Campaign Finance Report

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

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Filer Identificat Number :	ion	81001	155			Report Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST		
Name of Filing (Committee, Ca	andida	ite or Lo	obbyist:		DISTRIC	ст со	UNCIL 4	7								
Street Address:	PO BOX	28566	5														
City:	PHILADE	LPHIA	۱.					State:	PA			Zip Co	de: 19	149			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1. X	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST-	3.		AMENDN REPORT		Yes	No	D N	
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FRIDA ELECTION	Y PRE	≣- 5.	30 DA ELECT		POST-	6.		TERMIN REPORT		Yes	No	D I	
report type)	ANNUAL REF	PORT	7.	Year 2014				IG METHO CHECK O				PAPER		\checkmark	DISKI	ETTE	
Name of Office	 Sought by Car	ndidat	e:					DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Count Code	y
			MDLV					мо	DAY	YE	AR	2	STS	DEN	1	51	
SENATOR IN T	HE GENERAL	ASSE	MBLY					11		4	2014		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of		nd	мо	DAY	YEAR	2		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:			1 1	2	014 T	0	3	3	81	2014						
A. Amount Bro	ught Forward	l From	Last Ro	eport			\$			22,4	147.00						
B. Total Monet	ary Contribut	ions A	nd Rece	eipts (Fron	n Sche	dule I)	\$				0.00						
C. Total Funds	Available (Su	ım Of	Lines A	and B)			\$			22,4	147.00						
D. Total Expen	ditures (From	n Sche	dule III	[)			\$			2,3	310.00						
E. Ending Cash	Balance (Sul	btract	Line D	From Line	C)		\$			20,1	37.00						
F. Value Of In-	Kind Contribu	utions	Receive	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Deb	ts And Obliga	tions ((From S	chedule IV	()		\$				0.00						
					AFF	IDAVI	T SE	CTION									
PART I - If this i		•	•						•								l
I swear (or affirm correct and compl		rt, inclu	iding the	attached sc	hedule	s filed on	paper	or by elect	ronic me	dium	, are to f	the best o	f my know	vledge	and bel	ief , tru	э,
Sworn to and subs	scribed before n day of	ne this		20						s	ignature	e of Perso	n Submitt	ing Rep	ort		-
							-					Prin	ted Name				-
My Commission E		gnatur	e									Ema	il				•
	мо		DA	Y	YR		-		Are	a Cod	le		ne Telepho	one Nu	mber		·
Part II- If this is	a report of a	cand	idate's a	authorized	Comm	nittee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amend		st of m	y knowle	dge and beli	ief this	political	comm	ittee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 1333	
Sworn to and subso	cribed before m	e this									s	ignature	of Candida	ite			-
	day of			20			_					Point	d No				.
	Sie	atura					-					Printe	ed Name				
My Commission Exp	Signa pires											Ema	il				-
	м	0	DA	NY	YR	1	•		Area (Code		D	aytime Te	elephon	e Numl	per	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period DISTRICT COUNCIL 47** From: <u>1/1/2014</u> **To:** <u>3/31/2014</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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				porting	Period			
Fro				om:		:		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

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 Candidat	e			orting P	eriod			
			Fro	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
PAGE TOTAL								
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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			Report	ing Perio	od				
	Fro					То:			
				D	ATE			AMOUNT	Г
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·						•		
Enter Grand Total of Part E on Sched	ule I. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
	are 1, Detailed Sum	iniai y Faye,	Section				\$		0.00

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	Reporting Period		
DISTRICT COUNCIL 47	From:	<u>1/1/2014</u> To:	<u>3/31/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	Г F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period				
	Fr				From:			
				DATE		АМО	UNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	,					
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Cand	idate				Re	porting P	eriod			
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(Plus 4)						
Employer of Contributor	I					Occupat	tion	-		
Employer Mailing Address/Principa Business	I Place of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
				_		_				PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate							
DISTRICT COUNCIL 47			From	<u>1/</u>	<u>1/2014</u>	То:	<u>3/31/2014</u>	
				DATE			AMOUNT	
To Whom Paid FRIENDS OF BLONDELL REYNOLDS BRO	OWN		мо	DAY	YEAR			
Mailing Address PO BOX 22556			2	25	2014	\$	500.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102		Description of Expenditure FUNDRAISER				
To Whom Paid FRIENDS OF JIM ROEBUCK			мо	DAY	YEAR			
Mailing Address 435 SOUTH 46TH STREET			2	25	2014	\$	250.00	
City PHILADELPHIA State Zip Code (Plus 4) PA 19143			Descrip FUNDR					
To Whom Paid KANE FOR PA			мо	DAY	YEAR			
Mailing Address FATERNAL ORDER C	OF POLICE 11630 CAR	OLINE ROAD	2	25	2014	\$	60.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154	Descrip FUNDR	ition of Ex AISER	penditure	2		
To Whom Paid FRIENDS OF STATE REP W. CURTIS TH	OMAS	·	мо	DAY	YEAR			
Mailing Address			2	25	2014	\$	1,100.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19122	Descrip FUNDR	ition of Ex AISER	penditure	2		
To Whom Paid COMMITTEE TO ELECT MIKE STACK			мо	DAY	YEAR			
Mailing Address PO BOX 292			2	25	2014	\$	100.00	
City NEWTOWN	State PA	Zip Code (Plus 4) 18940	Descrip FUNDR	otion of Exp AISER	penditure			

To Whom Paid COMMITTEE TO RE-ELECT JOHN P. SABATINA, JR			мо	DAY	YEAR		
Mailing Address 7702 CASTOR AVENUE 2ND FLOOR			2	25	2014	\$	300.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19152	Description of Expenditure FUNDRAISER				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
	tures on Page 1, Re	port cover rage, item D.	•			\$	2,310.00
					I	L	