

Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

Name of Filing (Committee, Can	didate, or Lobby	ist	Service Service				
515 W	ARD DEMOCE	Atic Comm	ttes					
Reporting Cycle	the state of the s							
☐ Cycle 1	☐ Cycle 2	Cycle 3		Cycle 4	☐ Cycle 5			
6 th Tuesday	2 nd Friday	30 Day	6 th T	uesday	2 nd Friday			
Pre-Primary	Pre-Primary	Post Primary	Pre-l	Election	Pre-Election			
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		□ Су	ycle 9 ost-Special Election			
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	l Election	30 Day Po				
		ributing lobbyist, inder the law of the	·	•	OF.			
	g is true and corre		ne conn	IIOIIWEBILI	တ္က 🥞			
Ann 4	1 Bujan		06/15/	28 28				
Signature of Tre	asurer, Candidate	Date (DD/MM/YYYY)						
GREGORY A	(Ben Ame	nl	Ph. lade White					
/ / P	rinted Name	Location (City/State/Country)						



Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

Signature of Treasurer, Candidate, or Lobbyist	Date (DD/MM/YYYY)
Printed Name	Location (City/State/Country)

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 Identif Number:			761008	File	ort ed By:	C	AND	DIDATE 1. COMMI		TTEE	EE 2.		LOBBYIST		3.			
Name of Filing Committee, Candidate or Lobbyist: 51st Ward Democratic Executive Commitee																		
Street Address:																		
5030 Springfield avenue																		
City: State: Philadelphia PA								Zip Code: 19143										
TYPE OF	6th Tues Pre-Prim			2nd Frid Pre-Prin	iuy I	2.	30 1 Pos	Day ; Primary	3. X		Amendment Report?		Yes		Х	No		
REPORT	ORT 6th Tuesday 4. 2nd Frida Pre-Election Pre-Election		ıcy I	5.	30 I Pos	ay 6. Election			Termination Report?		Yes	;		No	Х			
Other	Annual I	Report	7.	YEAR		2021	3885	V. A.										
Name of Office Sought by Candidate: MO. I							OF E DAY 18	ECTION YEA 202	R I	District Office Number: Code:			Party Code: DEM		de:	Cour Code 51		
		ſ	MO.	DAY	YEAR				DAY	YEAR	,	100					132	
Summary of Receipts MO. DAY YEA and Expenditures from: 5 14 2021						- T	o '	6 7 2021					FOR OFFICE USBONLE					
A. Amount Br	A. Amount Brought Forward From Last Report									¤0	00.0					JUN 15	$\exists \exists$	
B. Total Mone	etary Contr	ibutions	and Rece	eipts (Fron	Schedule	I)			¤ 1:	1,600	00.0					25		
C. Total Fund	s Available	(Sum o	f Lines A	and B)			\Box		¤1:	1,600	0.00						COMMISSI BB. OF EI	
D. Total Expe	nditures (F	rom Scl	hedule III)					n'	7,270	00.0					3	E 3	
E. Ending Cas	E. Ending Cash Balance (Subtract Line D from Line C))X4	4,330	0.00					င်း		
F. Value of In-Kind Contributions Received (From Schedule II)							¤0.00						28	<u></u>				
G. Unpaid De	bts and Ob	ligation	s (From S	chedule IV)					¤0	0.00						5	
SPASSILLE	AT THE	S55 U	を見のよれ	THE SEA	Range III		-	T SECTION	_			KENEL N	N/E	X	1000	i in se	X BY ASS	
I swear (or aft correct and co	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											true,						
	day of			20				_		9	ionahi	re of Pers	on Su	hmii	tting Rer	nort		
						-												
Signature Printed Name																		
My Commission expiresMO. DAY				YEAL	EAR Area Code				le	Daytime Telephone Number								
MANAGE TO	10001-	LHSSE	625 Z.W		NA NAS			T SECTION	-	FRES.		5.Ves		88W	ale Stop in		O STATE	
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											(P.L.							
	day of	•	-	20				_										
Signature of Person Submitting Report																		
Signature								-	Printed Name									
My Commiss	ion expires	_	MO.	DAY	YEAI	Ř		-	Aı	rea Cod	le		Day	ytim	e Teleph	one Num	ber	

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

20 Sept 12 NI 21 NO