Commonwealth of Pennsylvania

Campaign Finance Statement

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

Filer Identi Number:	Filer Identification Number:		17760805 Report Filed By:		CANDIDATE		TE	1.	COMMI		TTEE	2.	LOBBYIST		3.		
Name of Filing Committee, Candidate or Lobbyist: Bobbie t curry																	
Street Address:																	
2425 77th ave																	
City: Philadelphia							State: Zip Code: 19150										
TYPE OF REPORT	6th Tuesday Pre-Primary		1. X		2nd Friday Pre-Primary		2. 30 Day Post Prima		nary	3.		Amendment Report?		Yes		No	X
	6th Tuesday Pre-Election		4.		Friday Election	5. 30 Day Post Elec		ction	6.		Termination Report?		Yes		No	X	
Other	Annual F	Annual Report 7. YEAR					2019										
Name of Office Sought by Candidate: City Council									TION YEA 201			Office Code: PH4		Party Code: DEM	Cou Cod		
Dates of Re	П	MO. DAY YI							AY	YEA	AR		OR OFFICE USE O		SF ON	IV	
Period Period	porting	_		1 2019			To	4	1	_	201	_		N OI	TICL C	SE ON	
l 												\neg					
Cash Balance at End of Reporting Period: \$0.00																	
Total Amount of Filer's Outstanding Debts or Liabilities																	
at End of	f Reporti	ng Peri	iod:								\$0.0						
AFFIDAVIT SECTION																	
PART I -		_				A	AFFIL	AVII SE	JION			_		_			
If statement is filed on behalf of a <u>Political Committee or Candidate's Committee</u> , the Treasurer must sign here. If statement is filed on behalf of a <u>Candidate</u> , the Candidate must sign here. If statement is filed on behalf of a <u>Contributing Lobbyist</u> , 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 knwoledge and belief, true, correct and complete. Sworn to and subscribed before me this																	
day of 20																	
	. uay or							Signature of Person Submitting Report									
	Sign	nature								Printed Name							
My Commission expires		MO. DAY			YI	EAR			_	Area Code				Daytime Telephone Number			
AFFIDAVIT SECTION																	
PART II -	Cil 1	1 10 0	2 311		. 1.												
If statement is I swear (or aff 1333, No 320) Sworn to and	irm) that to as amende	the bes	st of my k	nowled						_		ed any p	orovisions	of the A	Act of June	3, 1937 (P.L.
	day of			2	0				_								
										Signature of Person Submitting Report							
My Commissi	on owning	Sign	nature						_				Print	Printed Name			
My Commissi	on expires		MO.	DAY	YI	EAR	_			Ar	Area Code						

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