## 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.)

| Filer Identification<br>Number:  |  |           |            | Report<br>Filed By:        |          | CANDIDATE   |                    | 1. COMMIT  |                                |                                       | TTEE 2.                |                    | LOBBYIST              |                    | 3.    |  |  |
|--|--|-----------|------------|----------------------------|----------|---|--------------------|--|--------------------------------|---------------------------------------|------------------------|--------------------|-----------------------|--------------------|-------|--|--|
| Name of Filing Committee, Candidate or Lobbyist: $40B$   |  |           |            |                            |          |   |                    |  |                                |                                       |                        |                    |                       |                    |       |  |  |
|  | Street Address: 7408 Elmwood Ave                   |           |            |                            |          |   |                    |  |                                |                                       |                        |                    |                       |                    |       |  |  |
| City:<br>Philadelphia  |  |           |            |                            |          | State:         Zip Code:           PA         19153 |                    |  |                                |                                       |                        |                    |                       |                    |       |  |  |
| TYPE OF<br>REPORT  | 6th Tues<br>Pre-Prim                               |           |            | 2nd Friday<br>Pre-Primary  | 2.       |   | Day<br>st Primary  | 3.   | X                              | Amend<br>Report                       |                        | Yes                | 1                     | No                 | х     |  |  |
|  | 6th Tues<br>Pre-Elect                              |           |            | 2nd Friday<br>Pre-Election | 5.       |   | Day<br>st Election | 6.   |                                |                                       | Termination<br>Report? |                    | 10                    | No                 | Х     |  |  |
| Other  | ther Annual Report 7. YEAR 2021                    |           |            |                            |          |   |                    |  |                                |                                       |                        |                    |                       |                    |       |  |  |
| Name of Office Sought by Candidate: Other  |  |           |            |                            |          | ATE OF F  |                    |  | District<br>Number:            |                                       | Office<br>Code:<br>OTH | ;                  | Party<br>Code:<br>DEM | Cour<br>Code<br>51 |       |  |  |
| Summary of Receipts MO. DAY YEAR   |  |           |            |                            |          |   |                    | DAY  |                                |                                       | <del>   </del>         | OR OFFICE USE ONLY |                       |                    | I.V   |  |  |
| Summary of Receipts MO. DAY YEAR To and Expenditures from: 5 4 2021  |  |           |            |                            |          |   |                    | 6 7 2021   |                                |                                       |                        | JR O               | TICE                  | JOE OIN            | ****  |  |  |
| A. Amount Brought Forward From Last Report   |  |           |            |                            |          |   |                    | ¤750.00  |                                |                                       | 1                      |                    | 2021                  | <u>Q</u>           |       |  |  |
| B. Total Monetary Contributions and Receipts (From Schedule I)   |  |           |            |                            |          |   |                    | ¤5,600.00  |                                |                                       |                        | 3                  | ے                     | 70                 |       |  |  |
| C. Total Funds Available (Sum of Lines A and B)  |  |           |            |                            |          |   |                    |  |                                | #6,350.00<br>#5,500.00<br>#850.00     |                        |                    |                       | Š                  |       |  |  |
| D. Total Expenditures (From Schedule III)  |  |           |            |                            |          |   |                    | ¤5,500.00  |                                |                                       |                        | Z                  | Ė                     | MIS                |       |  |  |
| E. Ending Cash Balance (Subtract Line D from Line C)   |  |           |            |                            |          |   |                    | #5,600.00  #6,350.00  #5,500.00  #850.00  #850.00  #0.00 |                                |                                       |                        |                    |                       |                    |       |  |  |
| F. Value of In-Kind Contributions Received (From Schedule II)  |  |           |            |                            |          |   |                    | ⊭0.00  |                                |                                       |                        | Ħ                  | ġ.                    | Š                  |       |  |  |
| G. Unpaid De   | G. Unpaid Debts and Obligations (From Schedule IV) |           |            |                            |          |   |                    |  |                                |                                       |                        |                    |                       |                    |       |  |  |
| PART I a lf th   | is is a Com  | mittee r  | enort tres | euror eign hare            | If thi   | TO SECURE THE ME IN RESIDENCE                       | IT SECTIO          |  | ndida                          | ta sign he                            | -FO                    |                    |                       |                    |       |  |  |
| 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,  |  |           |            |                            |          |   |                    |  |                                |                                       |                        |                    |                       |                    | rue,  |  |  |
| correct and complete.  Sworn to and subscribed before me this Commonwealth of Pennsylvania - Notary Seal   |  |           |            |                            |          |   |                    |  |                                |                                       |                        |                    |                       |                    |       |  |  |
| CHANDA BALLARD, Notary Public  CHANDA BALLARD, NOTARD BALLA |  |           |            |                            |          |   |                    |  |                                |                                       |                        |                    |                       |                    |       |  |  |
| My Configuration Expires May 25, 2022 Signature of Person Submitting Report  |  |           |            |                            |          |   |                    |  |                                |                                       |                        |                    |                       |                    |       |  |  |
| Simplify Till a Mi, Drown  |  |           |            |                            |          |   |                    |  |                                |                                       |                        |                    |                       |                    |       |  |  |
| My Commission expires 5/25/2022 245 Printed Name   |  |           |            |                            |          |   |                    |  |                                |                                       |                        |                    |                       | 15                 |       |  |  |
|  |  | Area Code |            |                            |          | Daytime Telephone Number                            |                    |  |                                |                                       |                        |                    |                       |                    |       |  |  |
|  |  |           |            |                            |          | AFFIDA  | /IT SECTIO         | И  |                                |                                       |                        |                    |                       |                    |       |  |  |
|  |  |           |            | 's Authorized (            |          |   |                    |  |                                | tow"w                                 | D.                     |                    |                       | E 11               |       |  |  |
| 1333, No 320<br>Sworn to and   | )) as amend  | ed.       |            | nowledge and be            | elief th | is politica   | l committee        | has n  | ot via                         | olated any                            | provision              | s of the           | e Act of Jun          | ie 3, 1937         | (P.L. |  |  |
| day of 20  |  |           |            |                            |          |   |                    |  |                                | Signature of Person Submitting Report |                        |                    |                       |                    |       |  |  |
| Signature  |  |           |            |                            |          |   |                    |  | Printed Name                   |                                       |                        |                    |                       |                    |       |  |  |
| My Commission expires  MO. DAY YEAR  |  |           |            |                            |          |   |                    |  | Area Code Daytime Telephone No |                                       |                        |                    | hone Num              | ber                |       |  |  |

Department of State Bureau of Commissions, Elections and Legislation 210 North Office Building Harrisburg, PA 17120-0029 (717)787-5280