401488

**Campaign Finance Report** 

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat	tion 2018(	0335			Repor	-		CANDI	DATE		СОМИ	MITTEE	✓	LOBE	BYIST	
Number : Name of Filing	Committee, Candida	ate or l	obbvist:		Filed WARD	-				TTEE						
	314 CROSS S		00091001													
Street Address	514 61055 5	1										1				
City:	PHILADELPHIA	Ą						State:	PA			<b>Zip Code:</b> 19147				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE	- 2.		) da Rima		POST-	3.		AMENDMENT REPORT?		Yes	No	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.		) DA ECT	Y F 'ION	POST-	6.		TERMINA REPORT?		Yes	No	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024					IG METHO	METHOD ECK ONE				PAPER VIS		DISKE	TTE
Name of Office	Sought by Candidat						-	DATE O	FELE	СТІО	N	District	Office	Par	ty Code	County
Name of Office	Sought by canalat							мо	DAY	YE	AR	Number	Code			Code
								11		5	2024		(SEE IN	STRUCTIO	ONS FOR (	CODES)
Summary of	Receipts and	мо	DAY	YEAR	1			мо	DAY	Y	AR	FO	R OFFIC	E USE	ONLY	
Expenditure	s from:		1 1	2	024	го		3		4	2024					
A. Amount Bro	ought Forward From	n Last R	eport	•			\$			29,1	170.63					
B. Total Monetary Contributions And Receipts (From Schedule I)     \$     2,066.06																
C. Total Funds Available (Sum Of Lines A and B)									31,2	236.69						
D. Total Expenditures (From Schedule III) \$ 3.16																
E. Ending Casl	h Balance (Subtract	Line D	From Line	C)			\$			31,2	33.53					
F. Value Of In	-Kind Contributions	Receiv	ed (From S	chedu	le II)		\$				0.00					
G. Unpaid Deb	ots And Obligations	(From S	Schedule IV	')			\$				0.00					
								CTION								
	is a Committee repo															<i>.</i> .
I swear (or affirm correct and comp	<ol> <li>that this report, include</li> <li>lete.</li> </ol>	uding the	e attached sc	hedules	s filed or	n paj	per o	or by elect	ronic me	edium	, are to 1	the best of	my know	vledge	and beli	ef, true
Sworn to and sub	scribed before me this day of		20							s	ignature	e of Persor	n Submitt	ing Rep	ort	
	Signatur	re	_			_						Print	ed Name	1		
My Commission E	2											Emai	I			
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber	
Part II- If this is	s a report of a cand	lidate's	authorized	Comm	nittee, (	Can	dida	ate shall	sign he	ere.						
I swear (or affirm No 320) as amend	) that to the best of m led.	ıy knowl	edge and beli	ef this	political	l co	mmi	ttee has n	ot viola	ted an	y provis	ions of the	e act of Ju	ıne 3,19	937 (P.L	. 1333,
Sworn to and subs	cribed before me this										s	ignature o	f Candida	ite		
	day of											Printe	d Name			
My Commission Ex	Signature					_						Emai	1			
The commission Ex																
	мо	D	AY	YR					Area	Code		Da	ytime To	elephon	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** Name of Filing Committee or Candidate **Reporting Period** WARD 1 EXECUTIVE COMMITTEE From: <u>1/1/2024</u> **To:** <u>3/4/2024</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 60.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 60.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 2,000.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 2,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 6.06 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 2,066.06 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

### \$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate					Reporting Period						
F						:					
					DATE			AMOUNT			
Full Name of Contributing Committee			мо	)	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus 4	•)								
							ſ	PAGE TOTAL			

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

\$

0.00

Name of Filing Committee or Candidate         WARD 1 EXECUTIVE COMMITTEE         Full Name of Contributor         Leigh Goldenberg         Mailing Address       1411 S. Franklin         City       Philadelphia       State         Full Name of Contributor       PA         Full Name of Contributor       State         Leigh Goldenberg       PA         Full Name of Contributor       State         Leigh Goldenberg       PA         Full Name of Contributor       PA         City       Philadelphia       State         PA       PA         Full Name of Contributor       PA         Italiang Address       1411 S. Franklin         City       Philadelphia       State         PA       PA	<b>Zip Code (Plus 4)</b> 19147	From:	мо		2024 To YEAR		<u>3/4/2024</u> Amount
Full Name of Contributor         Leigh Goldenberg         Mailing Address       1411 S. Franklin         City       Philadelphia       State         PA         Full Name of Contributor       PA         Leigh Goldenberg       I411 S. Franklin         Gity       Philadelphia       State         Mailing Address       1411 S. Franklin         City       Philadelphia       State         PA       PA         Full Name of Contributor       PA         Full Name of Contributor       PA			мо	DATE			
Leigh Goldenberg Mailing Address 1411 S. Franklin City Philadelphia Full Name of Contributor Leigh Goldenberg Mailing Address 1411 S. Franklin City Philadelphia 1411 S. Franklin  Full Name of Contributor Full Name of Contributor			мо		YEAR		AMOUNT
Leigh Goldenberg Mailing Address 1411 S. Franklin City Philadelphia Full Name of Contributor Leigh Goldenberg Mailing Address 1411 S. Franklin City Philadelphia I411 S. Franklin  Full Name of Contributor Full Name of Contributor				DAY	YEAR		
City     Philadelphia     State       Full Name of Contributor     PA       Leigh Goldenberg     I411 S. Franklin       City     Philadelphia     State       PA     PA			1				
Leigh Goldenberg Mailing Address 1411 S. Franklin City Philadelphia State PA Full Name of Contributor			1	18	2024	\$	5.00
City Philadelphia State PA Full Name of Contributor			мо	DAY	YEAR		
Full Name of Contributor						\$	5.00
	<b>Zip Code (Plus 4)</b> 19147		2	18	2024		
			мо	DAY	YEAR		
Mailing Address       1438 S. 9th St         City       Philadelphia         State       PA	<b>Zip Code (Plus 4)</b> 19147		2	19	2024	\$	25.00
Full Name of Contributor Natasha Cahill			мо	DAY	YEAR		
Mailing Address 1438 S. 9th St						\$	25.00
City Philadelphia State PA	<b>Zip Code (Plus 4)</b> 19147		1	19	2024	-	
Enter Grand Total of Part A on Schedule I,		<b>I</b>					PAGE TOTAL

### PART C Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate Reporting									
WARD 1 EXECUTIVE COMMITTEE From			From:	<u>1/</u>	1/2024	То:	<u>3/4/2024</u>		
				DA	TE		Α	MOUNT	
Full Name of Contributing Committee FRIENDS OF NIKIL SAVAL				мо	DAY	YEAR			
Mailing Address 525 QUEEN STREET							\$	1,000.00	
City PHILADELPHIA	State PA	<b>Zip Code</b> 19147	e (Plus 4)	1	27	2024	1		
Full Name of Contributing Committee Friends of Elizabeth Fiedler				мо	DAY	YEAR			
Mailing Address PO BOX 2468							\$	1,000.00	
City PHILADELPHIA	State PA	<b>Zip Code</b> 19147	e (Plus 4)	2	16	2024	1		
								PAGE TOTAL	
Enter Grand Total of Part C on Schee	ule I, Detailed Sum	nmary Pa	ige, Sectio	n 3.			\$	2,000.00	

### PART D ALL OTHER CONTRIBUTIONS

### OVER \$250.00

### Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Place of City Business				State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

### PART E **OTHER RECEIPTS**

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.** Use this Part to report refunds received, interest earned, returned checks and

### prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate Repo					d			
WARD 1 EXECUTIVE COMMITTI	E		From:		<u>1/1/202</u>	<u>4</u> To:	<u>3/4/2024</u>	
				D	ATE			AMOUNT
<b>Full Name</b> Philadelphia Federal Credit Unio	on			мо	DAY	YEAR		
Mailing Address 12800 Townsend Rd							4	<b>\$</b> 2
City Philadelphia	State PA	<b>Zip Code (Plus 4)</b> 19154		2	29	2024	4	
Receipt Description Saving	s Account Interest Divi	idend						
Full Name Philadelphia Federal Credit Unio	on			мо	DAY	YEAR		
Mailing Address 12800 Town	nsend Rd						4	<b>\$</b> 3
City Philadelphia	State PA	<b>Zip Code (</b> 19154	Plus 4)		31	2024	4	
Receipt Description Saving	s Account Interest Divi	idend					•	
Enter Grand Total of Part E on	Schodulo I. Dotailed		Section	4				PAGE TOTAL
inter Grand Total of Part E On	Schedule 1, Defailed	i Summary Page,	Section	<b>-7</b> .			\$	6.06

### SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

## USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period		
WARD 1 EXECUTIVE COMMITTEE	From:	<u>1/1/2024</u> <b>To:</b>	<u>3/4/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 3		\$	0.00

### SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period						
	From:			То:			
				DATE		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	5	0.00

### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting Period					
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Plac Business				State	Zip Code(Plus Descrij 4)			ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
WARD 1 EXECUTIVE COMMITTEE			From	<u>1/:</u>	<u>1/2024</u>	То:	<u>3/4/2024</u>
				DATE			AMOUNT
<b>To Whom Paid</b> Act Blue			мо	DAY	YEAR		
Mailing Address PO Box 441146			3	1	2024	\$	0.46
City Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	, penditure		
	МА	02144	Act Blue fundraising platform service				ee
<b>To Whom Paid</b> Act Blue			мо	DAY	YEAR		
Mailing Address PO Box 441146			2	1	2024	\$	0.46
City Somerville	State	Zip Code (Plus 4)	Descrip	tion of Exp	, penditure		
MA 02144			Act Blu	e fundraisi	ng platfo	orm service f	ee
<b>To Whom Paid</b> Stripe Inc.			мо	DAY	YEAR		
Mailing Address 354 Oyster Point Bly	vd		2	1	2024	\$	1.12
City South San Francisco	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	СА	94080				ing charge	
<b>To Whom Paid</b> Stripe Inc.			мо	DAY	YEAR		
Mailing Address 354 Oyster Point Bly	vd		3	1	2024	\$	1.12
City South San Francisco	State	Zip Code (Plus 4)	Descrip	tion of Exp	, penditure		
	СА	94080				ing charge	
						PA	GE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item I	).			\$	3.16