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 20	150211				Rep File			CA	NDII	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Cand	lidate or	Lobby	ist:		DIST	RIC	CT CO	UNC	L 33	3 POLI	TICA	L CONT	RIBUTIO	ONS SSF	:			
Street Address:	3001 WALN	IUT ST																	
City:	PHILADELP	AIA							State	e:	PA			Zip Cod	ie: 19	104			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		FRIDAY 1ARY	PRE-	2		30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		FRIDAY CTION	/ PRE-	- 5	· .	30 DA		Р	OST-	6. X		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPO	₹ Т 7.	Yea	r 2016					NG ME					PAPER		\	DISK	ETTE	
Name of Office S	ought by Candi	date:							DAT	E O	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Cour	
PRESIDENT OF	THE LINITED S	TATES							МО		DAY	Y	EAR	170	USP	REF)	51	
										11		8	2016		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		МО	D	AY	YEAR				МО		DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	trom:		10	25	20)16	Т	0		11		28	2016						
A. Amount Bro	ught Forward Fi	om Last	Repor	t				\$					0.00						
B. Total Moneta	ary Contribution	s And Re	ceipts	(From	Sched	dule	I)	\$				3,	000.00						
C. Total Funds	Available (Sum	Of Lines	A and	В)				\$				3,	000.00						
D. Total Expend	ditures (From S	chedule I	II)					\$					0.00						
E. Ending Cash	Balance (Subtr	act Line D	Fron	Line C	E)			\$				3,0	00.00						
F. Value Of In-	Kind Contribution	ns Recei	ved (F	rom Sc	hedul	e II))	\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Sched	lule IV)			\$					0.00						
					AFF:	IDA	VI	ΓSE	CTIO	NC									
PART I - If this is				_									_		e I	.11			
I swear (or affirm) correct and comple		ncluaing tr	ie atta	cnea scn	ieauies	тнеа	on	paper	OF DY 6	electr	ronic m	eaiun	n, are to t	ne best o	r my knov	vieage	and be	ier , tr	ue
Sworn to and subs	cribed before me t day of	his	20							•		:	Signature	of Perso	n Submitt	ing Re _l	ort		
	Signa	ature						-						Prin	ted Name				
My Commission Ex	pires							_						Ema	il				
	МО		DAY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report of a ca	ındidate's	auth	orized (Comm	ittee	e, C	andid	ate si	nall s	sign h	ere.							
I swear (or affirm) No 320) as amende		f my know	ledge a	nd belie	ef this	politi	cal	comm	ittee h	as no	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me th day of	ıis	20										s	ignature o	of Candida	ite			_
			20					-						Printe	d Name				-
	Signatuı	re						-						Ema	il				_
My Commission Exp	ires							_							·•				
	мо		DAY		YR			-			Area	Code		Da	aytime Te	lephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DISTRICT COUNCIL 33 POLITICAL CONTRIBUTIONS SSF	From:	10/25/201	<u>б</u> То:	11/28/2016
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	3,000.00
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			\$	3,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	Name of Filing Committee or Candidate				Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE 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 Filling Committee of Candidate					Reporting Period From: To:					
					DATE		Al	MOUNT		
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 Reporti					ng 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.)

					Reporting Period					
From:						То:				
			D/	ATE			AMOUNT			
			МО	DAY	YEAR					
						\$	0.00			
Ziţ	p Code (Plus	4)								
			Occupat	tion						
	City			State		Zip Co	ode (Plus 4)			
d Sumn	nary Page,	Section	n 3.				PAGE TOTAL 0.00			
		City		Zip Code (Plus 4) Occupat	Zip Code (Plus 4) Occupation City State	Zip Code (Plus 4) Occupation City State	MO DAY YEAR \$ Zip Code (Plus 4) Occupation City State Zip Co			

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		AM	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. Detailer	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 Perio	od	
DISTRICT COUNCIL 33 POLITICAL CONTRIBUTIONS SSF	From:	<u>10/25/2016</u> To:	<u>11/28/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	L.	
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		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period				
					Fro	om:		To:	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	ition				
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporti						
			From			То:	
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00