

Commonwealth of Pennsylvania
Campaign Finance Statement

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

Filer Identification Number:	▶ 2000103	Report Filed On Behalf of	▶	CANDIDATE 1.	COMMITTEE 2. X	LOBBYIST 3.
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Name of Filing Committee, Candidate or Lobbyist:
SOCIETY HILL TOWERS COMMUNITY PAC

Street Address:
285 ST JAMES PL

City: PHILADELPHIA	State: PA	Zip Code: 19106
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TYPE OF REPORT (Check One)	Name of Office Sought by Candidate:	District No.	Party	DATE OF ELECTION		
				MO.	DAY	YEAR
6th Tuesday Pre-Primary 1.				0	0	0
2nd Friday Pre-Primary 2.						
30 Day Post Primary 3.						
6th Tuesday Pre-Election 4.						
2nd Friday Pre-Election 5.						
30 Day Post Election 6. X						
Annual Report 7.						

Dates Of Reporting Period	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Cash Balance At End Of Reporting Period:</td> <td style="width: 40%; text-align: right;">\$ 15,965.41</td> </tr> <tr> <td>Total Amount of Filer's Outstanding Debts or Liabilities At End Of Reporting Period:</td> <td style="text-align: right;">\$ -</td> </tr> </table>								Cash Balance At End Of Reporting Period:	\$ 15,965.41	Total Amount of Filer's Outstanding Debts or Liabilities At End Of Reporting Period:	\$ -
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Total Amount of Filer's Outstanding Debts or Liabilities At End Of Reporting Period:	\$ -										

Amendment Report?	YES		NO	X
Termination Report?	YES		NO	X

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I swear (or affirm) that the aggregate receipts or disbursements or liabilities incurred during the reporting period indicated above did not exceed two hundred and fifty dollars (\$250.00) and this report is, 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 statement is filed on behalf of Candidate's Authorized Committee, the Candidate must 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