

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:	9500165	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	X	LOBBYIST	3.
-------------------------------------	---------	-------------------------	-----------	----	------------------	----	---	-----------------	----

Name of Filing Committee, Candidate or Lobbyist:
Public Service PAC

Street Address:
Siena Place Siena Place

City: Philadelphia	State: PA	Zip Code: 19145-5540
-----------------------	--------------	-------------------------

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		NO	X
	Annual Report	7.		YEAR	2016									

Name of Office Sought by Candidate:	DATE OF ELECTION			District Number:	Office Code:	Party Code:	County Code:
	MO.	DAY	YEAR				51

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
A. Amount Brought Forward From Last Report								\$ 29,038.86	
B. Total Monetary Contributions and Receipts (From Schedule I)								\$ -	
C. Total Funds Available (Sum of Lines A and B)								\$ 29,038.86	
D. Total Expenditures (From Schedule III)								\$ 328.98	
E. Ending Cash Balance (Subtract Line D from Line C)								\$ 28,709.88	
F. Value of In-Kind Contributions Received (From Schedule II)								\$ -	
G. Unpaid Debts and Obligations (From Schedule IV)								\$ -	

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		Signature of Person Submitting Report
My commission expires _____		Printed Name
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		Signature of Candidate
My commission expires _____		Printed Name
MO. DAY YEAR		Area Code _____ Daytime Telephone Number _____

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate Public Service PAC	Reporting Period 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 Committee or Candidate Public Service PAC	Reporting Period 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 Committee or Candidate Public Service PAC			Reporting Period From _____ To _____			
To Whom Paid Notaries Equipment Company			MO.	DAY	YEAR	\$ 73.76
			1	21	2016	
Mailing Address 2021 Arch Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19103			
Description of Expenditure notary equipment						
To Whom Paid City of Philadelphia			MO.	DAY	YEAR	\$ 105.50
			1	21	2016	
Mailing Address Recorder of Deeds 111 City Hall						
City Philadelphia		State PA	Zip Code (Plus 4) 19107			
Description of Expenditure notary fee						
To Whom Paid Verizon			MO.	DAY	YEAR	\$ 74.86
			2	9	2016	
Mailing Address PO Box 25505						
City Lehigh Valley		State PA	Zip Code (Plus 4) 18002			
Description of Expenditure utility						
To Whom Paid Verizon			MO.	DAY	YEAR	\$ 74.86
			2	29	2016	
Mailing Address PO Box 25505						
City Lehigh Valley		State PA	Zip Code (Plus 4) 18002			
Description of Expenditure utility						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						Schedule III Total \$ 328.98

