

# Campaign Finance Report

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

<b>Filer Identification Number:</b>	1776078	<b>Report Filed By:</b>	CANDIDATE	1.	<b>COMMITTEE</b>	2.	X	<b>LOBBYIST</b>	3.
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Name of Filing Committee, Candidate or Lobbyist:  
Friends of Maria

Street Address:  
P.O. Box 60811

City: Philadelphia	State: PA	Zip Code: 19133
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<b>TYPE OF REPORT</b>	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	X	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: City Council Member, City of Philadelphia	<b>DATE OF ELECTION</b>	District Number:	Office Code:	Party Code:	County Code:
	MO. DAY YEAR	7th	PH4	DEM	51

<b>Summary of Receipts and Expenditures from:</b>	MO.	DAY	YEAR	To	MO.	DAY	YEAR	<b>FOR OFFICE USE ONLY</b>	
A. Amount Brought Forward From Last Report								\$ 4,459.26	
B. Total Monetary Contributions and Receipts (From Schedule I)								\$ 2,818.96	
C. Total Funds Available (Sum of Lines A and B)								\$ 7,278.22	
D. Total Expenditures (From Schedule III)								\$ 6,861.75	
E. Ending Cash Balance (Subtract Line D from Line C)								\$ 416.47	
F. Value of In-Kind Contributions Received (From Schedule II)								\$ -	
G. Unpaid Debts and Obligations (From Schedule IV)								\$ 4,979.15	

**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 Friends of Maria	Reporting Period From _____ To _____
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<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ -

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ -
All Other Contributions (Part B)	\$ 125.00
TOTAL for the Reporting Period (2)	\$ 125.00

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ 500.00
All Other Contributions (Part D)	\$ -
TOTAL for the Reporting Period (3)	\$ 500.00

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period (4)	\$ 2,193.96

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 2,818.96
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## Part B

**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 Friends of Maria			Reporting Period From _____ To _____			
Full Name of Contributor Jesse Roman			MO. 4	DAY 21	YEAR 2016	\$ 25.00
Mailing Address 8809 E Roosevelt Blvd						
City Philadelphia	State PA	Zip Code (Plus 4) 19152				
Full Name of Contributor William E Hart			MO. 4	DAY 21	YEAR 2016	\$ 100.00
Mailing Address						
City Philadelphia	State PA	Zip Code (Plus 4)				
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.						<b>Part B Total</b> \$ 125.00

## 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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate Friends of Maria		Reporting Period From _____ To _____			
Full Name of Contributing Committee Unite Here Tip Campaign Committee		MO. 2	DAY 24	YEAR 2016	\$ 500.00
Mailing Address 275 7th Ave, 11th Fl					
City New York	State NY	Zip Code (Plus 4) 10001			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.					<b>Part C Total</b> \$ 500.00

## 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 Friends of Maria			Reporting Period From _____ To _____			
Full Name Refund Cancelled			MO. 5	DAY 16	YEAR 2016	\$ 2,193.96
Mailing Address						
City Philadelphia		State PA	Zip Code (Plus 4)			
Receipt Description Cancelled Transactions						
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.						<b>Part E Total</b> \$ 2,193.96

## 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 Friends of Maria	Reporting Period From _____ To _____
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**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the Reporting Period (1)	\$ -
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**2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)**

TOTAL for the Reporting Period (2)	\$ -
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**3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)**

TOTAL for the Reporting Period (3)	\$ -
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<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page, Item F.	\$ 0
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## SCHEDULE III

## Statement Of Expenditures

Name of Filing Committee or Candidate Friends of Maria			Reporting Period From _____ To _____			
To Whom Paid Ampersand Consulting			MO. 1	DAY 8	YEAR 2016	\$ 1,000.00
Mailing Address 3445 Butler St Ste 101						
City Pittsburgh	State PA	Zip Code (Plus 4) 15201				
Description of Expenditure Consulting Fee						
To Whom Paid BestWay Foods			MO. 1	DAY 8	YEAR 2016	\$ 1,000.00
Mailing Address 842 E Lycoming St						
City Philadelphia	State PA	Zip Code (Plus 4) 19124				
Description of Expenditure Rent						
To Whom Paid Quetcy Lozada			MO. 1	DAY 12	YEAR 2016	\$ 130.15
Mailing Address 4323 Palmetto Street						
City Philadelphia	State PA	Zip Code (Plus 4) 19124				
Description of Expenditure Reimbursement						
To Whom Paid Carlos Rendon			MO. 1	DAY 12	YEAR 2016	\$ 164.76
Mailing Address 3643 Jasper St						
City Philadelphia	State PA	Zip Code (Plus 4) 19134				
Description of Expenditure Reimbursement						
To Whom Paid Maria Quinones Sanchez			MO. 1	DAY 12	YEAR 2016	\$ 800.00
Mailing Address 2253 North Howard Street						
City Philadelphia	State PA	Zip Code (Plus 4) 19133				
Description of Expenditure Reimbursement						
To Whom Paid Card Services			MO. 1	DAY 12	YEAR 2016	\$ 800.00
Mailing Address PO Box 13337						
City Philadelphia	State PA	Zip Code (Plus 4) 19101				
Description of Expenditure						

## SCHEDULE III

## Statement Of Expenditures

Name of Filing Committee or Candidate Friends of Maria			Reporting Period From _____ To _____			
To Whom Paid Women For Change			MO. 4	DAY 6	YEAR 2016	\$ 150.00
Mailing Address 7900 Lindbergh Blvd, #3200						
City Philadelphia	State PA	Zip Code (Plus 4) 19153				
Description of Expenditure Women 4 Change Reception						
To Whom Paid TD Bank			MO. 3	DAY 1	YEAR 2016	\$ 260.00
Mailing Address 217 West Lehigh Avenue						
City Philadelphia	State PA	Zip Code (Plus 4) 19133				
Description of Expenditure Petty Cash						
To Whom Paid Samed Food Corp			MO. 1	DAY 4	YEAR 2016	\$ 94.09
Mailing Address						
City Philadelphia	State PA	Zip Code (Plus 4)				
Description of Expenditure Staff Event???						
To Whom Paid Sprint			MO. 2	DAY 4	YEAR 2016	\$ 616.07
Mailing Address P.O. Box 4181						
City Carol Stream	State IL	Zip Code (Plus 4) 60197				
Description of Expenditure Cellphone						
To Whom Paid Sprint			MO. 3	DAY 4	YEAR 2016	\$ 169.00
Mailing Address P.O. Box 4181						
City Carol Stream	State IL	Zip Code (Plus 4) 60197				
Description of Expenditure Cellphone						
To Whom Paid Sprint			MO. 3	DAY 30	YEAR 2016	\$ 628.37
Mailing Address P.O. Box 4181						
City Carol Stream	State IL	Zip Code (Plus 4) 60197				
Description of Expenditure Cellphone						

## SCHEDULE III

## Statement Of Expenditures

Name of Filing Committee or Candidate Friends of Maria		Reporting Period From _____ To _____			
To Whom Paid Primo Hoagies		MO. 4	DAY 22	YEAR 2016	\$ 59.60
Mailing Address 1501 E Susquehanna					
City Philadelphia	State PA	Zip Code (Plus 4) 19125			
Description of Expenditure Meeting Expense					
To Whom Paid Marriot NY		MO. 4	DAY 25	YEAR 2016	\$ 417.40
Mailing Address					
City New York	State NY	Zip Code (Plus 4)			
Description of Expenditure Meeting Expense					
To Whom Paid Amtrak		MO. 4	DAY 25	YEAR 2016	\$ 140.00
Mailing Address Penn Station					
City New York	State NY	Zip Code (Plus 4)			
Description of Expenditure Travel Expense					
To Whom Paid PrimeOne		MO. 4	DAY 25	YEAR 2016	\$ 107.00
Mailing Address					
City New York	State NY	Zip Code (Plus 4)			
Description of Expenditure Meeting expense					
To Whom Paid MTA		MO. 4	DAY 25	YEAR 2016	\$ 3.00
Mailing Address 42 St Port					
City New York	State NY	Zip Code (Plus 4)			
Description of Expenditure Travel Expense					
To Whom Paid MTA		MO. 4	DAY 25	YEAR 2016	\$ 3.00
Mailing Address 111 Wall St					
City New York	State NY	Zip Code (Plus 4)			
Description of Expenditure Travel Expense					

## SCHEDULE III

## Statement Of Expenditures

Name of Filing Committee or Candidate Friends of Maria			Reporting Period From _____ To _____			
To Whom Paid Primo Hoagies			MO. 4	DAY 29	YEAR 2016	\$ 100.86
Mailing Address 1501 E Susquehanna						
City Philadelphia	State PA	Zip Code (Plus 4) 19125				
Description of Expenditure Meeting Expense						
To Whom Paid United States Postal Service			MO. 5	DAY 16	YEAR 2016	\$ 47.00
Mailing Address Fairhill Station						
City Philadelphia	State PA	Zip Code (Plus 4) 19133				
Description of Expenditure Women Empowerment Brunch Mailing						
To Whom Paid Courtyard by Marriott			MO. 5	DAY 12	YEAR 2016	\$ 51.00
Mailing Address 21 N Juniper St.						
City Philadelphia	State PA	Zip Code (Plus 4) 19107				
Description of Expenditure Meeting Expense						
To Whom Paid Wine Spirits			MO. 5	DAY 9	YEAR 2016	\$ 87.42
Mailing Address 180 W Girard Ave						
City Philadelphia	State PA	Zip Code (Plus 4) 19123				
Description of Expenditure Mari Carmen Aponte Reception						
To Whom Paid Staples			MO. 5	DAY 11	YEAR 2016	\$ 33.03
Mailing Address Chestnut St						
City Philadelphia	State PA	Zip Code (Plus 4)				
Description of Expenditure Women Empowerment Brunch Printing						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						<b>Schedule III Total</b> \$ 6,861.75

## SCHEDULE IV

**Statement Of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations  
which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate Friends of Maria				Reporting Period From _____ To _____		
Name of Creditor Maria Quinones Sanchez					Outstanding Balance of Debt \$ 4,979.15	
Mailing Address 2253 North Howard Street			Date Debt Incurred	MO.	DAY	YEAR
City Philadelphia				State PA	Zip Code (Plus 4) 19133	1
Description of Debt Reimbursement Carryover						
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						Schedule IV Total \$ 4,979.15