

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:	8300199	Report Filed By:	CANDIDATE ^{1.}	COMMITTEE ^{2.}	LOBBYIST ^{3.}
Name of Filing Committee, Candidate or Lobbyist: HAPCO PAC (HOMEOWNERS ASSN OF PHILA)					
Street Address: 2101 Chestnut St. #1615					
City: Philadelphia		State: PA		Zip Code: 19103	
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: Other		DATE OF ELECTION MO. DAY YEAR 5 18 2021		District Number:	Office Code: OTH Party Code: OTH County Code: 51
Dates of Reporting Period		MO. DAY YEAR 6 7 2021	To	MO. DAY YEAR 6 7 2021	FOR OFFICE USE ONLY
Cash Balance at End of Reporting Period:				≈62,605.88	
Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period:				≈0.00	

JUL 22 PM 4:2
 CITY COMMISSIONER
 CITY OF PHILADELPHIA

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

24 day of June 20 22
 Signature: *[Signature]*

[Signature]
 Signature of Person Submitting Report
 VICTOR H PINCKNEY SR
 Printed Name
 215 684-1684
 Area Code Daytime Telephone Number

My Commission expires 6 30 2022
 MO. DAY YEAR

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

 Area Code Daytime Telephone Number

My Commission expires _____
 MO. DAY YEAR

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

Commission of Pennsylvania Notary Public
 LILIAN M SHAPIRO - Notary Public
 Montgomery County
 My Commission Expires Jun 30, 2022
 Commission Number 1284482

