expenditure Food	
City	Phila Pa 19124		
To Whom Paid	U.S. Gas Station	MO: 5 DAY: 18 YEAR: 21	Amount \$ 17.00
Mailing Address	2652 Fremford ave	Description of Expenditure Gas	
City	Phila Pa 19135		
To Whom Paid	Speedway	MO: 5 DAY: 18 YEAR: 21	Amount \$ 64.80
Mailing Address	501 W Lehigh ave	Description of Expenditure Gas	
City	Phila Pa 19133		
To Whom Paid	S Staples	MO: 5 DAY: 18 YEAR: 21	Amount \$ 48.03
Mailing Address	Rosevelt + adams ave	Description of Expenditure Supplies	
City	Phila Pa 19134		
To Whom Paid	Cousins Food Market	MO: 5 DAY: 18 YEAR: 21	Amount \$ 143.69
Mailing Address	5 th + Berks St	Description of Expenditure Beverages + water	
City	Phila Pa 19122 -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 1,853.22

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>19th Ward Executive Comm.</i>	Reporting Period From _____ To _____
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To Whom Paid <i>Annette Roberts</i>	MO: <i>5</i>	DAY: <i>21</i>	YEAR: <i>78</i>	Amount \$ <i>500.00</i>
Mailing Address <i>321 W. W-Diamond St</i>		Description of Expenditure <i>Donation - Funeral</i>		
City <i>Phila</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19122</i>		

To Whom Paid <i>Valery Rauls</i>	MO: <i>6</i>	DAY: <i>15</i>	YEAR: <i>78</i>	Amount \$ <i>200.00</i>
Mailing Address <i>2633 N. Bodemat St</i>		Description of Expenditure <i>Donation, Funeral</i>		
City <i>Phila</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19122</i>		

To Whom Paid <i>Carlos Mota</i>	MO: <i>5</i>	DAY: <i>18</i>	YEAR: <i>78</i>	Amount \$ <i>5,000.00</i>
Mailing Address <i>2177 N. Hancock St</i>		Description of Expenditure <i>Consultants Fee</i>		
City <i>Phila</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19122</i>		

To Whom Paid <i>19th Ward Executive Comm.</i>	MO: <i>5</i>	DAY: <i>18</i>	YEAR: <i>78</i>	Amount \$ <i>4,516.78</i>
Mailing Address <i>2122 N. Hancock St</i>		Description of Expenditure <i>Miscellaneous expenses for shirts, Ballots, Compasses</i>		
City <i>Phila</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19122</i>		

To Whom Paid	MO:	DAY:	YEAR:	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO:	DAY:	YEAR:	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO:	DAY:	YEAR:	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

To Whom Paid	MO:	DAY:	YEAR:	Amount \$
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ *10,216.78*

SCHEDULE IV
STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate 19th WARD EX COMM-	Reporting Period From _____ To _____
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Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$ <u>0</u>	
City	DATE DEBT INCURRED	MO.	DAY	YEAR		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
City	DATE DEBT INCURRED	MO.	DAY	YEAR		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
City	DATE DEBT INCURRED	MO.	DAY	YEAR		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
City	DATE DEBT INCURRED	MO.	DAY	YEAR		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
City	DATE DEBT INCURRED	MO.	DAY	YEAR		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
Mailing Address					\$	
City	DATE DEBT INCURRED	MO.	DAY	YEAR		
Description of Debt						

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL \$ <u>0</u>
