# **Campaign Finance Report**

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

Filer Identificat Number :	ion 8100	155			Report Filed B		CANDI	DATE	CON	IMITTEE	✓	LOBI	BYIST		
	Committee, Candid	ate or Lo	bbyist:			-	UNCIL 4	7							
Street Address:	1606 WALNU <sup>-</sup>	Т													
City:	PHILADELPHI	A					State:	PA		Zip Co	<b>de:</b> 19	19103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	- 2.	30 DA PRIM		POST-	3.	IDMENT Yes RT?		No	$\checkmark$			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY F TION	POST-	6. <b>X</b>	TERMIN REPORT		Yes	No	$\checkmark$	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2016				NG METHO			PAPER		$\checkmark$	DISKE	TTE	
Name of Office Sought by Candidate:							DATE O	F ELEC	TION	District Number		Par	ty Code	County Code	
							мо	DAY	YEAR			DEN	1	51	
							11		8 201	5	(SEE INS	STRUCTI	ONS FOR (	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY		
Expenditures	s from:	1	0 25	20	016 <b>T</b>	0	11	2	8 201	6					
A. Amount Bro	ought Forward Fror	n Last Re	eport			\$			0.0	D					
B. Total Monet	ary Contributions	And Rece	eipts (From	n Sche	dule I)	\$	\$ 0.00								
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			0.0	D					
D. Total Expen	ditures (From Sch	edule III	)			\$			0.00	)					
E. Ending Cash	Balance (Subtrac	t Line D I	rom Line	C)		\$			0.00	)					
F. Value Of In-	Kind Contributions	s Receive	d (From S	chedul	le II)	\$			0.00	)					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		\$	\$ 0.00								
				AFF	IDAVI	T SE	CTION								
	s a Committee rep		-							-					
I swear (or affirm correct and compl	) that this report, incl ete.	luding the	attached sc	hedules	s filed on	paper	or by elect	ronic me	dium, are to	the best o	of my knov	vledge	and beli	ef , true	
Sworn to and subs	scribed before me this day of	5	20						Signatu	re of Perso	on Submitt	ing Rep	oort		
	Signatu	re				-				Prii	nted Name				
My Commission E	-	-				_				Ema	ail				
	мо	DA	Y	YR				Area	a Code	Daytir	ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's a	authorized	Comm	nittee, C	andid	ate shall	sign he	re.						
No 320) as amend		ny knowle	dge and beli	ef this	political	comm	ittee has n	ot violate	ed any prov	isions of th	ne act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subse	cribed before me this day of		20							Signature	of Candida	ite			
			·			-				Print	ed Name				
My Commission Exp	Signature					-				Ema	ail				
	мо	DA	Y	YR		-		Area C	ode	C	Daytime Te	elephor	e Numb	er	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period DISTRICT COUNCIL 47** From: <u>10/25/2016</u> **To:** 11/28/2016 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				Reporting Period					
F				From: T			Го:		
					DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	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 Candidate			Reporting					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	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 Candida	Name of Filing Committee or Candidate			ting Perio	od					
Fro			From:	From: To				:		
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	;	0.00	
City	State	Zip Code (	Plus 4)							
Receipt Description	I					-1				
Enter Grand Total of Part E on Sche	dule T. Detailed	I Summary Page	Section	4				PAGE TO	ſAL	
		, sammary rage,	Section	-11			\$		0.00	

### SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

### E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Perio	d	
DISTRICT COUNCIL 47	From:	<u>10/25/2016</u> то:	<u>11/28/2016</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	TF)		
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 R			Reporting Period					
	From:			То:				
				DATE		АМО	UNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	Mailing Address					\$	0.00	
City	State	Zip Code (Plus 4)	,					
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Details Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
					Fro	From: To:				
					DATE AMO					AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(	Plus 4)						
Employer of Contributor						Occupat	tion		-	
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From			То:			
		DATE		AMOUNT			
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Ex	penditure		
Enter Grand Total of Expenditures of	<b>`</b>				PAGE TOTAL		
	Ji Page 1, Report C	over Page, Item I				\$	0.00