

Thomas Klemm

From: Maya Nayak
Sent: Thursday, July 14, 2016 11:04 AM
To: marnie65@verizon.net; Shane Creamer
Cc: Michael Cooke; Jordan Segall; Diana Lin
Subject: Administrative Adjudication Matter # 1510CF16
Attachments: Letter to Parties re Clarification of Recipient of May 13 2015 6500 contribution - July 14, 2016.pdf; Aument -- Laborers District Council Report.pdf

Dear Parties:

Clarification is requested regarding the 2015 cycle 3 report of Laborers District Council PAC, which is Exhibit B to the Notice in this matter and attached for your reference. Page 14 of the report lists the recipient of the May 13, 2015 \$6,500 contribution as "Marnie Aument Loughrey" and not "Marnie Aument-Loughrey for Change." Please provide any information that would clarify the recipient of the May 13, 2015 \$6,500 contribution. Please do so by email on or before Wednesday, July 20, 2016.

Sincerely,

Maya Nayak

General Counsel

City of Philadelphia Board of Ethics

maya.nayak@phila.gov

(215) 686-9450

Confidential



CITY OF PHILADELPHIA

BOARD OF ETHICS
ONE PARKWAY BUILDING
1515 Arch Street
18TH Floor
Philadelphia, PA 19102-1504
(215) 686 – 9450
FAX 686 – 9453

Confidential

July 14, 2016

Donna Aument (*Via first class mail and email*)

Treasurer

Marnie Aument-Loughrey for Change
720 E. Willard St.
Philadelphia, PA 19134
marnie65@verizon.net

J. Shane Creamer, Jr. (*Via email*)

Executive Director
Philadelphia Board of Ethics
1515 Arch Street, 18th Floor
Philadelphia, PA 19102
shane.creamer@phila.gov

Re: Administrative Adjudication Matter #1510CF16

Dear Parties:

Clarification is requested regarding the 2015 cycle 3 report of Laborers District Council PAC, which is Exhibit B to the Notice in this matter and enclosed for your reference. Page 14 of the report lists the recipient of the May 13, 2015 \$6,500 contribution as “Marnie Aument Loughrey” and not “Marnie Aument-Loughrey for Change.” Please provide any information that would clarify the recipient of the May 13, 2015 \$6,500 contribution. Please do so by email on or before Wednesday, July 20, 2016.

Sincerely,

Maya Nayak
General Counsel

Enclosure: 2015 Cycle 3 Report of Laborers District Council PAC

EXHIBIT B

Commonwealth of Pennsylvania
Campaign Finance Report

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

Page 1 of 25

Filer Identification Number:	9100189	Report Filed By:	CANDIDATE	1.	COMMITTEE	2. <input checked="" type="checkbox"/>	LOBBYIST	3.
Name of Filing Committee, Candidate or Lobbyist: LABORERS DISTRICT COUNCIL PAC								
Street Address: 665 N BROAD STREET 665 N BROAD STREET								
City: PHILADELPHIA				State: PA	Zip Code: 19123			
TYPE OF REPORT	6th Tuesday Pre-Primary	1. <input type="checkbox"/> 2nd Friday Pre-Primary	2. <input type="checkbox"/> 3rd Day Post-Primary	3. <input checked="" type="checkbox"/> X	Amendment Report	YES	<input type="checkbox"/> NO	X
	5th Tuesday Pre-Election	4. <input type="checkbox"/> 2nd Friday Pre-Election	5. <input type="checkbox"/> 3rd Day Post-Election	6. <input type="checkbox"/>	Immigration Report	YES	<input type="checkbox"/> NO	X
	Annual Report	7. <input type="checkbox"/> YEAR	2015					
Name of Office Sought by Candidate:				DATE OF ELECTION	District Number:	Office Code:	Party Code:	County Code:
				MO. DAY YEAR	MO. DAY YEAR	FOR OFFICE USE ONLY		
Summary of Receipts and Expenditures from: To								
A. Amount Brought Forward From Last Report				\$ 161,231.22				
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ 117,724.70				
C. Total Funds Available (Sum of Lines A and B)				\$ 278,955.92				
D. Total Expenditures (From Schedule III)				\$ 206,983.27				
E. Ending Cash Balance (Subtract Line D from Line C)				\$ 71,972.65				
F. Value of In-Kind Contributions Received (From Schedule II)				\$ -				
G. Unpaid Debts and Obligations (From Schedule IV)				\$ -				
AFFIDAVIT SECTION								
I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.								
Sworn to and subscribed before me this								
day of _____ 20 _____				Signature of Person Submitting Report				
Signature				Printed Name				
My commission expires				MO. DAY YEAR	Area Code	Daytime Telephone Number		
I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No 320) as amended.								
Sworn to and subscribed before me this								
day of _____ 20 _____				Signature of Candidate				
Signature				Printed Name				
My commission expires				MO. DAY YEAR	Area Code	Daytime Telephone Number		

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC	Reporting Period From _____ To _____
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
	TOTAL for the Reporting Period (1) \$ 117,649.57
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ -
All Other Contributions (Part B)	\$ -
	TOTAL for the Reporting Period (2) \$ 0
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ -
All Other Contributions (Part D)	\$ -
	TOTAL for the Reporting Period (3) \$ 0
4. OTHER RECEIPTS - REFUNDS (INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART B))	
	TOTAL for the Reporting Period (4) \$ 75.13
TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	
	\$ 117,724.70

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 LABORERS DISTRICT COUNCIL PAC	Reporting Period From _____ To _____ [MO] [DAY] [YEAR]	
Full Name of Contributing Committee Mailing Address		
City	State	Zip Code (Plus 4)
Full Name of Contributing Committee Mailing Address		[MO] [DAY] [YEAR] \$ -
City	State	Zip Code (Plus 4)
Full Name of Contributing Committee Mailing Address		[MO] [DAY] [YEAR] \$ -
City	State	Zip Code (Plus 4)
Full Name of Contributing Committee Mailing Address		[MO] [DAY] [YEAR] \$ -
City	State	Zip Code (Plus 4)
Full Name of Contributing Committee Mailing Address		[MO] [DAY] [YEAR] \$ -
City	State	Zip Code (Plus 4)
Full Name of Contributing Committee Mailing Address		[MO] [DAY] [YEAR] \$ -
City	State	Zip Code (Plus 4)
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.		Part A Total \$ -

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 Candidate LABORERS DISTRICT COUNCIL PAC	Reporting Period From _____ To _____ [MO] [DAY] [YEAR]	
Full Name of Contributor	\$ -	
Mailing Address		
City	State	Zip Code (Plus 4)
Full Name of Contributor	[MO] [DAY] [YEAR]	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Full Name of Contributor	[MO] [DAY] [YEAR]	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Full Name of Contributor	[MO] [DAY] [YEAR]	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Full Name of Contributor	[MO] [DAY] [YEAR]	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Full Name of Contributor	[MO] [DAY] [YEAR]	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.		Part B Total \$ -

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC	Reporting Period From _____ To _____	
Full Name of Contributing Committee	<input type="checkbox"/> MO <input type="checkbox"/> DAY <input type="checkbox"/> YEAR	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Full Name of Contributing Committee	<input type="checkbox"/> MO <input type="checkbox"/> DAY <input type="checkbox"/> YEAR	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Full Name of Contributing Committee	<input type="checkbox"/> MO <input type="checkbox"/> DAY <input type="checkbox"/> YEAR	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Full Name of Contributing Committee	<input type="checkbox"/> MO <input type="checkbox"/> DAY <input type="checkbox"/> YEAR	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Full Name of Contributing Committee	<input type="checkbox"/> MO <input type="checkbox"/> DAY <input type="checkbox"/> YEAR	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Full Name of Contributing Committee	<input type="checkbox"/> MO <input type="checkbox"/> DAY <input type="checkbox"/> YEAR	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.		
Part C Total		\$ -

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 LABORERS DISTRICT COUNCIL PAC	Reporting Period From _____ To _____	
Full Name of Contributor	<input type="text"/> MO <input type="text"/> DAY <input type="text"/> YEAR	
Mailing Address	\$ -	
City	State	Zip Code (Plus 4)
Employer Name		Occupation
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	<input type="text"/> MO <input type="text"/> DAY <input type="text"/> YEAR	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Employer Name		Occupation
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	<input type="text"/> MO <input type="text"/> DAY <input type="text"/> YEAR	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Employer Name		Occupation
Employer Mailing Address/Principal Place of Business		
Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.		Part D Total \$ -

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 Candidate LABORERS DISTRICT COUNCIL PAC		Reporting Period From _____ To _____		
Full Name REPUBLIC BANK		MOM	DAY	YEAR
Mailing Address 50 S 16TH STREET		5	31	2015
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102		
Receipt Description INTEREST INCOME				
Full Name SAMUEL STATEN JR		MOM	DAY	YEAR
Mailing Address 665 N BROAD STREET		5	31	2015
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123		
Receipt Description REIMBURSEMENT - CONFERENCE EXPENSE				
Full Name		MOM	DAY	YEAR
Mailing Address		\$ -		
City	State	Zip Code (Plus 4)		
Receipt Description				
Full Name		MOM	DAY	YEAR
Mailing Address		\$ -		
City	State	Zip Code (Plus 4)		
Receipt Description				
Full Name		MOM	DAY	YEAR
Mailing Address		\$ -		
City	State	Zip Code (Plus 4)		
Receipt Description				
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.				Part E Total \$ 75.13

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 LABORERS DISTRICT COUNCIL PAC	Reporting Period From _____ To _____
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ -
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ -
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ -
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page, Item F.)	\$ 0

SCHEDULE II
Part F
In-kind Contributions Received

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC			Reporting Period From _____ To _____		
Full Name of Contributor			<input type="button" value="MO"/> <input type="button" value="DAY"/> <input type="button" value="YEAR"/>	\$ -	
Mailing Address					
City	State	Zip Code (Plus 4)			
Description of Contribution					
Full Name of Contributor			<input type="button" value="MO"/> <input type="button" value="DAY"/> <input type="button" value="YEAR"/>	\$ -	
Mailing Address					
City	State	Zip Code (Plus 4)			
Description of Contribution					
Full Name of Contributor			<input type="button" value="MO"/> <input type="button" value="DAY"/> <input type="button" value="YEAR"/>	\$ -	
Mailing Address					
City	State	Zip Code (Plus 4)			
Description of Contribution					
Full Name of Contributor			<input type="button" value="MO"/> <input type="button" value="DAY"/> <input type="button" value="YEAR"/>	\$ -	
Mailing Address					
City	State	Zip Code (Plus 4)			
Description of Contribution					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				Part F Total	\$ -

SCHEDULE II

Part G

In-kind Contributions Received

VALUE OVER \$250.00

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC	Reporting Period From _____ To _____	
Full Name of Contributor	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Full Name of Contributor	<input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN	\$ -
Mailing Address		
City	State	Zip Code (Plus 4)
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed on Page, Section 3.		
		Part G Total \$ -

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate			Reporting Period			
LABORERS DISTRICT COUNCIL PAC			From	To		
To Whom Paid FRIENDS OF DAINE GREY JR			<input type="text"/> MO	<input type="text"/> DAY	<input type="text"/> YEAR	
			5	5	2015	\$ 2,500.00
Mailing Address PO BOX 17603						
City PHILADELPHIA		State PA	Zip Code (Plus 4) 19135			
Description of Expenditure CONTRIBUTION						
To Whom Paid PERRY N. BLACKMAN CPA			<input type="text"/> MO	<input type="text"/> DAY	<input type="text"/> YEAR	
			5	6	2015	\$ 2,125.00
Mailing Address 506 CORPORATE DRIVE WEST						
City LANGHORNE		State PA	Zip Code (Plus 4) 19047			
Description of Expenditure ACCOUNTING FEES						
To Whom Paid LABORERS DISTRICT COUNCIL			<input type="text"/> MO	<input type="text"/> DAY	<input type="text"/> YEAR	
			5	6	2015	\$ 101.18
Mailing Address 665 NORTH BROAD STREET						
City PHILADELPHIA		State PA	Zip Code (Plus 4) 19123			
Description of Expenditure REIMBURSE - AUTO EXPENSE						
To Whom Paid LABORERS DISTRICT COUNCIL			<input type="text"/> MO	<input type="text"/> DAY	<input type="text"/> YEAR	
			5	6	2015	\$ 506.43
Mailing Address 665 NORTH BROAD STREET						
City PHILADELPHIA		State PA	Zip Code (Plus 4) 19123			
Description of Expenditure REIMBURSE - AUTO EXPENSE						
To Whom Paid LABORERS DISTRICT COUNCIL			<input type="text"/> MO	<input type="text"/> DAY	<input type="text"/> YEAR	
			5	6	2015	\$ 94.53
Mailing Address 665 NORTH BROAD STREET						
City PHILADELPHIA		State PA	Zip Code (Plus 4) 19123			
Description of Expenditure REIMBURSE - INSURANCE EXPENSE						
To Whom Paid CHARLES TABOURN			<input type="text"/> MO	<input type="text"/> DAY	<input type="text"/> YEAR	
			5	6	2015	\$ 25.00
Mailing Address 246 ROSS ROAD						
City KING OF PRUSSIA		State PA	Zip Code (Plus 4) 19406			
Description of Expenditure REIMBURSE - TRAVEL EXPENSE						

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC	Reporting Period From _____ To _____			
To Whom Paid CITIZENS FOR KENYATTA JOHNSON	MO	DAY	YEAR	
	5	7	2015	\$ 11,500.00
Mailing Address PO BOX 7466				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19101		
Description of Expenditure CONTRIBUTION				
To Whom Paid FRIENDS OF CURTIS JONES JR	MO	DAY	YEAR	
	5	7	2015	\$ 11,500.00
Mailing Address 100 S BROAD STREET SUITE 1530				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19110		
Description of Expenditure CONTRIBUTION				
To Whom Paid ERIC OREE	MO	DAY	YEAR	
	5	7	2015	\$ 125.00
Mailing Address 4114 DUNGAN STREET				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19124		
Description of Expenditure PAC COORDINATOR				
To Whom Paid PHILLY FIRST PAC	MO	DAY	YEAR	
	5	7	2015	\$ 10,000.00
Mailing Address 6123 VINE STREET				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19139		
Description of Expenditure CONTRIBUTION				
To Whom Paid WOMEN FOR CHANGE	MO	DAY	YEAR	
	5	7	2015	\$ 1,000.00
Mailing Address 495 OSCEOLA AVENUE				
City ELKINS PARK	State PA	Zip Code (Plus 4) 19027		
Description of Expenditure CONTRIBUTION				
To Whom Paid REGIONAL PRIORITIES PAC	MO	DAY	YEAR	
	5	13	2015	\$ 22,500.00
Mailing Address 2048 ROWAN STREET				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19140		
Description of Expenditure CONTRIBUTION				

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate			Reporting Period		
LABORERS DISTRICT COUNCIL PAC			From	To	
To Whom Paid EATIBLE DELIGHTS CATERING			MO	DAY	YEAR
			5	13	2015
\$ 1,050.00					
Mailing Address 2338 RIDGE AVE					
City PHILADELPHIA					
State PA	Zip Code (Plus 4) 19121				
Description of Expenditure CATERING EXPENSE					
To Whom Paid JAMES HARPER JR					
			MO	DAY	YEAR
			5	13	2015
\$ 218.73					
Mailing Address 4004 FOX MILL DRIVE					
City BOOTHWYN					
State PA	Zip Code (Plus 4) 19061				
Description of Expenditure REIMBURSE - TRAVEL EXPENSE					
To Whom Paid LIUNA PENSION FUND					
			MO	DAY	YEAR
			5	13	2015
\$ 1,636.44					
Mailing Address 905 16TH STREET NW					
City WASHINGTON					
State DC	Zip Code (Plus 4) 20006				
Description of Expenditure EMPLOYEE BENEFITS					
To Whom Paid LABORERS INDUSTRIAL PENSION PLAN					
			MO	DAY	YEAR
			5	13	2015
\$ 1,000.00					
Mailing Address 500 N 6TH STREET					
City PHILADELPHIA					
State PA	Zip Code (Plus 4) 19123				
Description of Expenditure EMPLOYEE BENEFITS					
To Whom Paid LABORERS INDUSTRIAL PENSION PLAN					
			MO	DAY	YEAR
			5	13	2015
\$ 600.00					
Mailing Address 500 N 6TH STREET					
City PHILADELPHIA					
State PA	Zip Code (Plus 4) 19123				
Description of Expenditure EMPLOYEE BENEFITS					
To Whom Paid ERIC OREE					
			MO	DAY	YEAR
			5	13	2015
\$ 34.00					
Mailing Address 4114 DUNGAN STREET					
City PHILADELPHIA					
State PA	Zip Code (Plus 4) 19124				
Description of Expenditure REIMBURSE - TRAVEL EXPENSE					

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC			Reporting Period From _____ To _____		
To Whom Paid PNC BANK			MO	DAY	YEAR
			5	13	2015
Mailing Address PO BOX 822713					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19182			
Description of Expenditure EMPLOYEE BENEFITS					
To Whom Paid SABR ENTERPRISES			MO	DAY	YEAR
			5	13	2015
Mailing Address 6244 CLEARVIEW STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19138			
Description of Expenditure PRINTING EXPENSE					
To Whom Paid KENNETH WASHINGTON			MO	DAY	YEAR
			5	13	2015
Mailing Address 3010 W COLONA STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19132			
Description of Expenditure REIMBURSE - TRAVEL EXPENSE					
To Whom Paid MARNIE AUMENT LOUGHREY			MO	DAY	YEAR
			5	13	2015
Mailing Address 720 E WILLARD STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19134			
Description of Expenditure CONTRIBUTION					
To Whom Paid LUMINOUS STRATEGIES LLC			MO	DAY	YEAR
			5	13	2015
Mailing Address 1735 MARKET STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103			
Description of Expenditure MARKET RESEARCH					
To Whom Paid LUMINOUS STRATEGIES LLC			MO	DAY	YEAR
			5	13	2015
Mailing Address 1735 MARKET STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103			
Description of Expenditure MARKET RESEARCH					

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC		Reporting Period From _____ To _____		
To Whom Paid NEWMANS GRILL		MO 5	DAY 14	YEAR 2015
Mailing Address 5946 GERMANTOWN AVENUE				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19144		
Description of Expenditure CATERING EXPENSE				
To Whom Paid BROWN KITCHENS		MO 5	DAY 14	YEAR 2015
Mailing Address 1601 CECIL B MOORE AVE				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19121		
Description of Expenditure CATERING EXPENSE				
To Whom Paid GIORGIOS CATERERS		MO 5	DAY 14	YEAR 2015
Mailing Address 14002 MCNULTY ROAD				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19154		
Description of Expenditure CATERING EXPENSE				
To Whom Paid NEWMANS GRILL		MO 5	DAY 14	YEAR 2015
Mailing Address 5946 GERMANTOWN AVENUE				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19144		
Description of Expenditure CATERING EXPENSE				
To Whom Paid THOMPSON'S TASTE CATERING LLC		MO 5	DAY 14	YEAR 2015
Mailing Address 422 SOUTH 60TH STREET				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19143		
Description of Expenditure CATERING EXPENSE				
To Whom Paid FRIENDS OF MARIA QUINONES SANCHEZ		MO 5	DAY 18	YEAR 2015
Mailing Address PO BOX 60811				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19133		
Description of Expenditure CONTRIBUTION				

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC			Reporting Period From _____ To _____		
To Whom Paid AFRICAN AMERICANS FOR GOOD GOVERNMENT			MON	DAY	YEAR
			5	18	2015
\$ 10,000.00					
Mailing Address PO BOX 5035					
City PITTSBURGH	State PA	Zip Code (Plus 4) 15206			
Description of Expenditure CONTRIBUTION					
To Whom Paid AMIRS			MON	DAY	YEAR
			5	18	2015
\$ 1,100.00					
Mailing Address 607 WELSH STREET					
City CHESTER	State PA	Zip Code (Plus 4) 19013			
Description of Expenditure CATERING EXPENSE					
To Whom Paid COMCAST CABLE AREA ONE			MON	DAY	YEAR
			5	18	2015
\$ 91.40					
Mailing Address PO BOX 3006					
City SOUTHEASTERN	State PA	Zip Code (Plus 4) 19398			
Description of Expenditure OFFICE EXPENSE					
To Whom Paid LABORERS DISTRICT COUNCIL			MON	DAY	YEAR
			5	18	2015
\$ 649.31					
Mailing Address 665 NORTH BROAD STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123			
Description of Expenditure RENT					
To Whom Paid MID ATLANTIC LPL			MON	DAY	YEAR
			5	18	2015
\$ 7,500.00					
Mailing Address 12355 SUNRISE VALLEY DRIVE					
City RESTON	State VA	Zip Code (Plus 4) 20191			
Description of Expenditure CONTRIBUTION					
To Whom Paid UNIQUE CATERING			MON	DAY	YEAR
			5	18	2015
\$ 300.00					
Mailing Address 30 PARKWAY					
City COATESVILLE	State PA	Zip Code (Plus 4) 19320			
Description of Expenditure CATERING					

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC			Reporting Period From _____ To _____		
To Whom Paid TRACY HARDY			MONTH	DAY	YEAR
			5	20	2015
Mailing Address 4674 CANTON STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19127			
Description of Expenditure PRINTING EXPENSE					
To Whom Paid ANTHONY MOSS			MONTH	DAY	YEAR
			5	20	2015
Mailing Address 3104 OPAL COURT					
City WILMINGTON	State DE	Zip Code (Plus 4) 19810			
Description of Expenditure PAC COORDINATOR					
To Whom Paid VERIZON			MONTH	DAY	YEAR
			5	20	2015
Mailing Address PO BOX 28000					
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 18002			
Description of Expenditure TELEPHONE					
To Whom Paid KENNETH WASHINGTON			MONTH	DAY	YEAR
			5	20	2015
Mailing Address 3010 W COLONA STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19132			
Description of Expenditure REIMBURSE - TRAVEL EXPENSE					
To Whom Paid CHRISTOPHER GUEST			MONTH	DAY	YEAR
			5	21	2015
Mailing Address 3535 W WESSEX LANE					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19114			
Description of Expenditure PAC COORDINATOR					
To Whom Paid CHRISTOPHER GUEST			MONTH	DAY	YEAR
			5	21	2015
Mailing Address 3535 W WESSEX LANE					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19114			
Description of Expenditure PAC COORDINATOR					

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC			Reporting Period From _____ To _____		
To Whom Paid CHRISTOPHER GUEST			MO 5	DAY 21	YEAR 2015
Mailing Address 3535 W WESSEX LANE					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19114			
Description of Expenditure PAC COORDINATOR					
To Whom Paid LABORERS DISTRICT COUNCIL			MO 5	DAY 28	YEAR 2015
Mailing Address 665 NORTH BROAD STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123			
Description of Expenditure REIMBURSE - AUTO EXPENSE					
To Whom Paid LABORERS DISTRICT COUNCIL			MO 5	DAY 28	YEAR 2015
Mailing Address 665 NORTH BROAD STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123			
Description of Expenditure IMBURSE - AUTO EXPENSE					
To Whom Paid LABORERS DISTRICT COUNCIL			MO 5	DAY 28	YEAR 2015
Mailing Address 665 NORTH BROAD STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123			
Description of Expenditure REIMBURSE - INSURANCE EXPENSE					
To Whom Paid CLEARY, JOSEM & TRIGIANI, LLP			MO 5	DAY 28	YEAR 2015
Mailing Address 325 CHESTNUT STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19106			
Description of Expenditure LEGAL FEES					
To Whom Paid LUMINOUS STRATEGIES LLC			MO 5	DAY 29	YEAR 2015
Mailing Address 1735 MARKET STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103			
Description of Expenditure MARKET RESEARCH					

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC			Reporting Period From _____ To _____			
To Whom Paid LUMINOUS STRATEGIES LLC			MO	DAY	YEAR	
			5	29	2015	\$ 1,500.00
Mailing Address 1735 MARKET STREET						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				
Description of Expenditure MARKET RESEARCH						
To Whom Paid LANDMARK AMERICANA			MO	DAY	YEAR	\$ 62.33
			5	8	2015	
Mailing Address 2481 N 54TH STREET						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19131				
Description of Expenditure MEETING EXPENSE						
To Whom Paid LOVE PARK			MO	DAY	YEAR	\$ 14.00
			5	13	2015	
Mailing Address 1501 JFK BLVD						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103				
Description of Expenditure PARKING FEES						
To Whom Paid MCCORMICK & SCHMICK			MO	DAY	YEAR	\$ 59.40
			5	20	2015	
Mailing Address 1 SOUTH BROAD STREET						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107				
Description of Expenditure MEETING EXPENSE						
To Whom Paid 12TH ST PARKING			MO	DAY	YEAR	\$ 2.50
			5	20	2015	
Mailing Address 123 S 12TH STREET						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107				
Description of Expenditure PARKING FEES						
To Whom Paid ALESSANDROS			MO	DAY	YEAR	\$ 48.15
			5	20	2015	
Mailing Address 655 NORTH BROAD ST						
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123				
Description of Expenditure MEETING EXPENSE						

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC			Reporting Period From _____ To _____		
To Whom Paid 12TH ST PARKING			MD	DAY	YEAR
			5	20	2015
Mailing Address 123 S 12TH STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107			
Description of Expenditure PARKING FEES					
To Whom Paid FRONT PAGE			MD	DAY	YEAR
			5	21	2015
Mailing Address 1333 NEW HAMPSHIRE AVE NW					
City WASHINGTON	State DC	Zip Code (Plus 4) 20036			
Description of Expenditure CONFERENCE MEALS					
To Whom Paid RUTHS CHRIS			MD	DAY	YEAR
			5	21	2015
Mailing Address 1801 CONNECTICUT N					
City WASHINGTON	State DC	Zip Code (Plus 4) 20009			
Description of Expenditure CONFERENCE MEALS					
To Whom Paid BEN'S NEXT DOOR			MD	DAY	YEAR
			5	22	2015
Mailing Address 1211 U ST NW					
City WASHINGTON	State DC	Zip Code (Plus 4) 20009			
Description of Expenditure CONFERENCE MEALS					
To Whom Paid BIG FISH			MD	DAY	YEAR
			5	22	2015
Mailing Address 720 JUSTISON ST					
City WILMINGTON	State DE	Zip Code (Plus 4) 19801			
Description of Expenditure CONFERENCE MEALS					
To Whom Paid EMBASSY SUITES - CHEVY CHASE			MD	DAY	YEAR
			5	22	2015
Mailing Address 4300 MILITARY RD NW					
City WASHINGTON	State DC	Zip Code (Plus 4) 20015			
Description of Expenditure CONFERENCE LODGING					

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC	Reporting Period From _____ To _____			
To Whom Paid 1616 SANSOM	MO	DAY	YEAR	
	5	23	2015	\$ 26.00
Mailing Address 1616 SANSOM STREET				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103		
Description of Expenditure PARKING FEES				
To Whom Paid THE HAPPY ROOSTER	MO	DAY	YEAR	
	5	23	2015	\$ 90.06
Mailing Address 118 S 16TH STREET				
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102		
Description of Expenditure MEETING EXPENSE				
To Whom Paid HILTON TDL	MO	DAY	YEAR	
	5	23	2015	\$ 93.04
Mailing Address 1919 CONNECTICUT AVE NW				
City WASHINGTON	State DC	Zip Code (Plus 4) 20009		
Description of Expenditure CONFERENCE MEALS				
To Whom Paid PESCE	MO	DAY	YEAR	
	5	23	2015	\$ 132.00
Mailing Address 2002 P ST NW				
City WASHINGTON	State DC	Zip Code (Plus 4) 20036		
Description of Expenditure CONFERENCE MEALS				
To Whom Paid EMBASSY SUITES - CHEVY CHASE	MO	DAY	YEAR	
	5	24	2015	\$ 1,681.18
Mailing Address 4300 MILITARY RD NW				
City WASHINGTON	State DC	Zip Code (Plus 4) 20015		
Description of Expenditure CONFERENCE LODGING				
To Whom Paid EMBASSY SUITES - CHEVY CHASE	MO	DAY	YEAR	
	5	24	2015	\$ 1,228.65
Mailing Address 4300 MILITARY RD NW				
City WASHINGTON	State DC	Zip Code (Plus 4) 20015		
Description of Expenditure CONFERENCE LODGING				

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC			Reporting Period From _____ To _____		
To Whom Paid RADNOR			MO	DAY	YEAR
			5	27	2015
Mailing Address 593 E LANCASTER AVE					
City ST DAVIDS	State PA	Zip Code (Plus 4) 19087			
Description of Expenditure MEETING EXPENSE					
To Whom Paid REGIONAL PRIORITIES PAC			MO	DAY	YEAR
			5	13	2015
			\$ 60,000.00		
Mailing Address 2048 ROWAN STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19140			
Description of Expenditure CONTRIBUTION					
To Whom Paid PAYCHEX			MO	DAY	YEAR
			5	31	2015
			\$ 3,108.01		
Mailing Address 1100 ADAMS AVENUE					
City NORRISTOWN	State PA	Zip Code (Plus 4) 19403			
Description of Expenditure PAYROLL - MAY					
To Whom Paid PAYCHEX			MO	DAY	YEAR
			6	4	2015
			\$ 777.00		
Mailing Address 1100 ADAMS AVENUE					
City NORRISTOWN	State PA	Zip Code (Plus 4) 19403			
Description of Expenditure NET PAYROLL - JUNE					
To Whom Paid PAYCHEX			MO	DAY	YEAR
			5	31	2015
			\$ 2,092.63		
Mailing Address 1100 ADAMS AVENUE					
City NORRISTOWN	State PA	Zip Code (Plus 4) 19403			
Description of Expenditure PAYROLL TAXES WITHHELD & PAYROLL TAX EXPENSE					
To Whom Paid PAYCHEX			MO	DAY	YEAR
			6	4	2015
			\$ 523.16		
Mailing Address 1100 ADAMS AVENUE					
City NORRISTOWN	State PA	Zip Code (Plus 4) 19403			
Description of Expenditure PAYROLL TAXES WITHHELD AND PAYROLL TAX EXPENSE					

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC			Reporting Period From _____ To _____		
To Whom Paid PAYCHEX			MO	DAY	YEAR
			5	6	2015
Mailing Address 1100 ADAMS AVENUE					
City NORRISTOWN	State PA	Zip Code (Plus 4) 19403			
Description of Expenditure PAYROLL PROCESSING FEES					
To Whom Paid PAYCHEX			MO	DAY	YEAR
			5	31	2015
Mailing Address 1100 ADAMS AVENUE					
City NORRISTOWN	State PA	Zip Code (Plus 4) 19403			
Description of Expenditure PAYROLL PROCESSING FEES					
To Whom Paid CROWNE PLAZA			MO	DAY	YEAR
			5	9	2015
Mailing Address 4100 PRESIDENTIAL					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19131			
Description of Expenditure MEETING EXPENSE					
To Whom Paid LOVE PARK			MO	DAY	YEAR
			5	9	2015
Mailing Address 1501 JFK BLVD					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103			
Description of Expenditure PARKING FEES					
To Whom Paid NEWMANS GRILL			MO	DAY	YEAR
			5	9	2015
Mailing Address 5946 GERMANTOWN AVENUE					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19144			
Description of Expenditure MEETING EXPENSE					
To Whom Paid MELROSE DINER			MO	DAY	YEAR
			5	9	2015
Mailing Address 1501 SNYDER AVE					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19145			
Description of Expenditure MEETING EXPENSE					

SCHEDULE III
Statement Of Expenditures

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC		Reporting Period From _____ To _____			
To Whom Paid LITTLE PETE'S		MO 5	DAY 13	YEAR 2015	\$ 63.95
Mailing Address 2401 PENNSYLVANIA AVE					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19130			
Description of Expenditure MEETING EXPENSE					
To Whom Paid LOVE PARK		MO 5	DAY 19	YEAR 2015	\$ 15.00
Mailing Address 1501 JFK BLVD					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103			
Description of Expenditure PARKING FEES					
To Whom Paid MCCORMICK & SCHMICK		MO 5	DAY 29	YEAR 2015	\$ 96.50
Mailing Address 1 SOUTH BROAD STREET					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107			
Description of Expenditure EATING EXPENSE					
To Whom Paid THE GOLD STANDARD CAFE		MO 5	DAY 29	YEAR 2015	\$ 23.98
Mailing Address 4800 BALTIMORE AVE					
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19143			
Description of Expenditure MEETING EXPENSE					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					Schedule III Total \$ 206,983.27

SCHEDULE IV

Statement Of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate LABORERS DISTRICT COUNCIL PAC		Reporting Period From _____ To _____				
Name of Creditor			Outstanding Balance of Debt \$ -			
Mailing Address		Date Debt Incurred	<input type="text"/> MONTH	<input type="text"/> DAY	<input type="text"/> YEAR	
City	State	Zip Code (Plus 4)				
Description of Debt						
Name of Creditor			Outstanding Balance of Debt \$ -			
Mailing Address		Date Debt Incurred	<input type="text"/> MONTH	<input type="text"/> DAY	<input type="text"/> YEAR	
City	State	Zip Code (Plus 4)				
Description of Debt						
Name of Creditor			Outstanding Balance of Debt \$ -			
Mailing Address		Date Debt Incurred	<input type="text"/> MONTH	<input type="text"/> DAY	<input type="text"/> YEAR	
City	State	Zip Code (Plus 4)				
Description of Debt						
Name of Creditor			Outstanding Balance of Debt \$ -			
Mailing Address		Date Debt Incurred	<input type="text"/> MONTH	<input type="text"/> DAY	<input type="text"/> YEAR	
City	State	Zip Code (Plus 4)				
Description of Debt						
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.				Schedule IV Total \$ -		