

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:	17761119	Report Filed By:	CANDIDATE ¹	COMMITTEE ²	LOBBYIST ³					
Name of Filing Committee, Candidate or Lobbyist: Free The Ballot! Incarcerated Voter Family Network										
Street Address: 5107 Irving Street										
City: Philadelphia			State: PA		Zip Code: 19139					
TYPE OF REPORT	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3. X	Amendment Report?	Yes	No	X
	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						

Name of Office Sought by Candidate:	DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:
	MO.	DAY	YEAR				
	5	18	2021				

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY		
	5	4	2021	6	7	2021				
A. Amount Brought Forward From Last Report								24,599.24	COUNTY BD. OF ELECTIONS 2021 JUN 16 A 10:27 CITY COMMISSIONERS	
B. Total Monetary Contributions and Receipts (From Schedule I)								0.00		
C. Total Funds Available (Sum of Lines A and B)								24,599.24		
D. Total Expenditures (From Schedule III)								17,068.17		
E. Ending Cash Balance (Subtract Line D from Line C)								7,531.07		
F. Value of In-Kind Contributions Received (From Schedule II)								0.00		
G. Unpaid Debts and Obligations (From Schedule IV)								0.00		

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 _____

My Commission expires MO. DAY YEAR _____

Signature _____
Printed Name: Sean Damon
Area Code: 215 Daytime Telephone Number: 900-2602

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 YEAR _____

Signature _____
Printed Name _____
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




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				
Sean Damon				
<i>(Not for Organizations - Applicable)</i>				
Free The Ballot! Incarcerated Voter Family Network				
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

 Sean Damon

 Printed Name

06/16/2021

 Date (DD/MM/YYYY)

 Philadelphia/PA/USA

 Location (City/State/Country)

