Campaign Finance Report

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

Filer Identificat	ion 8100)155			Report		CANDI	DATE		СОМ	MITTEE	✓	LOBE	BYIST	
Number : Name of Filing (Committee, Candid	late or Lo	obbvist:		Filed B	-	UNCIL 4	7							
Street Address:	1606 WALNU		,												
City:	PHILADELPHI	A					State: PA Zip Code:					de: 19	103		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST- 3.			AMENDI REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA ELECTION	5.		30 DAY POST- 6. ELECTION			TERMINATION Yes REPORT?			No	\checkmark		
report type)	ANNUAL REPORT	7.	Year 2017				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Candida	te:					DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR			DEN	1	51
							11		7	2017		(SEE INS	STRUCTIO	ONS FOR (CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:		6 6	2	017 T	0	9	1	.8	2017					
A. Amount Bro	ought Forward From	m Last Re	eport			\$			2,4	94.72					
B. Total Monet	ary Contributions	And Rece	eipts (From	1 Sche	dule I)	\$	\$ 0.00								
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$			2,4	94.72					
D. Total Expen	ditures (From Sch	edule III	()			\$			1	00.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$			2,3	94.72	-				
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedu	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, inc ete.	luding the	attached sc	hedules	s filed on	paper	or by elect	ronic me	edium,	are to t	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me this day of	S	20						S	ignature	e of Perso	n Submitt	ing Rep	ort	
	Signatu	ire				-					Prir	ted Name	1		
My Commission E	xpires					_					Ema	il			
	мо	DA	Y	YR				Are	a Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's a	authorized	Comn	nittee, C	andid	ate shall	sign he	ere.						
No 320) as amend			dge and beli	ef this	political	comm	ittee has n	ot violat	ed any	y provis	ions of th	e act of Ju	ıne 3,19	937 (P.L	. 1333,
Sworn to and subse	cribed before me this day of		20							s	ignature	of Candida	ate		
						-					Printo	ed Name			
My Commission Exp	Signature pires					-					Ema	iil			
	мо	DA	۱Y	YR	1	-		Area (Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period DISTRICT COUNCIL 47** From: <u>6/6/2017</u> **To:** <u>9/18/2017</u> 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						
Fro						:					
					DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	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				
	From: To:								
					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	g Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	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				Occupation				
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			Reporting Period						
From:					n: To:					
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	i	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 TOT	AL	
		, 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 DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
DISTRICT COUNCIL 47	From:	<u>6/6/2017</u> то:	<u>9/18/2017</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	T F)		
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				Reporting Period					
	From:			То:					
				DATE		АМО	UNT		
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	6	0.00		

0.00

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

Name of Filing Committee or Candidate					Reporting Period					
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	of Contribution
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period							
DISTRICT COUNCIL 47	From	<u>6/6</u>	<u>5/2017</u>	То:	<u>9/18/2017</u>			
		AMOUNT						
To Whom Paid DEMOCRATEIC COMMMITT	мо	DAY	YEAR					
Mailing Address 2301 PENNSYLVANI	A AVE		7	18	2017	\$	100.00	
City PHLILADELPHIA State Zip Code (Plus 4) PA 19130				Description of Expenditure BANDY BUNCH BDACH PARTY FUNDREAISER				
							PAGE TOTAL	
Enter Grand Total of Expenditures of	on Page 1, Report	cover Page, Item I).			\$	100.00	