

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER 90-0870630		REPORT FILED ON BEHALF OF	CANDIDATE <input type="checkbox"/>	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST <input type="checkbox"/>	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST African Caribbean + Afro-Caribbean Latino Decent PAC						
STREET ADDRESS c/o 1417 S. 58th Street						
CITY Philadelphia Pa 19143		STATE Pa	ZIP CODE 19143			
TYPE OF REPORT (CHECK ONE)	SOURCE OF OFFICE SOURCED BY CANDIDATE		DISTRICT NO.	PARTY		
			51	Non-Party		
6TH TUESDAY PRE-PRIMARY	1	DATES OF REPORTING PERIOD		MO.	DAY	YEAR
2ND FRIDAY PRE-PRIMARY	2	05 01 2021 TO 05 18 2021		05	18	2021
30 DAY POST-PRIMARY	3					
6TH TUESDAY PRE-ELECTION	4					
2ND FRIDAY PRE-ELECTION	5					
30 DAY POST-ELECTION	6					
ANNUAL REPORT	7					
CASH BALANCE AT END OF REPORTING PERIOD: \$ 50.00			TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0			
AMENDMENT REPORT?		YES	NO			
TERMINATION REPORT?		YES	NO			
			FOR OFFICE USE ONLY			
			COUNTY ED. OF ELECTIONS			
			2021 JUN 17 A 11:32			
			CITY COMMISSIONERS			

AFFIDAVIT SECTION

PART I -
 If statement is filed on behalf of a Political Committee or Candidates' Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 09 DAY OF June 2021

Carolina Balazsar Edwards
 SIGNATURE
 MY COMMISSION EXPIRES 06 01 2023
 MO. DAY YR.

Samuel Quarrey
 SIGNATURE OF PERSON SUBMITTING REPORT
 PRINTED NAME
215 471-1407
 AREA CODE DAYTIME TELEPHONE NUMBER

Notary Seal: CAROLINA BALAZSAR EDWARDS - Notary Public, Delaware County, My Commission Expires Jun 1, 2023, Commission Number 1199502

PART II -
 If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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 _____

