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 8100	0155			Rep File			CAND	COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Candid	late or L	obbyist:		DIST	RIC	ст со	UNCIL 4	.7								
Street Address:	1606 WALNU	Т															
City:	PHILADELPHI	iΑ						State:	PA			Zip Cod	de: 19	9103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY P PRIMARY	RE-	2		30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY I ELECTION	PRE	- 5		30 DA ELECT		POST-	6.		TERMINATION YEREPORT?		Yes	No	•	/
report type)	ANNUAL REPORT	7. X	Year 2017					IG METH CHECK O				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	= Sought by Candida	ite:			_			DATE C)F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YI	AR		10000	DEN	1	51	
								11		7	2017		(SEE IN	STRUCTIO	ONS FOR C	ODES)	1
•	Receipts and	МО	DAY YE	AR				МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s trom:		11 28	20)17	Т	<u> </u>	12	2	31	2017						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			3,264.72							
B. Total Monet	ary Contributions	And Rec	eipts (From Sc	hec	dule :	I)	\$			80.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			3,3	344.72						
D. Total Expen	ditures (From Sch	edule II	I)				\$			3	350.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			2,9	94.72						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dul	e II))	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			1			
			А	FF	IDA'	VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	e. I	f this	s is	a Can	ndidate r	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sched	ules	filed	on	paper (or by elect	tronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me thi day of	s	20							S	Signature	of Perso	n Submit	ting Rep	ort		_
	Signati	ıre					-					Prin	ted Name	e			_
My Commission Ex	cpires						_					Ema	il				
	мо	D	AY	ΥR					Ar	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee	, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief t	this	politi	cal	commi	ittee has r	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subso	ribed before me this										s	ignature o	of Candid	ate			-
-	day of						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	ires											Ema	11				
	МО	D	AY	YR			•		Area	Code		Da	aytime 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:	11/28/201	<u>7</u> To:	12/31/2017
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)	\$	80.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	80.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committe	e or Candidate		Reporting	Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributing	Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				

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 or Ca	ndidate		Rep	oorting P	eriod	To	n:	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
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 Candidate			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 Sched	lule I, Detailed Sum	mary 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	ame of Filing Committee or Candidate				Reporting Period					
				Fror	n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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			Reporti	ing Perio	d		
DISTRICT COUNCIL 47			From:		11/28/201	<u>7</u> To:	12/31/2017
				D	ATE		AMOUNT
Full Name CASH				МО	DAY	YEAR	
Mailing Address							\$ 80.00
City	ate :	Zip Code (F	Plus 4)	12	18	2017	
Receipt Description FUNDRAISER							
Enter Grand Total of Part E on Schedule I	I. Detailed Summa	arv Page.	Section	4.			PAGE TOTAL
	-,	,					\$ 80.00

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	iod	
DISTRICT COUNCIL 47	From:	<u>11/28/2017</u> To:	12/31/2017
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			МО	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	e				Re	porting P	Period			
					Fro	om:		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	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ındidate		Reporti	ng Period			
DISTRICT COUNCIL 47			From	11/28	<u>3/2017</u>	То:	12/31/2017
				DATE			AMOUNT
To Whom Paid NICHOLS FOR PA			мо	DAY	YEAR		
Mailing Address			12	27	2017	\$	250.00
City	State	Zip Code (Plus 4)	Descrip FUNDR	otion of Exp	penditure		
To Whom Paid FRIENDS OF SHARIF STREET			МО	DAY	YEAR		
Mailing Address 1421 SUSQ	JEHANNA ST.		12	27	2017	\$	100.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19121	Descrip FUNDR	otion of Exp	enditure		
Enter Grand Total of Expend	itures on Page 1, Re	eport Cover Page, Item [).				PAGE TOTAL

350.00