#### **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	)155			Repo Filed			CAND	IDATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		DIST	RIC	т со	UNCIL 4	7								
Street Address:	1606 WALNU	Т															
City:	PHILADELPHI -	Α						State:	PA			Zip Cod	<b>de:</b> 19	9103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.						ARY	POST-	3. <b>X</b>		AMENDM REPORT		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE-	- 5.		30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	<b>Year</b> 2015					IG METH CHECK O				PAPER			DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•					DATE C	)F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	у
								МО	DAY	YE	AR		10000	DEN	1	51	
								11		3	2015		(SEE IN	STRUCTIO	ONS FOR O	ODES)	
	Receipts and	МО	DAY Y	EAR				МО	DAY	ΥI	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		5 5	20	)15	T	0	$\epsilon$	5	8	2015						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			6,6	509.22						
B. Total Moneta	ary Contributions	And Rec	eipts (From Se	chec	dule I	()	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			6,6	509.22						
D. Total Expend	ditures (From Sch	edule II	I)				\$			1,4	00.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			5,2	09.22						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	edul	e II)		\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			1			
			А	(FFI	[DA\	/I7	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign hei	re. I	f this	is	a Can	ndidate r	eport, e	candi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached sched	lules	filed o	on p	paper (	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	e,
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	ıre					•					Prin	ted Name	e			-
My Commission Ex	cpires						_					Ema	il				-
	МО	D	AY	YR					Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee,	, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of e	ny knowl	edge and belief	this	politic	al	commi	ittee has r	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333	,
Sworn to and subsc	ribed before me this										S	ignature o	of Candid	ate			-
	day of						•					Printe	d Name				-
	Signature .						-					Ema	il				-
My Commission Exp	oires 																
	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		
DISTRICT COUNCIL 47	From:	<u>5/5/201</u>	<u>5</u> To:	6/8/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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)	\$	0.00
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			\$	0.00

#### **PART A**

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

\$50.01 TO \$250.00

Name of Filing Committee		Reporting					
		From:		To:			
		<b>I</b>		DATE			AMOUNT
Full Name of Contributing C	ommittee		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.

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 Filling Committee of Candidate				Reporting Period					
Fn					From: To:				
					DATE		АМ	OUNT	
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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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 Candidate	me of Filing Committee or Candidate				riod			
			Fror	m:		То	:	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name		•		Occupat	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL
		, 131,				4	<b>•</b>	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			
			From:			To:		
			•	D	ATE		А	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
	Juliana 1/ Butanet	. January rage,		••			\$	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>5/5/2015</u> <b>To:</b>	<u>6/8/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting I	Period			
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	·									0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ındidate		Reporti	ng Period			
DISTRICT COUNCIL 47			From	<u>5/:</u>	5/2015	То:	6/8/2015
				DATE			AMOUNT
To Whom Paid COMMITTEE TO RE-ELECT JOHN	N TAYLOR		мо	DAY	YEAR		
Mailing Address			4	30	2015	\$	250.00
City	State	Zip Code (Plus 4)	<b>Descrip</b> FUNDR	otion of Exp	enditure		
<b>To Whom Paid</b> PA AFL CIO COPE			МО	DAY	YEAR		
Mailing Address			4	16	2015	\$	500.00
City	State	Zip Code (Plus 4)	<b>Descrip</b> FUNDR	otion of Exp AISER	enditure	<u>.</u>	
To Whom Paid FRIENDS OF MARION B. TASCO	)		мо	DAY	YEAR		
Mailing Address PO BOX 274	.54		5	3	2015	\$	650.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19118	<b>Descrip</b> FUNDR	otion of Exp AISER	enditure	1	
Enter Grand Total of Expend							PAGE TOTAL

1,400.00