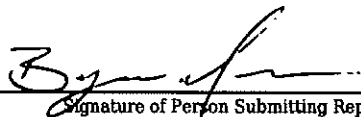


Campaign Finance Report

(Note: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number:	17761117	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.}	LOBBYIST ^{3.}					
Name of Filing Committee, Candidate or Lobbyist: 215 People's Alliance										
Street Address: 5012 KINGSESSING AVE										
City: Philadelphia			State: PA		Zip Code: 19143					
TYPE OF REPORT	6th Tuesday Pre-Primary ^{1.}	2nd Friday Pre-Primary ^{2.}	30 Day Post Primary ^{3.}	Amendment Report?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
	6th Tuesday Pre-Election ^{4.}	2nd Friday Pre-Election ^{5.}	30 Day Post Election ^{6.}	Termination Report?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
Other	Annual Report ^{7.}	YEAR	2021							
Name of Office Sought by Candidate:		DATE OF ELECTION			District Number:					
		MO.	DAY	YEAR	Office Code:					
		5	18	2021	Party Code:					
					County Code: 51					
Summary of Receipts and Expenditures from:		MO.	DAY	YEAR	FOR OFFICE USE ONLY COUNTY BO. OF ELECTIONS 2021 JUL - 6 A 11:52 CITY COMMISSIONERS					
		5	4	2021			To	MO.	DAY	YEAR
		6	7	2021						
A. Amount Brought Forward From Last Report							(¤1,867.17)			
B. Total Monetary Contributions and Receipts (From Schedule I)							¤0.00			
C. Total Funds Available (Sum of Lines A and B)							(¤1,867.17)			
D. Total Expenditures (From Schedule III)							¤2,837.28			
E. Ending Cash Balance (Subtract Line D from Line C)							(¤4,704.45)			
F. Value of In-Kind Contributions Received (From Schedule II)						¤0.00				
G. Unpaid Debts and Obligations (From Schedule IV)						¤0.00				
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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.										
Sworn to and subscribed before me this										
_____ day of _____ 20 _____		 Signature of Person Submitting Report Bryan Mercer Printed Name								
Signature _____		My Commission expires _____		MO. DAY YEAR		215		439-5056		
						Area Code		Daytime Telephone Number		
AFFIDAVIT SECTION										
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 of Person Submitting Report _____ Printed Name								
Signature _____		My Commission expires _____		MO. DAY YEAR		_____		_____		
						Area Code		Daytime Telephone Number		

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

To Whom Paid:		MO.	DAY	YEAR	¤554.69
Kevin Kuriakose		5	15	2021	
Mailing Address:					
924 Cherry Street 5th Floor					
City:	State:	Zip Code (Plus 4):			
Philadelphia	PA	19107			
Description of Expenditure:					
independent expenditure salary for canvass operation in support of Larry Krasner Caroline Turner Wendi Barish Cateria McCabe Nick Kamau Dan Sulman Betsy Wahl Michelle Hangley Chris Hall and Greg Yorgey-Girdy					

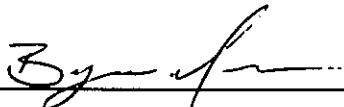


Unsworn Declaration in Lieu of Sworn Statement for Independent Expenditure Reports

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), 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 Independent Expenditure Reports. This form must be signed by hand where a signature is required.**

Name of Person Filing Report				
Bryan Mercer				
Name of Organization (if applicable)				
2151 Peoples Alliance				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input checked="" type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Independent Expenditure Report is true and correct.



 Signature of Filer

 Bryan Mercer

 Printed Name

08/17/2021

 Date (DD/MM/YYYY)

 Philadelphia, PA/USA

 Location (City/State/Country)