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 91	100099				Repo Filed	ort By:		CANE	Σ	DATE		COM	1ITTEE	✓	LOB	BYIS	Т	
Name of Filing C	ommittee, Can	didate o	r Lob	obyist:	F	RACE	STRE	ET	PAC										-
Street Address:	C/O TREAS	: RICHA	ARD	K. BARNH	ART,1	301	NORT	Ή 3	B1ST S	TR	EET								
City:	PHILADELP	HIA							State:		PA			Zip Cod	l e: 19	121-4	495		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X		2ND FRIDAY PRIMARY	/ PRE-	2.		DA IMA		P	OST-	3.		AMENDM REPORT?		Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRIDAY	/ PRE-	- 5.		DA ECT	Y ION	P	OST-	6.		TERMINA REPORT?		Yes		No	\
report type)	ANNUAL REPO	RT 7.	,	Year 2014					G METI CHECK					PAPER	√	DIS	KETTE		
Name of Office S	ought by Candi	idate:	•						DATE	OF	FELE	стіо	N	District Number	Office Code	Pai	rty Co	de Cou	
									МО		DAY	YE	AR					•	
								ĺ	11 4 2014				(SEE INS	TRUCTI	ONS F	OR CODE	S)		
Summary of		МО		DAY	YEAR				мо		DAY	YI	AR	FO	R OFFIC	E USE	ONI	.Y	
Expenditures	trom:		1	1	20)14	то			3	31 2014								
A. Amount Bro	ught Forward F	rom Las	t Rep	port				\$				7,9	907.72						
B. Total Moneta	ary Contribution	ns And R	Recei	ipts (From	Sched	lule I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 7,907.72																			
D. Total Expenditures (From Schedule III) \$ 7,550.00																			
E. Ending Cash	Balance (Subti	act Line	D F	rom Line C	E)			\$				3	57.72						
F. Value Of In-	Kind Contributi	ons Rece	eived	d (From Sc	hedul	e II)		\$					0.00						
G. Unpaid Debt	s And Obligation	ns (Fron	m Sc	hedule IV)			\$					0.00						
					AFFI	[DA\	/IT S	SEG	CTION	١									
PART I - If this is				_							-		_						
I swear (or affirm) correct and comple		including	tne a	attacned sch	ieauies	Tilea c	on pap	er c	or by ele	ctr	onic me	eaium	, are to t	ne best o	т ту кпоч	vieage	and I	eller , t	rue
Sworn to and subs	cribed before me day of	this	:	20						-		S	ignature	of Perso	n Submitt	ing Re	port		
	Sign	ature					_			-				Prin	ted Name				
My Commission Ex	pires									-				Emai	I				
	МО		DAY	<u> </u>	YR						Are	a Cod	le	Daytim	e Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report of a c	andidate	e's a	uthorized	Comm	ittee,	Cand	lida	ate sha	II s	ign he	re.							
I swear (or affirm) No 320) as amende		of my kno	wled	ge and belie	ef this	politic	al con	nmi	ttee has	no	t violat	ed an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P.L. 13	33,
Sworn to and subsc	ribed before me t day of	his		20									Si	ignature o	f Candida	ite			_
														Printe	d Name				-
	Signatu	re					_			_									_
My Commission Exp	ires													Ema	I				
	мо		DAY	1	YR						Area	Code		Da	ytime Te	elephor	ne Nu	mber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
RACE STREET PAC	From:	1/1/201	<u>4</u> То:	3/31/2014
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)	\$	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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee	or Candidate		Reporting				
			From:	То	:		
		I		DATE			AMOUNT
Full Name of Contributing C	ommittee		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 Fining Committee of Candidate				Reporting Period From: To:					
			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 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	me of Filing Committee or Candidate			Rep	orting Pe	riod			
				Fror	n:		To):	
					D	ATE		Al	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
lailing ddress ity State Zip Code (Plus 4							\$	0.00	
City	State	Zip Cod	de (Plus	s 4)					
Employer Name	•				Occupa	tion			
Employer Mailing Address/Principal Pla Business	ice of	Ci	ty			State		Zip Cod	e (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summary	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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Period		
RACE STREET PAC	From:	<u>1/1/2014</u> To:	3/31/2014
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

ull Name of Contributor				Reporting 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 Candida	te				Re	porting	Period				
					Fro	m:		То	:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	nndidate		Reporti	ng Period			
RACE STREET PAC			From	<u>1/</u>	1/2014	То:	3/31/2014
				DATE			AMOUNT
To Whom Paid PAWLOWSKI FOR GOVERNOR			МО	DAY	YEAR		
Mailing Address PO BOX 58			1	3	2014	\$	5,000.00
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u>. </u>	
ALLENIOWN	PA	18105		IBUTION			
To Whom Paid DELAWARE COUNTY REPUBLIC	AN FINANCE COMMITTE	E	мо	DAY	YEAR		
Mailing Address 323 WEST F	RONT STREET		1	14	2014	\$	1,500.00
City MEDIA	State PA	Zip Code (Plus 4) 19063		otion of Exp			
To Whom Paid FRIENDS OF COLLEEN MORRON	NE		МО	DAY	YEAR		
Mailing Address 2203 LYDIA	HOLLOW DRIVE		2	6	2014	\$	300.00
City GLEN MILLS	State PA	Zip Code (Plus 4) 19342		I otion of Exp IBUTION	l penditure	2	
To Whom Paid BUCKS COUNTY REPUBLICAN C	COMMITTEE		МО	DAY	YEAR		
Mailing Address 115 N. BRO	AD STREET		3	19	2014	\$	750.00
City DOYLESTOWN	State PA	Zip Code (Plus 4) 18901		I otion of Exp IBUTION	enditure	•	
Futon Count Tabel of For	Strong on Person 1	and Cover Deservity	<u> </u>				PAGE TOTAL
Enter Grand Total of Expend	itures on Page 1, Rep	port Cover Page, Item l	υ.			\$	7,550.00