## **CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER	003241	REPORT FILED ON BEHALF OF CANDIDATE	COMMITTEE 2. LOBBYIST 1.				
NAME OF FILING COMMITTEE, CANDIDA	TE OR LOBBYIST	• 3 1					
STREET ADDRESS	Regullica Executive Cu	minillee					
3203 U	nruh Ave.						
CITY DI 1/	<i>i</i> 1.	STATE PA	ZIP CODE				
Philade	OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. I PARTY	39149				
(CHECK ONE)	E OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. PARTI	DATE OF ELECTION  MO. DAY YEAR				
6TH TUESDAY PRE-PRIMARY	MO. DAY YEAR	MO. DAY YEAR	FOR OFFICE USE ONLY				
2ND FRIDAY PRE-PRIMARY	DATES OF REPORTING I J 2021 TO	6 7 2021	•,				
30 DAY POST-PRIMARY	CASH BALANCE AT END	15:507					
6TH TUESDAY PRE-ELECTION	OF REPORTING PERIOD:	s <u>1,565.82</u>	COUNTY CC				
2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$  AMENDMENT REPORT?  TERMINATION YES NO X  TERMINATION YES NO X						
30 DAY POST-ELECTION	AMENDMENT YES	NO X	SNO DO SON				
ANNUAL 7.	TERMINATION YES	NO X	3: 1:3				
	AFFI	DAVIT SECTION					
f statement is filed on b	pehalf of a <u>Political Committee <i>or</i> Committee or Commit</u>	te must sign here.	_				
I SWEAR (OR AFFIRM) THAT THE EXCEED TWO HUNDRED AND FE	E AGGREGATE RECEIPTS OR DISBURSEMENTS OR FTY DOLLARS (\$250.00) AND THIS REPORT IS, T	LIABILITIES INCURRED DURING THE REF	PORTING FERIOD INDICATED BOVE DID NOT BELIEF TRUE, CORRECT AND COMPLETE.				
SWORN TO AND SUBSCRIBED BEFORE ME THIS							
DAY OF 20 SIGNATURE OF PERSON SUBMITTING REPORT							
	SIGNATURE		RINTED NAME				
MY COMMISSION EXPIRE		AREA CODE	DAYTIME TELEPHONE NUMBER				
PART II - f statement is filed on b	ehalf of a <u>Candidate's Authorized</u>	Committee, Candidate mu	ıst sign here.				
I SWEAR (OR AFFIRM) TH JUNE 3, 1937 (P.L. 13	AT TO THE BEST OF MY KNOWLEDGE AND BELIEF 333, No. 320) AS AMENDED.	THIS POLITICAL COMMITTEE HAS NOT V	/OLATED ANY PROVISIONS OF THE ACT OF				
SWORN TO AND SUBSC	RIBED BEFORE ME THIS	SIGNAT	URE OF CANDIDATE				
DAY OF <b>20</b>							
	SIGNATURE	PI	RINTED NAME				
MY COMMISSION EXPIRE	ESMO. DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER				

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## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

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), Non-Bid Contract Reporting Form (DSEB-504) 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 Statements. This form must be signed by hand where a signature is required.

Name of Filing C	Committee, Can	didate, or Lobbyi	st		and desire processes to the		
	55th Ward Re	publican Execut	ve Co	mmittee			
Reporting Cycle Name							
Cycle 1 6th Tuesday Pre-Primary	☐ Cycle 2  2 <sup>nd</sup> Friday  Pre-Primary	Cycle 3 30 Day Post Primary	☐ <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election		Cycle 5  2 <sup>nd</sup> Friday  Pre-Election		
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8  2 <sup>nd</sup> Friday Pre-Special Election		☐ Cycle 9  30 Day Post-Special Election			

**Part I – If** this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Statement is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

John Vearling

**Printed Name** 

06/09/2021

Date (DD/MM/YYYY)

Philadelphia, PA

Location (City/State/Country)



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