### **Campaign Finance Report**

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

Filer Identificati Number :	on 810	0155			Report		CANDI	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:	D	IST C	OUNC	IL 47 PA	С								_
Street Address:	1606 WALNU	JT STREE	ΞT													
City:	PHILADELPH:	IA					State:	PA			Zip Cod	le: 19	9103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2. <b>X</b>	30 DA		POST-	3.		AMENDM REPORT		Yes	No	~	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY F ELECTION	RE-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	*	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2012				NG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ate:	•				DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code	,
							МО	DAY	YE	AR	Number	code			Couc	
							11		6	2012		(SEE IN	STRUCTI	ONS FOR C	ODES)	_
	Receipts and	МО	DAY YE	AR			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		3 6	20	12 <b>T</b>	0	4		9	2012						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$			7,0	10.04						
B. Total Monet	ary Contributions	And Rec	eipts (From Sc	hed	ule I)	\$				0.02						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			7,0	10.06						
D. Total Expend	ditures (From Scl	nedule II	I)			\$			1,2	48.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)			\$			5,7	62.06						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dule	e II)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00						
			Al	FI	DAVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. If	this is	a Car	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	cluding the	e attached schedu	les f	filed on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	Э,
Sworn to and subs	cribed before me th day of	is	20						s	ignature	of Perso	n Submit	ting Rep	ort		•
	Signat	ure				- -					Prin	ted Name	e			-
My Commission Ex	cpires					_					Ema	il				.
	мо	D	AY	/R				Ar	ea Cod	e	Daytim	e Telepl	none Nu	mber		
Part II- If this is	a report of a car	didate's	authorized Cor	nmi	ittee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief t	his p	olitical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this day of	<b>i</b>	20							s	ignature o	of Candid	ate			۱ ٔ
	<u> </u>					_					Printe	d Name				.
My Commission Eve	Signature					-					Ema	il				.
My Commission Exp						_										
	МО	D	AY	YR				Area	Code		Da	aytime T	elephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
DIST COUNCIL 47 PAC	From:	3/6/201	<u>2</u> To:	4/9/2012
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	0.00
TOTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.02
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.02

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2		) in the			
Nume of Fining Comm	intec of cumulate			om:	renou	То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	<b>!</b>	<b>I</b>			<u> </u>			DAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

### 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	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		To	o:	
			•		DATE		1	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$**0.00

#### **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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

## 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 Candi	date			Rep	orting Pe	eriod			
				Fron	n:		To	<b>)</b> :	
			_		D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•				Occupa	tion	•	•	
Employer Mailing Address/Principa Business	l Place of		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on	Schedule I, Deta	iled Sumr	mary Page,	Section	on 3.			F \$	PAGE TOTAL 0.00

## 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		Repor	ting Perio	od			
DIST COUNCIL 47 PAC		From:		3/6/201	<u>2</u> To:	4/9/2012	
			D	ATE		AMOUNT	
Full Name			мо	DAY	YEAR		
CITIZEN BANKS			MO	DAT	ILAK		
Mailing Address 1477 WALNUT STRE	ΈΤ			_		\$ (	0.02
City PHILADELPHIA	State	Zip Code (Plus 4)	] 1	3	2012		

19102

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

JAN 2012 INTEREST

**Receipt Description** 

PA

**PAGE TOTAL \$** 0.02

#### **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	Reporting Period		
DIST COUNCIL 47 PAC	From:	3/6/2012 <b>To:</b>	4/9/2012
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,	•	\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>\$</b>	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

### **SCHEDULE III STATEMENT OF EXPENDITURES**

Name of Filing Committee or Co	andidate		Reporti	ng Period			
DIST COUNCIL 47 PAC			From	<u>3/0</u>	5/2012	То:	4/9/2012
				DATE			AMOUNT
To Whom Paid COMMITTEE TO RE ELECT JOHI	N TAYLOR		мо	DAY	YEAR		
Mailing Address 1705 LOCUS	ST STREET SUITE 100		1	25	2012	\$	140.00
City PHILADELPHIA	State PA	<b>Zip Code (Plus 4)</b> 19107	<b>Descrip</b> FUNDR	ption of Exp	penditure		
To Whom Paid COMMITTEE TO RE ELECT JOHI	N P. SABATINA, JR.		МО	DAY	YEAR		
7720 CASTER AVE SECOND FLOOR				21	2012	\$	300.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19152	<b>Descri</b> FUNDR	ption of Exp	penditure		
<b>To Whom Paid</b> FRIENDS OF KEVIN BOYLE	•		МО	DAY	YEAR		
Mailing Address 8035 BURH	OLME AVENUE		3	8	2012	\$	250.00
City PHILADELPHIA	State PA	<b>Zip Code (Plus 4)</b> 19111	<b>Descri</b> FUNDR	ption of Exp	penditure		
To Whom Paid PENNSYLVANIANS FRO REPRES	SENTATIVE COHEN		мо	DAY	YEAR		
Mailing Address 105 CLIFFW	OOD ROAD		3	8	2012	\$	500.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19115	<b>Descri</b> FUNDR	ption of Exp	penditure	<u>.</u>	
<b>To Whom Paid</b> JOE KAISER		<u> </u>	МО	DAY	YEAR		
Mailing Address 14016 FARA	ADAY STREET		3	8	2012	<u> </u>	33.00

Zip Code (Plus 4)

19116

City

PHILADELPHIA

State

PΑ

**Description of Expenditure** 

REIMBURSEMENT / GAS

							TAGE 12
To Whom Paid CHARLES DONALDSON			мо	DAY	YEAR		
Mailing Address 6559 N. 18TH STREET			3	12	2012	\$	25.00
<b>City</b> PHILA	State PA	<b>Zip Code (Plus 4)</b> 19126	Description of Expenditure REIMBURSEMENT / GAS				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	<b>PAGE TOTAL</b> 1,248.00