LOBBYIST

COMMITTEE 🗸

Campaign Finance Report

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

Report

CANDIDATE

Filer Identificati Number :	on 8100	155			Repo			CAN	CANDIDATE COMMITTEE COBBYIST								
Name of Filing C	ommittee, Candida	ate or Lo	obbyist:	Ī	DIST	RIC	CT CC	UNCI	L 47	7				·			
Street Address:	1606 WALNUT	-															
City:	PHILADELPHI <i>i</i>	A						State	:	PA		Zip Code: 19103					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE-	2		30 DA		Р	POST-	3.		AMENDM REPORT		Yes	No	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5		30 DA		Р	POST-	6.		TERMIN/ REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2017					CHECH					PAPER		\	DISKE	TTE
Name of Office S	- Sought by Candidat	:e:						DATI	ΕO	F ELE	CTIC	ON	District Number	Office Code	Pa	ty Code	County Code
								МО		DAY	Y	EAR			DEI	М	51
									11		7	2017		(SEE INS	TRUCTI	ONS FOR C	CODES)
Summary of Receipts and								МО		DAY	Y	EAR	FC	R OFFIC	E USE	ONLY	
Expenditures	rrom:		1 1	20)17	T	0		3		27	2017					
A. Amount Bro	ught Forward Fron	ı Last R	eport				\$				8,	784.22					
B. Total Moneta	ary Contributions A	And Rec	eipts (Fron	n Sched	dule 1	I)	\$					0.00					
C. Total Funds Available (Sum Of Lines A and B)							\$				8,	784.22					
D. Total Expenditures (From Schedule III)							\$				3,0	001.00					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)			\$				5,7	783.22					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedul	e II))	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00					
				AFF]	IDA'	VI	ΓSE	CTIC	N								
I swear (or affirm)	that this report, incl	-	_									_		f my knov	/ledge	and belie	ef , true
correct and comple	ete. cribed before me this												- f D	- Clin	B		
	day of										•	signature	or Perso	n Submitt	ing Ke	oort	
	Signatur	·e					-						Prin	ted Name			
My Commission Ex	(pires MO	D/	AY	YR			-			Are	ea Co	de	Ema	il ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand				ittee	e. Ca	andid	ate sh	all s				24,4				
I swear (or affirm)	that to the best of m									_		ny provis	ions of th	e act of Ju	ne 3,1	937 (P.L	. 1333,
No 320) as amende Sworn to and subsc	ed. ribed before me this													4			
	day of		20									S	ignature (of Candida	ite		_
							-						Printe	d Name			
My Commission Exp	Signature ires												Ema	il			
	МО	D/	AY	YR						Area	Code		D	aytime Te	lephoi	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Detailed Sammary Lag	_			
Name of Filing Committee or Candidate	Reporting	Period		
DISTRICT COUNCIL 47	From:	1/1/201	<u>7</u> To:	3/27/2017
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	g 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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re					
			From:			То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE TOTAL

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 Filing Committee of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address	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	me of Filing Committee or Candidate		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.)

me of Filing Committee or Candidate		Reporting Period							
			Fror	n:		To	То:		
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State Zip Code (Plus 4)								
Employer Name		•		Occupation					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	PAGE TOTAL 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	E 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 Period								
DISTRICT COUNCIL 47	From:	<u>1/1/2017</u> To:	<u>3/27/2017</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 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	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address							\$	0.00	
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	2		Reporti	ng Period				
DISTRICT COUNCIL 47			From	1/2	1/2017	То:	3/27/2017	
				AMOUNT				
To Whom Paid COMMITTEE TO RE-ELECT JOHN TAYLO	OR		мо	DAY	YEAR			
Mailing Address C/O T. TSUCALAS	1600 WALNUT ST. STE	305	9	12	2016	\$	140.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103	Description of Expenditure FUNDRAISER					
To Whom Paid THE FRIENDS OF COUNCILMAN CURTIS JONES JR.				DAY	YEAR			
Mailing Address 100 SOUTH BROAD STREET				23	2016	\$	1,000.00	
City PHILADELPHIA PA Zip Code (Plus 4) PA 19110				otion of Exp	penditure			
To Whom Paid COMMITTEE TO RE-ELECT JOHN TAYLO	OR .		мо	DAY	YEAR			
Mailing Address C/O T. TSUCALAS	1600 WALNUT ST. STE	305	6	21	2016	\$	80.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103	Descrip FUNDR	otion of Exp	penditure			
To Whom Paid THE NEW LOU & CHOO'S	•		мо	DAY	YEAR			
Mailing Address 2101 WEST HUNTI	NG PARK AVE		6	16	2016	\$	141.00	
City PHILADELPHIA State Zip Code (Plus 4) PA 19140				otion of Exp	penditure			
o Whom Paid CITIZENS FOR DARRELL L. CLARKE				DAY	YEAR			
Mailing Address 140 S. BROAD ST.			6	20	2016	\$ \$	500.00	

Zip Code (Plus 4)

19102

City

PHILADELPHIA

State

PΑ

Description of Expenditure

FUNDRAISER

To Whom Paid CITIZENS FOR CHENELLE PARKER			МО	DAY	YEAR		
Mailing Address P. O. BOX 27647			8	11	2016	\$	500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19118	Description of Expenditure FUNDRAISER				
FRIENDS OF SHARIF STREET				DAY	YEAR		
Mailing Address 1421 SUSQUEHANNA ST.				17	2016	\$	500.00
City PHILADELPHIA State Zip Code (Plus 4) PA 19121			Description of Expenditure FUNDRAISER				
To Whom Paid COMMITTEE TO RE-ELECT JOHN TAYLO	OR		МО	DAY	YEAR		
Mailing Address 7702 CASTOR AVE	NUE 2ND FLOOR		9	12	2016	\$	140.00
City PHILADELPHIA State Zip Code (Plus 4) PA 19152				otion of Exp	enditure		
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D			•		·		PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	3,001.00