

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:	17760762	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	LOBBYIST	3.		
Name of Filing Committee, Candidate or Lobbyist: Ward 1 Executive Committee										
Street Address: 611 Mifflin St										
City: Philadelphia			State: PA			Zip Code: 19148				
TYPE OF REPORT	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	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 101	Annual Report	7.	YEAR	2019						
Name of Office Sought by Candidate: Other			DATE OF ELECTION			District Number:	Office Code: OTH	Party Code: DEM	County Code:	
			MO.	DAY	YEAR					
			5	21	2019					
Dates of Reporting Period		MO.	DAY	YEAR	To		MO.	DAY	YEAR	
		4	2	2019			4	21	2019	
<div style="display: flex; justify-content: space-between;"> <div> Cash Balance at End of Reporting Period: Total Amount of Filer's Outstanding Debts or Liabilities at End of Reporting Period: </div> <div style="text-align: right;"> \$1,909.03 \$0.00 </div> </div>										

FOR OFFICE USE ONLY

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

_____ day of _____ 20 _____

Signature of Person Submitting Report

Signature

Printed Name

My Commission expires _____
MO. DAY YEAR

Area Code Daytime Telephone Number

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 of Person Submitting Report

Signature

Printed Name

My Commission expires _____
MO. DAY YEAR

Area Code Daytime Telephone Number