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 :		Rep File			CANDI	DATE		COMN	4ITTEE	✓	LOB	BYIST						
Name of Filing C	Committee, C	andida	te or Lo	obbyist:		DIS	T CC	DUNCI	L 47 PAC									_
Street Address:	1606 W	ALNUT	ST															
City:	PHILADE	ELPHIA				State:				PA			Zip Cod	ie: 19	9103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE	- 2	2. X	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FRIDAY ELECTION						POST- 6.			TERMINA REPORT?		Yes	No	•	/
report type)	ANNUAL REI	PORT	7.	Year 2007					IG METHO				PAPER		/	DISKE	TTE	
Name of Office S	Sought by Car	ndidate	e:	-					DATE O	F ELE	CTIO	N	District Number	Office Code	Pai	ty Code	Count	ty
									мо	DAY	YE	AR					-	
									11		6	2007		(SEE IN	ISTRUCTI	ONS FOR (CODES)	
Summary of Expenditures		nd	МО	DAY	YEAR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
				1 1	2	007		0	4	;	30	2007						
A. Amount Bro	ught Forward	d From	Last Re	eport				\$			3,5	96.59						
B. Total Monet	ary Contribut	tions A	nd Rece	eipts (From	Sche	dule	I)	\$				2.42						
C. Total Funds Available (Sum Of Lines A and B) \$ 3,599.0									99.01									
D. Total Expen	D. Total Expenditures (From Schedule III) \$ 774.20								74.26									
E. Ending Cash	Balance (Su	btract	Line D	From Line (C)			\$			2,8	24.75						
F. Value Of In-	Kind Contrib	utions	Receive	ed (From So	hedu	le II)	\$				0.00						
G. Unpaid Debt	ts And Obliga	ations (From S	chedule IV)			\$				0.00			•			
					AFF	IDA	VI	T SE	CTION									
PART I - If this is	s a Committe	ee repo	rt, trea	surer sign l	nere. I	[f thi	is is	a Can	didate re	port, c	andi	late sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	iding the	attached sch	edules	filed	l on	paper o	or by elect	ronic m	edium	are to t	he best o	f my kno	wledge	and beli	ef , tru	ie.
Sworn to and subs	cribed before r day of	me this		20							s	ignature	of Perso	n Submit	ting Re	oort		-
		·						- -					Prin	ted Name	e			-
My Commission Ex		Signature	5										Ema	il				-
	мо		DA	ΛΥ	YR			-		Are	ea Cod	e	Daytim	e Telepi	none Nu	mber		-
Part II- If this is	a report of a	a candi	idate's a	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							ī
I swear (or affirm) No 320) as amende		est of my	y knowle	dge and belie	ef this	polit	ical	commi	ittee has n	not violated any provisions of the act of June 3,1937 (P.L. 13						. 1333	,	
Sworn to and subsc	ribed before m	ne this										Si	ignature o	of Candid	ate			-
	day of							_					Duint-	d Name				-
	Sign	ature						-					Printe	d Name				
My Commission Exp	_	acui e											Ema	il				⁻
	M	10	DA	ΛΥ	YR			•		Area	Code		Da	aytime T	elephor	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, ,				
Name of Filing Committee or Candidate	Reporting	g Period		
DIST COUNCIL 47 PAC	From:	1/1/200	<u>7</u> To:	4/30/2007
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)	\$	2.42
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			\$	2.42

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE 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 Camulate			Rep Fro	oorting P	eriod	To	o:	
			l		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 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			Reporting Period					
		Fron	n:	То:				
			D/	ATE		АМО	UNT	
			МО	DAY	YEAR			
						\$	0.00	
State	Zip Code (Plus	s 4)						
			Occupat	ion				
e of	City			State		Zip Code (Plus 4)	
lule I, Detailed Su	ımmary Page,	Section	on 3.		4		E TOTAL 0.00	
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Octobring State	State Zip Code (Plus 4) Occupation Occupation Olivy State State Output Date Occupation Output Output	DATE AMO MO DAY YEAR \$ State Zip Code (Plus 4) Occupation Occupation PAG	

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 Can	didate		Report	ing Perio	d			
DIST COUNCIL 47 PAC			From:		1/1/200	<u>7</u> To:	4/30/20	<u>007</u>
				D	ATE		AMOUNT	
Full Name CITIZENS BANK				мо	DAY	YEAR		
Mailing Address 2001 MARKE	T ST.						\$	1.12
City PHILADELPHIA	State PA	Zip Code (1 19103	Plus 4)	4	30	2007		
Receipt Description	1	,						
Full Name CITIZENS BANK				МО	DAY	YEAR		
Mailing Address 2001 MARKE	T ST.						\$	1.30
City PHILADELPHIA	State PA	Zip Code (19103	Plus 4)	3	30	2007		
Receipt Description	1	- '			ı		ı	
						Г	PAGE TO	ΔΙ

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

\$ 2.42

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		
DIST COUNCIL 47 PAC	From:	<u>1/1/2007</u> To:	4/30/2007
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 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

DIST COUNCIL 47 PAC To Whom Paid			From	1/:	1/2007	То:	4/30/2007
				DATE			AMOUNT
STIER 2007			мо	DAY	YEAR		
Mailing Address			4	30	2007	\$	500.00
City	State	Zip Code (Plus 4)		I otion of Exp ARC STIER			ION (PRIMARY)
To Whom Paid FRIENDS OF MARION TASCO			МО	DAY	YEAR		
Mailing Address P.O. BOX 2745	54		4	3	2007	\$	180.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19118	Descrip FUND F	otion of Exp	penditure		
To Whom Paid CITIZENS BANK	•		мо	DAY	YEAR		
Mailing Address 2001 MARKET	ST		3	16	2007	\$	47.03
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103	1	otion of Exp CE CHARGE			
To Whom Paid CITIZENS BANK	•		мо	DAY	YEAR		
Mailing Address 2001 MARKET	ST		4	16	2007	\$	47.23
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103	-	otion of Exp CE CHARGE			
Enter Grand Total of Expenditu			1				PAGE TOTAL

774.26