

# 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.

<b>Filer Identification Number:</b>	17761131	<b>Report Filed By:</b>	CANDIDATE	1.	<b>COMMITTEE</b>	2.	<b>LOBBYIST</b>	3.				
<b>Name of Filing Committee, Candidate or Lobbyist:</b> Chris DiBiase												
<b>Street Address:</b> 2529 South Watts Street												
<b>City:</b> Philadelphia			<b>State:</b> PA		<b>Zip Code:</b> 19148							
<b>TYPE OF REPORT</b>	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	Yes	X	No		
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	Yes		No	X	
Other	Annual Report	7.	YEAR	2021								
<b>Name of Office Sought by Candidate:</b>			<b>DATE OF ELECTION</b>			<b>District Number:</b>	<b>Office Code:</b>	<b>Party Code:</b>	<b>County Code:</b>			
			MO.	DAY	YEAR				51			
			5	18	2021							
<b>Dates of Reporting Period</b>			MO.	DAY	YEAR	To	MO.	DAY	YEAR	<b>FOR OFFICE USE ONLY</b>		
			5	4	2021		6	7	2021	2021 AUG - 0 PM SEP - 9 CITY COMMISSION UNITY BLDG OF ELPHINSTON		
<b>Cash Balance at End of Reporting Period:</b>						\$150.00						
<b>Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period:</b>						\$0.00						

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidate's 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, to the best of my knowledge and belief, true, correct and complete.  
**Sworn to and subscribed before me this**

3rd	day of	September	20		
Signature			MO.	DAY	YEAR
My Commission expires			08	18	25
Signature			Signature of Person Submitting Report		
Printed Name			Printed Name		
Area Code			Daytime Telephone Number		
			215 500-7200		

**AFFIDAVIT SECTION**

**PART II -**

If statement is filed on behalf of Candidate's Authorized Committee, the 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			Signature of Person Submitting Report		
Printed Name			Printed Name		
Area Code			Daytime Telephone Number		
My Commission expires			MO.	DAY	YEAR