## 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 Identi Number:	ification			Report Filed By:			IDATE 1. COMMI		TTEE 2. L		LOBBYIST 3.		
Name of Filin 49th War					ee					G-0-0-0			
Street Addres							•						
City: State: Philadelphia PA							Zip Code: 19141						
TYPE OF REPORT	6th Tuesday Pre-Primary			d Friday -Primary	2.	30 Day Post Primary	3. X	Amendmen Report?	t Yes		No	X	
	6th Tues Pre-Elec	uay		d Friday e-Election	5.	30 Day Post Election	6. Termin Report		n Yes		No	х	
Other	Annual 1		7. YE	AR	2021								
Name of Office Sought by Candidate:  DATE OF E  MO. DAY  5 18									fice de:	Party Code: DEM	Coun Code 51		
Summary of Receipts MO. DAY YEAR To							DAY YEAR FO			OR OFFICE USE ONLY			
A. Amount Brought Forward From Last Report						6 7		551.50			202	HWOO Y INDE	
B. Total Monetary Contributions and Receipts (From Schedule I)							¤15,800.00				ے	3	
C. Total Funds Available (Sum of Lines A and B)							¤22,451.50					28	
D. Total Expenditures (From Schedule III)							#6,651.50 #15,800.00 #22,451.50 #10,891.48					©₹	
E. Ending Cash Balance (Subtract Line D from Line C)							¤11,	560.02			PH 12:	TO SO	
F. Value of In-Kind Contributions Received (From Schedule II)								¤0.00			N	12	
G. Unpaid Debts and Obligations (From Schedule IV)								¤0.00			30		
DADT I IF+h	ie ie a Com	mittaa ro	mort transcu	or cion horo		DAVITESECTION  Candidate repor	condide	te siem hans		***********			
	ffirm) that to complete. I subscribed	his report i before m	, including t	he attached s	schedules, o	n paper or compu			best of my k	mowledge a	nd belief t	rue,	
/5	July	0	NOTARIA	L SEAL	c	_	Signature of Person Submitting Report Shinley GREGORY						
My Commission expires  Signature Upper Dunin Twp, Montgomery County My commission expires June 30, 2021  My Commission expires June 30, 2021							Printed Name  216-0995  Area Code  Daytime Telephone Number						
					AFF	DAVIT SECTION							
	ffirm) that ( 0) as amend	to the best led.	t of my know			candidate shall s tical committee h		olated any prov	visions of the	e Act of June	3, 1937 (	P.L.	
day of 20							Signature of Person Submitting Report						
Signature							Printed Name						
My Commis	ssion expire		40. D.	AY Y	EAR	_	Area	Code	Day	ytime Telepl	none Num	ber	

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

