

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	076234	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	52nd Ward Democratic Committee							
Street Address	2439 Golf Road							
City	Philadelphia	State	PA	Zip Code	19131			

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	Year			Amendment Report	Termination Report			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	05-9-21	05-20-21	
A. Amount Brought Forward From Last Report	\$	5,879.00	COUNTY BD. OF ELECTIONS 2021 JUN 28 P 3:54 CITY COMMISSIONERS
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	3,500.00	
C. Total Funds Available (Sum of Lines A and B)	\$	9,379.00	
D. Total Expenditures (From Schedule III)	\$	3,575.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	5,804.00	
F. Value of In-Kind Contributions Received (From Schedule II)	\$.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	30	

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

24 day of JUNE 20 21

Lois M. Braxton

Steven Jones

Signature of Person Submitting report

Steven Jones
Printed Name

Commonwealth of Pennsylvania - Notary Seal
 LOIS M. BRAXTON, Notary Public
 My Commission expires Philadelphia County
 My Commission Expires May 19, 2023
 Commission Number 1016519

215
Area Code

6655901
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 A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number 1776634	5th Ward Democratic Committee
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						Date [MM/DD/YYYY]	\$	Amount
Full Name of Contributing Committee								0
House #	Street Address					Date [MM/DD/YYYY]	\$	0
City		State		Zip Code		Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee								0
House #	Street Address					Date [MM/DD/YYYY]	\$	0
City		State		Zip Code		Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee								0
House #	Street Address					Date [MM/DD/YYYY]	\$	0
City		State		Zip Code		Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee								0
House #	Street Address					Date [MM/DD/YYYY]	\$	0
City		State		Zip Code		Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee								0
House #	Street Address					Date [MM/DD/YYYY]	\$	0
City		State		Zip Code		Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee								0
House #	Street Address					Date [MM/DD/YYYY]	\$	0
City		State		Zip Code		Date [MM/DD/YYYY]	\$	0
Full Name of Contributing Committee								0
House #	Street Address					Date [MM/DD/YYYY]	\$	0
City		State		Zip Code		Date [MM/DD/YYYY]	\$	0

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.)

Filer Identification Number:	1776234 5 th ward Democratic Committee
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	
House #				Date [MM/DD/YYYY]	\$	0
Street Address						
City		State		Date [MM/DD/YYYY]	\$	00
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #				Date [MM/DD/YYYY]	\$	0
Street Address						
City		State		Date [MM/DD/YYYY]	\$	0
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #				Date [MM/DD/YYYY]	\$	0
Street Address						
City		State		Date [MM/DD/YYYY]	\$	00
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #				Date [MM/DD/YYYY]	\$	0
Street Address						
City		State		Date [MM/DD/YYYY]	\$	00
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #				Date [MM/DD/YYYY]	\$	0
Street Address						
City		State		Date [MM/DD/YYYY]	\$	00
Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
House #				Date [MM/DD/YYYY]	\$	0
Street Address						
City		State		Date [MM/DD/YYYY]	\$	00

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.

Filer Identification Number: 1776234	5th Ward Democratic Committee
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Full Name of Contributing Committee		Larry Krasner For D.A.		Date [MM/DD/YYYY]	\$	3500.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
City	Phila	State	PA	Zip Code	19107	
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code		

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:	1726234 <i>5am & Ward Democratic Committee</i>
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]		\$	0
City	State	Zip Code		Date [MM/DD/YYYY]		\$	0
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]		\$	0
City	State	Zip Code		Date [MM/DD/YYYY]		\$	0
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]		\$	0
City	State	Zip Code		Date [MM/DD/YYYY]		\$	0
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]		\$	0
City	State	Zip Code		Date [MM/DD/YYYY]		\$	0
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

File Identification Number:	1776234	5 th ward Democratic Committee
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Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0
Receipt Description							
Full Name							
House #	Street Address						
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0
Receipt Description							

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number: 1776234	SA # 1000 Democratic Committee
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
Description of Contribution							

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: 1776224 53rd Ward Democratic Committee

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

TOTAL for the reporting period	(1)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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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)		\$	0
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SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number: 1776234	52nd Ward Democratic Committee
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Full Name of Contributor:				Date [MM/DD/YYYY]	\$	0
House #	Street Address					
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]	\$	0
House #	Street Address					
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]	\$	0
House #	Street Address					
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]	\$	0
House #	Street Address					
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: 1776236 Sixth ward Democratic Committee

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 2
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0
City	State	Zip Code				
Description of Debt						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$ 0
City	State	Zip Code				
Description of Debt						

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	1726234		
Sandwich Democratic Committee			
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)			\$ 3,500.00
All Other Contributions (Part D)			\$
Total for the reporting period			(3) \$ 3,500.00
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)			\$ 3,500.00

SCHEDULE III
Statement of Expenditures

File Identification Number: 170234		Sandwich Danceathon Committee					
To Whom Paid:	Staples			Date [MM/DD/YYYY]:	05-10-2021	\$	450.00
House #:	Street Address			Description of Expenditure			
City:	Warminster	State:	PA	Zip Code:	19072	Ink, Paper, Envelop	
To Whom Paid:	U.S.P.O.			Date [MM/DD/YYYY]:	05-10-2021	\$	200.00
House #:	Street Address			Description of Expenditure			
City:		State:		Zip Code:		Stamps	
To Whom Paid:	ACME, Shop Rite			Date [MM/DD/YYYY]:	05-15-2021	\$	300.00
House #:	Street Address			Description of Expenditure			
City:	Phila	State:	PA	Zip Code:	19131	Food Sods	
To Whom Paid:	Steve Jones			Date [MM/DD/YYYY]:	05-15-2021	\$	700.00
House #:	Street Address			Description of Expenditure			
City:	Phila	State:	PA	Zip Code:	19131	Organization	
To Whom Paid:	Fuel, Gazo			Date [MM/DD/YYYY]:	05-12-2021	\$	500.00
House #:	Street Address			Description of Expenditure			
City:		State:		Zip Code:			
To Whom Paid:	John Pankar			Date [MM/DD/YYYY]:	05-17-2021	\$	200.00
House #:	Street Address			Description of Expenditure			
City:	Phila	State:	PA	Zip Code:	19139	G.O.T.U.	
To Whom Paid:	Donian Jones			Date [MM/DD/YYYY]:	05-18-2021	\$	350.00
House #:	Street Address			Description of Expenditure			
City:	Phila	State:	PA	Zip Code:	19131	G.O.T.U.	
To Whom Paid:	Bob Raylawd			Date [MM/DD/YYYY]:	05-15-2021	\$	200.00
House #:	Street Address			Description of Expenditure			
City:	Phila	State:	PA	Zip Code:	19121	OPG	

SCHEDULE III
Statement of Expenditures

File Identification Number: 726234 Sandport Democratic Committee

To Whom Paid	John Watson			Date [MM/DD/YYYY]	05-18-2021	\$	100.00
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	5600 Gainer Rd.	Phila	PA	19131	G.O.T.V		
To Whom Paid	Pete Johnson			Date [MM/DD/YYYY]	05-18-2021	\$	100.00
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	2124 Malvern St	Phila	PA	19131	G.O.T.V		
To Whom Paid	Floyd Jenkins			Date [MM/DD/YYYY]	05-18-2021	\$	100.00
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	420 W 58 St	Phila	PA	19131	G.O.T.V		
To Whom Paid	Kathryn Franklin			Date [MM/DD/YYYY]	05-18-2021	\$	200.00
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	1852 W 52nd St	Phila	PA	19131	G.O.T.V		
To Whom Paid	Nancy Franklin			Date [MM/DD/YYYY]	05-18-2021	\$	200.00
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	840 W 48th St	Phila	PA	19131	G.O.T.V		
To Whom Paid	Kerth Wilson			Date [MM/DD/YYYY]	05-18-2021	\$	75.00
House #	Street Address	City	State	Zip Code	Description of Expenditure		
	242 W 54 St	Phila	PA	19131	Door Knocker		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure		
To Whom Paid				Date [MM/DD/YYYY]		\$	
House #	Street Address	City	State	Zip Code	Description of Expenditure		

10