

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:	2015346	Report Filed By:	CANDIDATE	1.	COMMITTEE	2.	X	LOBBYIST	3.
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Name of Filing Committee, Candidate or Lobbyist:
 Friends of Isabella Fitzgerald

Street Address:
 P.O. Box 6580

City: Philadelphia	State: PA	Zip Code: 19138
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TYPE OF REPORT	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:	DATE OF ELECTION			District Number:	Office Code:	Party Code: DEM	County Code:
	MO.	DAY	YEAR				

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
A. Amount Brought Forward From Last Report								\$ 12,719.98
B. Total Monetary Contributions and Receipts (From Schedule I)								\$ 2,450.00
C. Total Funds Available (Sum of Lines A and B)								\$ 15,169.98
D. Total Expenditures (From Schedule III)								\$ 6,857.95
E. Ending Cash Balance (Subtract Line D from Line C)								\$ 8,312.03
F. Value of In-Kind Contributions Received (From Schedule II)								\$ -
G. Unpaid Debts and Obligations (From Schedule IV)								\$ 1,000.00

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 _____ MO. DAY YEAR		_____ Printed Name
		_____ 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 _____ MO. DAY YEAR		_____ Printed Name
		_____ Area Code Daytime Telephone Number

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate Friends of Isabella Fitzgerald	Reporting Period From _____ To _____
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 150.00

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 200.00
All Other Contributions (Part B)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 300.00

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 1,000.00
TOTAL for the Reporting Period (3)	\$ 2,000.00

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.)	\$ 2,450.00
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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 Friends of Isabella Fitzgerald		Reporting Period From _____ To _____			
Full Name of Contributing Committee CAMPAIGN FOR COMPASSION		MO. 4	DAY 17	YEAR 2016	\$ 200.00
Mailing Address 6800 STENTON AVE					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19150			
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.				Part A Total	\$ 200.00

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 Isabella Fitzgerald		Reporting Period From _____ To _____			
Full Name of Contributor DIANE BRANCH-JONES/AUBREY JONES		MO. 4	DAY 17	YEAR 2016	\$ 100.00
Mailing Address 7762 GREEN VALLEY RD					
City WYNCOTE	State PA	Zip Code (Plus 4) 19095			
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.				Part B Total	\$ 100.00

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 Isabella Fitzgerald		Reporting Period From _____ To _____			
Full Name of Contributing Committee TEAMSTERS UNION LOCAL 115		MO. 5	DAY 9	YEAR 2016	\$ 1,000.00
Mailing Address 2833 COTTMAN AVE					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149			
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.				Part C Total	\$ 1,000.00

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 Friends of Isabella Fitzgerald		Reporting Period From _____ To _____			
Full Name of Contributor MOHAMED ELEBAH		MO. 4	DAY 21	YEAR 2016	\$ 500.00
Mailing Address 2457 N 54TH STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19131			
Employer Name SELINA, INC		Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business 2457 N 54TH STREET, PHILADELPHIA, PA 19131					
Full Name of Contributor KEN YOUNGBLOOD		MO. 4	DAY 25	YEAR 2016	\$ 500.00
Mailing Address P.O. BOX 88					
City SOUTHEASTERN	State PA	Zip Code (Plus 4) 19399			
Employer Name KLS ENTERPRISES		Occupation PRESIDENT			
Employer Mailing Address/Principal Place of Business P.O. BOX 88, SOUTHEASTERN, PA 19399					
Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.				Part D Total	\$ 1,000.00

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

Statement Of Expenditures

Name of Filing Committee or Candidate Friends of Isabella Fitzgerald			Reporting Period From _____ To _____			
To Whom Paid GLENN SIMMONS			MO. 4	DAY 15	YEAR 2016	\$ 240.00
Mailing Address 235 LINDEN AVE						
City NORTH HILLS	State PA	Zip Code (Plus 4) 19038				
Description of Expenditure CAMPAIGN OFFICE CLEANING						
To Whom Paid Fannie Blakely			MO. 4	DAY 17	YEAR 2016	\$ 267.13
Mailing Address 1976 Penfield St						
City Phila	State PA	Zip Code (Plus 4) 19138				
Description of Expenditure REIMBURSEMENT FOR CAMPAIGN OFFICE SUPPLIES						
To Whom Paid 61ST DEMOCRATIC WARD COMMITTEE			MO. 4	DAY 1	YEAR 2016	\$ 1,000.00
Mailing Address P.O. BOX 49159						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19141				
Description of Expenditure CAMPAIGN DONATION						
To Whom Paid 35TH DEMOCRATIC WARD COMMITTEE			MO. 4	DAY 18	YEAR 2016	\$ 650.00
Mailing Address 620 E ALLENGROVE STREET						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19120				
Description of Expenditure CAMPAIGN DONATION						
To Whom Paid Fannie Blakely			MO. 4	DAY 18	YEAR 2016	\$ 190.82
Mailing Address 1976 Penfield St						
City Phila	State PA	Zip Code (Plus 4) 19138				
Description of Expenditure REIMBURSEMENT FOR CAMPAIGN OFFICE MOBILE PHONES (4)						
To Whom Paid RELISH			MO. 4	DAY 20	YEAR 2016	\$ 2,294.00
Mailing Address 7152 Ogontz Ave						
City Philadelphia	State PA	Zip Code (Plus 4) 19138				
Description of Expenditure CAMPAIGN ELECTION DAY LUNCHEON						

SCHEDULE III

Statement Of Expenditures

Name of Filing Committee or Candidate Friends of Isabella Fitzgerald			Reporting Period From _____ To _____			
To Whom Paid SHOP RITE			MO. 4	DAY 22	YEAR 2016	\$ 1,116.00
Mailing Address 2385 CHELTENHAM AVE						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19150				
Description of Expenditure CAMPAIGN LUNCH FOR WORKERS						
To Whom Paid 10TH WARD DEMOCRATIC COMMITTEE			MO. 4	DAY 22	YEAR 2016	\$ 1,100.00
Mailing Address P.O. BOX 6583						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19138				
Description of Expenditure CAMPAIGN DONATION						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					Schedule III Total \$ 6,857.95	

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 Isabella Fitzgerald				Reporting Period From _____ To _____			
Name of Creditor Isabella Fitzgerald					Outstanding Balance of Debt \$ 1,000.00		
Mailing Address 1961 Penfield St			Date Debt Incurred	MO.	DAY	YEAR	
City Philadelphia				State PA	Zip Code (Plus 4) 19138	12	31
Description of Debt LOAN TO FRIENDS OF ISABELLA FITZGERALD							
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						Schedule IV Total \$ 1,000.00	