Campaign Finance Report

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

Filer Identification 8100155 Number: Report Filed By: CANDIDATE COMMITTEE LOBBYIST																	
Name of Filing C	Committee, Candi	date or L	obbyist:		DISTR	ICT C	Ol	UNCIL 4	7		•		•				
Street Address:	1606 WALNI	JT															
City:	PHILADELPH	IA					:	State:	PA			Zip Cod	le: 19	9103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PF PRIMARY	RE-							AMENDM REPORT?				•	/	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P ELECTION	RE-	- 5.	30 E			POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPOR	7. X	Year 2016					G METH				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candid	ate:	•		-		1	DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
	- ,							МО	DAY	YI	AR		100	DEM	1	51	
							į	11		8	2016		(SEE IN	STRUCTIO	ONS FOR (CODES)	1
Summary of Expenditures	Receipts and	МО	DAY YEA	٩R				МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	i ii oiii.		11 29	20	16	то		1.2		31	2016						
A. Amount Bro	ught Forward Fro	m Last R	eport			!	\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From Sch	ned	lule I) !	\$				0.00						
C. Total Funds	Available (Sum (of Lines A	and B)			:	\$				0.00						
D. Total Expen	ditures (From Sc	hedule II	I)			:	\$				0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)			:	\$				0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	lule	e II)		\$				0.00						
G. Unpaid Debt	ts And Obligation	s (From :	Schedule IV)			:	\$				0.00			1			
			AF	FI	DAV	IT S	E	CTION									
PART I - If this is	s a Committee re	port, trea	surer sign here	e. I1	f this	is a Ca	an	didate r	eport, e	candi	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, in ete.	cluding th	e attached schedu	les	filed o	n pape	r o	r by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me th	is	20							5	ignature	of Perso	n Submit	ting Rep	ort		_
	Signat					_						Prin	ted Name	e			-
My Commission Ex	_	uie										Ema	il				-
	мо	D	AY Y	′R					Ar	ea Coc	le	Daytim	e Telepi	none Nu	mber		_
Part II- If this is	a report of a ca	ndidate's	authorized Con	nmi	ittee,	Candi	da	ite shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of	my knowl	edge and belief th	nis p	politica	ıl com	mit	ttee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc		5									s	ignature o	of Candid	ate			-
	day of					_						D=!1	d Naver				_
	Signature	,				_						Printe	d Name				
My Commission Exp	_											Ema	il				_
	МО	D	AY Y	YR		_			Area	Code		Da	ytime 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:	11/29/201	<u>6</u> То:	12/31/2016
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)			\$	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
			1	
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

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re					
			From:			То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	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			AMOUNT
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	me of Filing Committee or Candidate Rep			Reporting 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.)

Name of Filing Committee or Candidate	me of Filing Committee or Candidate			orting Pe	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
		, .5.,				4	•	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		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Per	od	
DISTRICT COUNCIL 47	From:	11/29/2016 To:	<u>12/31/2016</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	nme of Filing Committee or Candidate					porting F	Period					
					Fro	From: To				:		
							DATE			AMOUNT		
Full Name of Contributor						мо	DAY	YEAR				
Mailing Address									\$	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				PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	Reporting Period				
						То:		
	DATE AMOU							
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL	
Enter Grand Total of Expen	altures on Page 1, Re	port Cover Page, Item D	, .			\$	0.00	