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 2	20150	211				port ed B		CAND	NDIDATE COMMITTEE V LOBBYIST								
Name of Filing C	Committee, Ca	ndida	te or Lo	bbyist:		DIS	TRIC	ст со	UNCIL 3	3 POLI	TICA	L CONT	RIBUTIO	ONS SS	F			
Street Address:	3001 WA	LNUT	ST															
City:	PHILADEL	_PHIA							State:	PA			Zip Cod	ie: 19	9104			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DAY PRIMARY		POST-	3.		AMENDM REPORT	ENDMENT ORT?		No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	y pre	≣-	5.	30 DA ELECT		POST-	6. X		TERMINA REPORT		Yes	No		/
report type)	ANNUAL REP	ORT 7	7.	Year 2018					IG METH CHECK O				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Can	didate	e:			_			DATE C	F ELE	CTIO	N	District Number	Office Code	Pai	rty Code	Coun	
									МО	DAY	YE	AR	Number Code Co				Couc	
									11		6	2018		(SEE IN	ISTRUCTI	ONS FOR	CODES)	1
Summary of Expenditures		ıd	МО	DAY	YEAR			_	МО	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
			1	.0 23	2	018	I	0	11	.] :	26	2018						
A. Amount Bro	ught Forward	From	Last Re	eport				\$				0.00						
B. Total Monet	ary Contributi	ons A	nd Rece	eipts (From	Sche	dule	i)	\$			1,0	00.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 1,000.0							00.00											
D. Total Expenditures (From Schedule III)					\$			1,0	00.00									
E. Ending Cash Balance (Subtract Line D From Line C)							\$				0.00							
F. Value Of In-	Kind Contribu	tions	Receive	ed (From So	hedu	le II	()	\$				0.00						
G. Unpaid Debt	s And Obligat	ions (From S	chedule IV)			\$				0.00			•			
					AFF	ID/	٩VI	T SE	CTION									
PART I - If this is		-	-	_								_						
I swear (or affirm) correct and comple		t, inclu	ding the	attached sch	nedule	s file	d on	paper o	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tru	ıe
Sworn to and subs	cribed before m day of	e this		20							S	ignature	of Perso	n Submit	ting Re	port		_
		<u> </u>						- -					Prin	ted Nam	e			-
My Commission Ex	-	gnature	=										Ema	il				- [
	мо		DA	Υ	YR			_		Are	ea Cod	le	Daytim	e Telepi	none Nu	ımber		
Part II- If this is	a report of a	candi	date's a	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		t of my	y knowle	dge and beli	ef this	polit	tical	commi	ittee has r	not viola	ted an	y provisi	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me	this										Si	ignature o	of Candid	ate			-
	day of							_										_
	Signat	turc						-					Printe	d Name				
My Commission Exp	_	une											Ema	il				-
	мо)	DA	ΛΥ	YR	1		•		Area	Code		Da	aytime 1	elephoi	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DISTRICT COUNCIL 33 POLITICAL CONTRIBUTIONS SSF	From:	10/23/201	<u>8</u> To:	11/26/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	1,000.00
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
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			\$	1,000.00

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	porting	Period			
			From: 1			То	o:	
		•			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 Filing 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)	1					

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	date		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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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 Pe	riod					
DISTRICT COUNCIL 33 POLITICAL CONTRIBUTIONS SSF	From:	<u>10/23/2018</u> To:	11/26/2018				
. 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 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 Candid	ate		Reporting	g Period			
			From:			To:	
				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	те 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 Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
DISTRICT COUNCIL 33 POLITICAL CONTRIBUTIONS SSF	From	10/23/2018	То:	11/26/2018

				DATE			AMOUNT
To Whom Paid LINDA FIELDS				DAY	YEAR		
Mailing Address 260 E HIGH ST				30	2018	\$	1,000.00
City POTTSTOWN	State PA	Zip Code (Plus 4) 19464	1 -	otion of Exp			
Foton Consul Total of Forman diagram							
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							1,000.00