### **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 8100	0155			Repor Filed		CA	NDI	DATE		COM	AITTEE	<b>Y</b>	LUBE	1131	
Name of Filing C	ommittee, Candid	date or L	obbyist:		DISTRI	CT CC	UNC	IL 4	7							
Street Address:	PO BOX 2856	56														
City:	PHILADELPHI	ΙA					Stat	e:	PA			Zip Co	de: 19	149		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	5.	30 DA		F	POST-	6. <b>X</b>		TERMIN. REPORT		Yes	No	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2014				NG MI					PAPER		$\checkmark$	DISKE	ГТЕ
Name of Office S	- Sought by Candida	ite:					DAT	ΈΟ	F ELE	стіо	N	District Number	Office Code	Part	y Code	County Code
SENATOR IN TH	HE GENERAL ASS	EMRI Y					МО		DAY	YE	AR	2	STS	DEM		51
SENATOR IN TI	IL GLIVLIAL ASS	LINDLI						11		4	2014		(SEE IN	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	OR OFFI	CE USE	ONLY	
Expenditures	from:		10 21	. 20	014	ГО		11	2	24	2014					
A. Amount Bro	ught Forward Fro	m Last R	leport			\$				4,3	348.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$				5,0	00.00					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$				9,3	348.00					
D. Total Expend	ditures (From Sch	edule II	<b>I</b> )			\$				3,1	.63.78					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				6,1	84.22					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	le II)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From	Schedule IV	/)		\$					0.00					
					IDAVI											
I swear (or affirm)	that this report, inc	-	_								_		of my kno	wledge a	ınd belie	ef , true
correct and comple	cribed before me thi	is									*	- f D	Cbit	B		
	day of		_ 20			_					ignature	or Perso	n Submit	ипд кер	ort	
	Signati	ıre				_						Prin	ted Name	•		
My Commission Ex	rpires					_						Ema	il			
	МО	D	AY	YR					Are	a Cod	le	Daytin	ne Teleph	one Nur	nber	
	a report of a can				•						_					
No 320) as amende			edge and beli	ief this	political	comm	ittee I	nas n	ot viola	ed an	y provis	ions of th	e act of J	une 3,19	)37 (P.L.	1333,
Sworn to and subsc	ribed before me this day of	i	20								S	ignature	of Candid	ate		
						_						Printe	ed Name			
My Commission Exp	Signature ires											Ema	nil			
	мо	D	AY	YR		_			Area	Code		D	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DISTRICT COUNCIL 47	From:	10/21/2014	<u>4</u> To:	11/24/2014
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)			\$	5,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	5,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.00
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			\$	5,000.00

#### **PART A**

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

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	)					
	•	·			•	•	$\overline{}$	DACE 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 of Candidate				Reporting Period From: To:				
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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 P	eriod		
DISTRICT COUNCIL 47	From:	10/21/2014	То:	11/24/2014

DATE AMOUNT

Full Name of Contributing Committee  AFSCME INTERNATIONAL	МО	DAY	YEAR			
Mailing Address 1625 L. STREET, NW				10	2014	\$ 5,000.00
City WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20036	9	18	2014	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL \$** 5,000.00

### 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 Candidate			Reporting Period						
		Fron	n:		То	:			
			D/	ATE		АМ	OUNT		
			МО	DAY	YEAR				
						\$	0.00		
State	Zip Code (Plus	s <b>4</b> )							
			Occupat	tion					
e of	City			State		Zip Code	(Plus 4)		
dule I, Detailed Su	ımmary Page,	Section	on 3.				<b>GE TOTAL</b> 0.00		
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4)  Occupation  Other State	State Zip Code (Plus 4)  Occupation  Occupation  Other State  Occupation  Output  Outp	DATE AM  MO DAY YEAR  \$ State Zip Code (Plus 4)  Occupation  City State Zip Code		

## 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Peri	od	
DISTRICT COUNCIL 47	From:	<u>10/21/2014</u> <b>To:</b>	11/24/2014
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	1	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Candid	ate		Reportin	g Period			
			From:			To:	
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	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				<b>PAGE TOTAL</b> 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
DISTRICT COUNCIL 47			From	10/2	1/2014	То:	11/24/2014
				DATE			AMOUNT
To Whom Paid FRIENDS OF STEPHEN KINSEY			МО	DAY	YEAR		
Mailing Address PO BOX 273	331		11	100.00			
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19118	<b>Descrip</b> FUNDR	otion of Exp	penditure		
<b>To Whom Paid</b> SIMS4PA PAC			МО	DAY	YEAR		
Mailing Address PO BOX 15	941		11	13	2014	\$	100.00
City PHILADELPHIA	State PA	<b>Zip Code (Plus 4)</b> 19103	<b>Descrip</b> FUNDR	otion of Exp	penditure		
To Whom Paid FRIENDS OF ISAIAH THOMAS	·	·	мо	DAY	YEAR		
Mailing Address			11	13	2014	<b>\$</b>	250.00
City	<b>State</b> PA	Zip Code (Plus 4)	1	otion of Exp			
To Whom Paid STANLEY WILLIAMS	-		МО	DAY	YEAR		
Mailing Address			9	12	2014	\$	200.00
City	<b>State</b> PA	Zip Code (Plus 4)	-	otion of Exp			
<b>To Whom Paid</b> O'BRIEN PRINTING			МО	DAY	YEAR		
Mailing Address 324 DORRA	ing Address 324 DORRANCE STREET			2	2014	\$	78.78
City BRISTOL	State	Zip Code (Plus 4)	Descrip	tion of Ex	enditure	<u> </u>	

19007

PRINTING OF TICKETS

PA

							AGE 12
To Whom Paid FRIENDS OF MARION B. TASCO				DAY	YEAR		
Mailing Address PO BOX 27454			9	25	2014	\$	210.00
City PHILADELPHIA	State PA	<b>Zip Code (Plus 4)</b> 19118	Description of Expenditure FUNDRAISER				
To Whom Paid AFSCME DC88 LOCAL 2586 & DC87			МО	DAY	YEAR		
Mailing Address			9	25	2014	\$	100.00
City	<b>State</b> PA	Zip Code (Plus 4)	Description of Expenditure FUNDRAISER				
To Whom Paid FRIENDS OF BLONDELL REYNOLDS BROWN			МО	DAY	YEAR		
Mailing Address PO BOX 22556			10	2	2014	\$	500.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19102	Description of Expenditure FUNDRAISER				
To Whom Paid REPUBLICAN CITY COMMITTEE			МО	DAY	YEAR		
Mailing Address 3525-27 COTTMAN AVENUE			10	16	2014	\$	125.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19149	Description of Expenditure ANNUAL FALL FUNDRAISER				
To Whom Paid THE FRIENDS OF COUNCILMAN CURTIS JONES, JR			МО	DAY	YEAR		
Mailing Address 100 SOUTH BROAD STREET			6	9	2014	\$	1,500.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19110	Description of Expenditure ANNUAL WHITE LINEN BDAY FUNDRAISER				
Enter Grand Total of Expendi	tures on Page 1 Re	nort Cover Page Item D	_				PAGE TOTAL
Enter Grand Total of Expendi	tures on Page 1, Re	port cover Page, Item D	•			\$	3,163.78