

Commonwealth of Pennsylvania - Campaign Finance Report

1776691 (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	460920000	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		48th Ward EXECUTIVE Committee							
Street Address		1812 McCLELLAN street							
City	Philadelphia	State	Pa.	Zip Code	19145				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date Of Election (MM/DD/YYYY)		5-18	Year		2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5-18-2021	6-7-2021	COUNTY BD. OF ELECTIONS 2021 JUN -9 P 5:19 CITY COMMISSIONERS
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	4,750.00	
C. Total Funds Available (Sum of Lines A and B)	\$	4,750.00	
D. Total Expenditures (From Schedule III)	\$	7,814.34	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,935.66	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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, is 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.

Vivian L. Green
Signature of Person Submitting report

VIVIAN L. GREEN
Printed Name

267 Area Code 345-8371 Daytime Telephone Number

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

PART C

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.

1776691

Filer Identification Number:	6800 1776691
------------------------------	-------------------------

Full Name of Contributing Committee	Kamau for Judge	Date [MM/DD/YYYY]	\$	500.00
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Philadelphia	Pa.	19131		
Full Name of Contributing Committee	Shand Clearing Company Alonzo Shands	Date [MM/DD/YYYY]	\$	700.00
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Philadelphia	Pa.	19145-1620		
Full Name of Contributing Committee	Betsy Wath For Judge	Date [MM/DD/YYYY]	\$	500.00
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Philadelphia	Pa.	19111		
Full Name of Contributing Committee	Caterina R. McCabe Judge	Date [MM/DD/YYYY]	\$	500.00
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Philadelphia	Pa.	19139		
Full Name of Contributing Committee	Twardy for Judge	Date [MM/DD/YYYY]	\$	500.00
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Philadelphia	Pa.	19107-1808		
Full Name of Contributing Committee	District 1199c Political Action Fund.	Date [MM/DD/YYYY]	\$	2,500.00
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Philadelphia	Pa.	19107		

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

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

1776691

Filer Identification Number:	6609400245
------------------------------	-----------------------

Full Name of Contributor					Date [MM/DD/YYYY]		\$
Friends of Michele Hangley					5-13-21		1750.00
House #	Street Address				Date [MM/DD/YYYY]		\$
	P.O. BOX 60558						
City	State	Zip Code			Date [MM/DD/YYYY]		\$
Philadelphia	Pa.	19145					
Full Name of Contributor					Date [MM/DD/YYYY]		\$
Friends of Wendi Barish					5-15-21		500.00
House #	Street Address				Date [MM/DD/YYYY]		\$
	P.O. BOX 40224						
City	State	Zip Code			Date [MM/DD/YYYY]		\$
Philadelphia	Pa.	19106					
Full Name of Contributor					Date [MM/DD/YYYY]		\$
Friends of Chris Hall					5-13-21		500.00
House #	Street Address				Date [MM/DD/YYYY]		\$
	9101 GREEN Tree RD.						
City	State	Zip Code			Date [MM/DD/YYYY]		\$
Philadelphia	Pa.	1918-251					
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address				Date [MM/DD/YYYY]		\$
City	State	Zip Code			Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address				Date [MM/DD/YYYY]		\$
City	State	Zip Code			Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$
House #	Street Address				Date [MM/DD/YYYY]		\$
City	State	Zip Code			Date [MM/DD/YYYY]		\$

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	1776691 1776691
------------------------------	----------------------------

To Whom Paid		Romed's pizza		Date [MM/DD/YYYY]	\$	69.37
House #	Street Address	Election day		Description of Expenditure		
City	State	Zip Code				

To Whom Paid		Uncle Gogies		Date [MM/DD/YYYY]	\$	71.63
House #	Street Address	Election day		Description of Expenditure		
City	State	Zip Code				

To Whom Paid		Election Day		Date [MM/DD/YYYY]	\$	44.90
House #	Street Address			Description of Expenditure		
City	State	Zip Code				

To Whom Paid		shop Rite		Date [MM/DD/YYYY]	\$	76.46
House #	Street Address	Election day		Description of Expenditure		
City	State	Zip Code				

To Whom Paid		Dunkin Donuts		Date [MM/DD/YYYY]	\$	61.10
House #	Street Address	Election Day		Description of Expenditure		
City	State	Zip Code				

To Whom Paid		Fresh Grocer		Date [MM/DD/YYYY]	\$	126.62
House #	Street Address	Election Day		Description of Expenditure		
City	State	Zip Code				

To Whom Paid		Election Day Beverages		Date [MM/DD/YYYY]	\$	101.19
House #	Street Address			Description of Expenditure		
City	State	Zip Code				

To Whom Paid		Germaine Cherry		Date [MM/DD/YYYY]	\$	146.00
House #	Street Address			Description of Expenditure		
City	State	Zip Code				

Statement Of Expenditures

PART 2

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.

Filer Identification Number:	1776691
------------------------------	---------

Full Name		Albert Little Page					
House #	Street Address	Election Day					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
						5-18-21	100.00
Receipt Description							

Full Name		Laverne Brown					
House #	Street Address	Election Day					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
						5-18-21	100.00
Receipt Description							

Full Name		Kathline					
House #	Street Address	Election Day					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
						5-18-21	100.00
Receipt Description							

Full Name		Acme Chicken					
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$
						5-18-21	100.00
Receipt Description		Election Day					

Full Name		Ethel Wise					
House #	Street Address	Lunch election Day					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
						5-18-21	100.00
Receipt Description							

Full Name		Shop Rite					
House #	Street Address	Election Day					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
						5-18-21	67.10
Receipt Description							

Statement of Expenditures In-Kind Contributions Received

SCHEDULE II
PART F

VALUE OF SERVICES TO \$250

Filer Identification Number:	1776691
------------------------------	---------

Full Name of Contributor		Date [MM/DD/YYYY]			\$
Dale Adams		5-18-21			150.00
House #	Street Address	Date [MM/DD/YYYY]		\$	
	Driver				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution					

Full Name of Contributor		Date [MM/DD/YYYY]			\$
Simon Carr		5-18-21			150.00
House #	Street Address	Date [MM/DD/YYYY]		\$	
	DRIVER				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution					

Full Name of Contributor		Date [MM/DD/YYYY]			\$
Tracy Carr		5-18-21			150.00
House #	Street Address	Date [MM/DD/YYYY]		\$	
	DRIVER				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution					

Full Name of Contributor		Date [MM/DD/YYYY]			\$
Atones		5-18-21			100.00
House #	Street Address	Date [MM/DD/YYYY]		\$	
	GAS				
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution					

Full Name of Contributor		Date [MM/DD/YYYY]			\$
House #	Street Address	Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution					

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$

PART D
All Other Contributions

Over \$250.00

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

Filer Identification Number:	
-------------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

SCHEDULE II

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

Filer Identification Number:	
------------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	
--------------------------------	-----	----	--

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)		\$	
---	--	----	--

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
-------------------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address			Date [MM/DD/YYYY]		\$	
City	State		Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

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.

Filer Identification Number:	
-------------------------------------	--

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State			
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City				State			
Description of Debt							

PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed legibly in blue or black ink.

INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amendment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered.

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.

