

Commonwealth of Pennsylvania  
**Campaign Finance Report**

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

|  |                          |  |                         |                                   |                      |                    |                     |                                   |  |              |
|--|--------------------------|--|-------------------------|-----------------------------------|----------------------|--------------------|---------------------|-----------------------------------|--|--------------|
| <b>Filler Identification Number:</b>   | 17760956                 | <b>Report Filed By:</b>                        | CANDIDATE               | 1.                                | <b>COMMITTEE</b>     | 2.                 | <b>LOBBYIST</b>     | 3.                                |  |              |
| Name of Filing Committee, Candidate or Lobbyist:<br>People of the 20th Ward  |                          |  |                         |                                   |                      |                    |                     |                                   |  |              |
| Street Address:<br>1431 Dondill Place  |                          |  |                         |                                   |                      |                    |                     |                                   |  |              |
| City:<br>Phila   |                          |  | State:<br>PA            |                                   |                      | Zip Code:<br>19122 |                     |                                   |  |              |
| <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:  |                          |  |                         | <b>DATE OF ELECTION</b>           |                      |                    | District Number:    | Office Code:                      | Party Code:  | County Code: |
|  |                          |  |                         | MO.                               | DAY                  | YEAR               |                     |                                   |  |              |
|  |                          |  |                         | 5                                 | 18                   | 2021               |                     |                                   | DEM  |              |
| <b>Summary of Receipts and Expenditures from:</b>  |                          | MO.  | DAY                     | YEAR                              | To                   | MO.                | DAY                 | YEAR                              | <b>FOR OFFICE USE ONLY</b>   |              |
|  |                          | 5  | 4                       | 2021                              |                      | 6                  | 7                   | 2021                              | 2021 JUN 17 PM 12: 22<br>COUNTY BD. OF ELECTIONS<br>CITY COMMISSIONERS |              |
| A. Amount Brought Forward From Last Report   |                          |  |                         |                                   |                      |                    |                     | \$15,711.76                       |  |              |
| B. Total Monetary Contributions and Receipts (From Schedule I)   |                          |  |                         |                                   |                      |                    |                     | \$14,200.00                       |  |              |
| C. Total Funds Available (Sum of Lines A and B)  |                          |  |                         |                                   |                      |                    |                     | \$29,911.76                       |  |              |
| D. Total Expenditures (From Schedule III)  |                          |  |                         |                                   |                      |                    |                     | \$5,100.70                        |  |              |
| E. Ending Cash Balance (Subtract Line D from Line C)   |                          |  |                         |                                   |                      |                    |                     | \$24,811.06                       |  |              |
| F. Value of In-Kind Contributions Received (From Schedule II)  |                          |  |                         |                                   |                      |                    |                     | \$0.00                            |  |              |
| G. Unpaid Debts and Obligations (From Schedule IV)   |                          |  |                         |                                   |                      |                    |                     | \$0.00                            |  |              |
| <b>AFFIDAVIT SECTION</b>   |                          |  |                         |                                   |                      |                    |                     |                                   |  |              |
| PART I - If this is a <b>Committee</b> report, treasurer sign here. If this is a <b>Candidate</b> 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.<br>Sworn to and subscribed before me this  |                          |  |                         |                                   |                      |                    |                     |                                   |  |              |
| _____ day of _____ 20____<br>Signature   |                          | _____<br>Signature of Person Submitting Report |                         | _____<br>Printed Name             |                      | _____<br>Area Code |                     | _____<br>Daytime Telephone Number |  |              |
| My Commission expires _____<br>DAY YEAR  |                          | _____<br>Area Code                             |                         | _____<br>Daytime Telephone Number |                      |                    |                     |                                   |  |              |
| <b>AFFIDAVIT SECTION</b>   |                          |  |                         |                                   |                      |                    |                     |                                   |  |              |
| My Commission Expires _____ of _____ 20____<br>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.<br>Sworn to and subscribed before me this |                          |  |                         |                                   |                      |                    |                     |                                   |  |              |
| _____ day of _____ 20____<br>Signature   |                          | _____<br>Signature of Person Submitting Report |                         | _____<br>Printed Name             |                      | _____<br>Area Code |                     | _____<br>Daytime Telephone Number |  |              |
| My Commission expires _____<br>MO. DAY YEAR  |                          | _____<br>Area Code                             |                         | _____<br>Daytime Telephone Number |                      |                    |                     |                                   |  |              |

Department of State Bureau of Commissions, Elections and Legislation  
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