Commonwealth of Pennsylvania

# Campaign Finance Report

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



| Filer Identification Number: | 2015268 | Report Filed By: | CANDIDATE | 1. | COMMITTEE | 2. X | LOBBYIST | 3. |
|---|---|---|---|---|---|---|---|---|

Name of Filing Committee, Candidate or Lobbyist:
BELLEVUE STRATEGIES PAC

Street Address:
200 S. BROAD STREET 200 S. BROAD STREET

| City: | State: | Zip Code: |
|---|---|---|
| PHILADELPHIA | PA | 19102-3814 |

**TYPE OF REPORT**

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6th Tuesday Pre-Primary | 1. X | 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 | X | NO | |
| Annual Report | 7. | YEAR | 2016 | | | | | | | |

| Name of Office Sought by Candidate: | DATE OF ELECTION MO. | DAY | YEAR | District Number: | Office Code: | Party Code: | County Code: |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

**Summary of Receipts and Expenditures from:** MO. DAY YEAR To MO. DAY YEAR

| | |
|---|---|
| A. Amount Brought Forward From Last Report | $ 526.00 |
| B. Total Monetary Contributions and Receipts (From Schedule I) | $ – |
| C. Total Funds Available (Sum of Lines A and B) | $ 526.00 |
| D. Total Expenditures (From Schedule III) | $ 526.00 |
| E. Ending Cash Balance (Subtract Line D from Line C) | $ – |
| F. Value of In-Kind Contributions Received (From Schedule II) | $ – |
| G. Unpaid Debts and Obligations (From Schedule IV) | $ – |

**FOR OFFICE USE ONLY**

## AFFIDAVIT SECTION

PART I - If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are 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

PART II - If this is a report of a **Candidate's Authorized Committee**, candidate shall 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 Candidate

Signature

Printed Name

My commission expires _____ MO. DAY YEAR

Area Code Daytime Telephone Number

SCHEDULE I

# Contributions And Receipts

**Detailed Summary Page**

| Name of Filing Committee or Candidate | Reporting Period |
|---|---|
| BELLEVUE STRATEGIES PAC | From _____ To _____ |

| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - $50.00 OR LESS PER CONTRIBUTOR | |
|---|---|
| TOTAL for the Reporting Period (1) | $ – |

| 2. CONTRIBUTIONS $50.01 TO $250.00 (FROM PART A AND PART B) | |
|---|---|
| Contributions Received from Political Committees (Part A) | $ – |
| All Other Contributions (Part B) | $ – |
| TOTAL for the Reporting Period (2) | $ 0 |

| 3. CONTRIBUTIONS OVER $250.00 (FROM PART C AND PART D) | |
|---|---|
| Contributions Received from Political Committees (Part C) | $ – |
| All Other Contributions (Part D) | $ – |
| TOTAL for the Reporting Period (3) | $ 0 |

| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E) | |
|---|---|
| TOTAL for the Reporting Period (4) | $ – |

| | |
|---|---|
| **TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD** (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.) | $ 0 |

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 Committe or Candidate | Reporting Period |
|---|---|
| BELLEVUE STRATEGIES PAC | From _____ To _____ |

| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.00 OR LESS PER CONTRIBUTOR | |
|---|---|
| TOTAL for the Reporting Period (1) | $ – |

| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF $50.01 TO $250.00 (FROM PART F) | |
|---|---|
| TOTAL for the Reporting Period (2) | $ – |

| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER $250 (FROM PART G) | |
|---|---|
| TOTAL for the Reporting Period (3) | $ – |

| | |
|---|---|
| **TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD** (Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page, Item F. | $ 0 |

SCHEDULE III

# Statement Of Expenditures

| Name of Filing Committe or Candidate | Reporting Period |
|---|---|
| BELLEVUE STRATEGIES PAC | From _____ To _____ |

| To Whom Paid | MO. | DAY | YEAR | |
|---|---|---|---|---|
| Friends of Tonyelle Cook Artis | 1 | 21 | 2016 | $ 250.00 |

| Mailing Address | | |
|---|---|---|
| P.O. Box 27363 | | |
| City: Philadelphia | State: PA | Zip Code (Plus 4): 19118 |
| Description of Expenditure: Contribution | | |

| To Whom Paid | MO. | DAY | YEAR | |
|---|---|---|---|---|
| Mustafa Rashed | 3 | 6 | 2016 | $ 276.00 |

| Mailing Address | | |
|---|---|---|
| 200 S Broad Street Suite 410 | | |
| City: Philadelphia | State: PA | Zip Code (Plus 4): 19102 |
| Description of Expenditure: Returned Contribution from Residual Fund | | |

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

Schedule III Total $ 526.00