

Campaign Finance Report

397996

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

Filer Identificati Number :	on 2018	30335			Rep File			CANDI	NDIDATE CO		COM	ITTEE	√ [LOB	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:	,	WAR	D 1	EXE	CUTIVE C	OMMI	TTE	E						
Street Address:	314 CROSS S	ST															
City:	PHILADELPHI -	A						State:	PA Zip Code: 19147								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- PRIMARY				30 DA		POST-	3.		AMENDMENT Yes REPORT?			No)	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	·.	30 DA		POST-	6.		TERMINATION REPORT?		Yes	No)	/
report type)	ANNUAL REPORT	7. X	Year 2023					NG METHO CHECK O				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-					DATE O	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
	,							МО	DAY	Y	/EAR	Number	Touc			Toous	
								11		7	2023		(SEE IN	STRUCTI	ONS FOR	CODES	5)
	Receipts and	МО	DAY	YEAR				МО	DAY YEAR			FO	R OFFI	CE USE	ONLY		
Expenditures	rom:		11 28	20	023	T	0	1		1	2024						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			29	,338.00						
B. Total Monetary Contributions And Receipts (From Schedule I)						I)	\$				33.13						
C. Total Funds Available (Sum Of Lines A and B)							\$			29	,371.13						
D. Total Expen	ditures (From Sch	edule II	I)				\$				200.50						
E. Ending Cash Balance (Subtract Line D From Line C)						\$			29,	170.63							
F. Value Of In-Kind Contributions Received (From Schedule II))	\$				0.00								
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	/)			\$				0.00						
				AFF	IDA	VI	ΓSE	CTION									
	s a Committee rep	-	_								_						
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached so	hedules	filed	on	paper	or by elect	ronic m	ediui	m, are to t	he best of	my knov	wledge	and beli	ef , tr	ue
Sworn to and subs	cribed before me thi day of	s	20								Signature	of Person	Submit	ting Rep	oort		-
	Signatu	ıre					-					Print	ed Name	<u> </u>			-
My Commission Ex	rpires						_					Emai	I				
	МО	D	AY	YR					Ar	ea Co	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee	e, Ca	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	my knowle	edge and bel	ief this	politi	cal	comm	ittee has n	ot viola	ted a	iny provis	ions of the	act of J	une 3,1	937 (P.I	133	з,
Sworn to and subso	ribed before me this										s	ignature o	f Candid	ate			-
	day of						-					Printe	d Name				-
My Commission Exp	Signature						-					Emai	il				-
,																	_
	МО	D	AY	YR					Area	Code	•	Da	ytime T	elephor	e Numb	er	- [

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period								
WARD 1 EXECUTIVE COMMITTEE	From:	11/28/202	<u>:3</u> To:	<u>1/1/2024</u>					
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor									
TOTAL for the Reporting) Period	(1)	\$	0.00					
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)									
Contributions Received From Political Committees (Part A)			\$	0.00					
All Other Contributions (Part B)				30.00					
TOTAL for the Reporting	Period	(2)	\$	30.00					
3. Contributions Received Over \$250.00 (From Part C and Part D)									
Contributions Received From Political Committees (Part C)			\$	0.00					
All Other Contributions (Part D)			\$	0.00					
TOTAL for the Reporting) Period	(3)	\$	0.00					
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)									
TOTAL for the Reporting	J Period	(4)	\$	3.13					
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	33.13					

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions rece with an aggregate value from \$50.01 to \$2 Name of Filing Committee or Candidate Re										
Name of Filling Committee of Candidate			From:			To:				
		L			DATE			AMOUNT		
Full Name of Contribut	ing Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4))							
	!	I	!		<u> </u>			DAGE TOTAL		

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

PAGE TOTAL
\$ 0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate				Reporting Period					
WARD 1 EXECUTIVE COMMITTEE			Froi	m:	11/28/2	: <u>1/1/2024</u>			
					DATE		AMOUNT		
Full Name of Contributor Leigh Goldenberg				МО	DAY	YEAR			
Mailing Address 1411 S. Franklin				10	10	2022	\$ 5.00		
City Philadelphia	State PA	Zip Code (Plus 4 19147)	12	18	2023			
Full Name of Contributor Natasha Cahill				МО	DAY	YEAR			
Mailing Address 1438 S. 9th St				10	10	2022	\$ 25.00		
City Philadelphia	State PA	Zip Code (Plus 4	•)	12	19	2023			

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

PAGE TOTAL
30.00

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.

ame of Filing Committee or Candidate		Reporting Period						
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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.)

lame of Filing Committee or Candidate		Rep	Reporting Period					
			Fror	m:		То	:	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name		•		Occupat	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL
		, .5.,				4	•	0.00

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	Reporting Period						
WARD 1 EXECUTIVE COMMITTEE	From:	11/28/2023 To:	1/1/2024				

			D	ATE		AMOUNT
Full Name Philadelphia Federal Credit Unior	1		МО	DAY	YEAR	
Mailing Address 12800 Townsend Rd			12	21	2022	\$ 3.1
City Philadelphia	State PA	Zip Code (Plus 4) 19154	12	31	2023	
Receipt Description Savings	Account Interest Divi	dend				
						PAGE TOTAL

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE	IOIAL	
\$	3.13	

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 Per	iod							
WARD 1 EXECUTIVE COMMITTEE	From:	<u>11/28/2023</u> To:	1/1/2024						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)									
TOTAL for the Reporting Pe	eriod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (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,		\$	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			AMOUNT	
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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period							
					Fro	om:		To:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State	Zip Code(P		Plus 4)							
Employer of Contributor Occupation							tion				
Employer Mailing Address/Principal Place of Business		City		State	Zip C 4)		Code(Plus Descripti		ption	tion of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 0.00				

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
WARD 1 EXECUTIVE COMMITTEE				<u>11/28/2023</u> To:			1/1/2024			
				DATE			AMOUNT			
To Whom Paid The Dandelion Project			МО	DAY	YEAR					
Mailing Address 1415 S 9th st				22	2023	\$	200.00			
City Philadelphia	State PA	Zip Code (Plus 4) 19147	Description of Expenditure Rental Space for Ward Retreat							
To Whom Paid	I		МО	DAY	YEAR					

To Whom Paid Vantiv E-Commerce				МО	DAY	YEAR			
Mailing Address 8500 Governors Hill Drive				12	11	2023	\$	0.50	
City 5	Symmes Townshi	State OH	Zip Code (Plus 4) 45249	Description of Expenditure Online Credit card Processing charge					

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 200.50