### **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 81	00155			Rep File	port		CANDI	DATE		СОМ	<b>4ITTEE</b>	✓	LOB	BYIST		
Name of Filing C	Committee, Cand	idate or L	obbyist:		DIS	T C	DUNC:	IL 47 PAC	2								
Street Address:	1606 WALN	UT ST															
City:	PHILADELPH	AIA						State:	PA			Zip Cod	ie: 19	9103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2	2. <b>X</b>	30 DA PRIMA		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		POST-	6.		TERMINA REPORT?		Yes	No	`	
report type)	ANNUAL REPOR	7.	<b>Year</b> 2011					NG METHO CHECK O				PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	Sought by Candid	date:						DATE O	F ELE	CTIO	N	District Number	Office Code	Pai	ty Code	Count Code	у
								МО	DAY	YE	AR		100.0	I		-	
								11		8	2011		(SEE IN	ISTRUCTI	ONS FOR (	CODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR	<b>t</b>	_	_	МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
			1 1	2	011	Т	0	5		2	2011						
A. Amount Bro	ught Forward Fr	om Last F	Report				\$			11,8	384.08						
B. Total Monet	ary Contribution	s And Rec	eipts (Fron	Sche	dule	· I)	\$			47,7	751.74						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			59,6	535.82						
D. Total Expen	ditures (From Se	chedule II	Ι)				\$			27,3	300.00						
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)			\$			32,3	35.82						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II	:)	\$				0.00						
G. Unpaid Debt	s And Obligation	ns (From	Schedule IV	<b>'</b> )			\$				0.00			•			
				AFF	IDA	\VI	T SE	CTION									
PART I - If this is		•	_														Ц
I swear (or affirm) correct and comple		ncluding th	e attached sc	hedule	s filed	d on	paper	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tru	e,
Sworn to and subs	cribed before me t day of	his	20							5	ignature	of Perso	n Submit	ting Re	oort		-
			_				<u>-</u>					Prin	ted Name	e			-
My Commission Ex	Signa opires	iture										Ema	il				-
	мо	D	AY	YR			-		Ar	ea Cod	le		e Telepi	none Nu	mber		-
Part II- If this is	a report of a ca	ındidate's	authorized	Comn	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ef this	polit	tical	comm	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subsc	ribed before me th	is									s	ignature o	of Candid	ate			-
	day of						_					Drint-	d Name				-
	Signatur	'e					-					Frinte	u NdMe				
My Commission Exp	_	-										Ema	il				
	мо	D	AY	YR	1		-		Area	Code		Da	aytime T	elephor	ne Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	y Period		
DIST COUNCIL 47 PAC	From:	1/1/201	<u>1</u> To:	5/2/2011
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)			\$	47,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	47,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	251.74
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 Page 1, 2,3 and 4; also enter this amount on Page1, Report Cover Page 2, 2,3,4,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5			\$	47,751.74

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize only with an aggregate valu							
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
				om:		<b>o</b> :		
		-			DATE			AMOUNT
Full Name of Contributin	ng 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.

**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 Candidate	Reporting Peri	iod		
DIST COUNCIL 47 PAC	From:	1/1/2011	То:	<u>5/2/2011</u>

DATE AMOUNT

Full Name of Contributing Committee AFSCME INTERNATIONAL	-					
Mailing Address 1625 L STREET, NW						<b>\$</b> 47,500.00
City WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 21036	4	19	2011	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

**PAGE TOTAL**47,500.00

### 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 Candida	ate			Rep	orting Pe	riod			
				Froi	n:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	i <b>4</b> )					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE 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	r Candidate		Report	ing Peri	od			
DIST COUNCIL 47 PAC			From:		1/1/20	) <u>11</u> To:		5/2/2011
		l			ATE		AN	MOUNT
Full Name				МО	DAY	YEAR		
CITIZEN BANKS								
Mailing Address 1477 W	ALNUT ST						\$	1.74
City PHILA	State	Zip Code (F	Plus 4)					
	PA	19102						
Receipt Description MA	RCH INTEREST				•	•	•	
Full Name								
FRIENDS OF BILL RUBIN				МО	DAY	YEAR		
Mailing Address 8622 BR	RIDLE ROAD						\$	250.00
City PHILA	State	Zip Code (F	lus 4)	1				
	PA							
Receipt Description RE	TURN EXPENDITURES	·		I				
						[	PA	GE TOTAL
nter Grand Total of Part E	on Schedule I, Detailed	Summary Page,	Section	4.			\$	251 7 <i>1</i>

#### **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	I	
DIST COUNCIL 47 PAC	From:	<u>1/1/2011</u> <b>To:</b>	<u>5/2/2011</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	late		Reportin	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	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>\$</b>	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	taile	ed				PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Commit	tee or Candidate		Report	ing Period					
DIST COUNCIL 47 PAC			From	1,	/1/2011	То:	5/2/2011		
			•	DATE			AMOUNT		
To Whom Paid GREENLEE FOR COUNC	CIL AT LARGE		МО	DAY	YEAR				
Mailing Address 293	2 OGDEN STREET					\$	500.00		
City PHILA	State	Zip Code (Plus 4	) Descri	Description of Expenditure					
	PA	19130							
To Whom Paid COHEN FOR COUNCIL			МО	DAY	YEAR				
Mailing Address PO	BOX 61052					\$	10,600.00		
City PHILA	State	Zip Code (Plus 4	) Descri	iption of Ex	rpenditur	 e			
	PA	19102							
To Whom Paid FRIENDS OF BILL RUB	IN .		МО	DAY	YEAR				
Mailing Address 862	2 BRIDLE ROAD					\$	10,600.00		
City PHILA	State	Zip Code (Plus 4	) Descri	iption of Ex	rpenditur	_ <del></del> e			
	PA								
To Whom Paid COMMITTEE TO RE ELE	ECT JOHN TAYLOR		мо	DAY	YEAR				
Mailing Address 170	5 LOCUST STREET SUITE	100				\$	250.00		
City PHILA	State	Zip Code (Plus 4	) Descri	ption of Ex	penditur	e			
	PA	19107							
To Whom Paid FRIENDS OF DARRELL	CLARKE	•	мо	DAY	YEAR				
Mailing Address PO	Tailing Address PO BOX 60093					\$	100.00		
City DHTLA	State	Zip Code (Plus 4	) Descri	ption of Ex	nenditur				
City PHILA		1	Descri	יייייייייייייייייייייייייייייייייייייי	Penaital	-			

19102

PA

To Whom Paid DERRY O'BRIEN FOR PHILADELPHIA			МО	DAY	YEAR		
Mailing Address PO BOX 16015						\$	250.00
City PHILA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19114	Description of Expenditure				
To Whom Paid FRIENDS OF JEFF HORNSTEIN			МО	DAY	YEAR		
Mailing Address 337 QUEEN STREETS						\$	5,000.00
City PHILADELPHIA	<b>State</b> PA	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	27,300.00