Campaign Finance Report

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

				-			_										
Filer Identificat Number :	ion 910	0099			Repor Filed I		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST			
Name of Filing	Committee, Candie	date or Lo	bbyist:	-	RACE S	TREE	T PAC										
Street Address:	C/O TREAS:	RICHARD	K. BARNH	HART,1	1301 N	ORTH	31ST STI	REET									
City:	PHILADELPH	IA					State:	PA			Zip Code: 19121-4495						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA PRIMA		POST-	3. X		AMENDM REPORT		Yes	No	\checkmark		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		POST-	6.		TERMIN/ REPORT		Yes	No	\checkmark		
report type)	ANNUAL REPORT	7 .	Year 2014				NG METHO				PAPER		\checkmark	DISKE	TTE		
Name of Office	Sought by Candida	ate:				•	DATE O	F ELE	стіо	N	District Number	Office Code	Par	ty Code	County Code		
							мо	DAY	YE	AR							
							11		4	2014		(SEE INS	TRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY			
Expenditure	s from:		5 6	20	014	0	6		9	2014							
A. Amount Bro	ought Forward Fro	m Last Re	eport			\$			5,1	.07.72							
B. Total Monet	\$			7,5	500.00												
C. Total Funds	\$			12,6	507.72												
D. Total Exper	ditures (From Sch	nedule III	[)			\$			3,0	00.00							
E. Ending Casl	n Balance (Subtra	ct Line D I	From Line	C)		\$			9,6	07.72							
F. Value Of In	-Kind Contribution	ns Receive	ed (From S	chedul	le II)	\$				0.00	-						
G. Unpaid Deb	ts And Obligation	s (From S	chedule IV	/)		\$			10,0	00.00							
				AFF	IDAVI	T SE	CTION										
	is a Committee rej																
I swear (or affirm correct and comp) that this report, ind lete.	cluding the	attached sc	hedules	s filed on	paper	or by elect	ronic m	edium,	, are to f	the best o	f my knov	vledge	and beli	ef , true		
Sworn to and sub	scribed before me th day of	is	20						s	ignature	e of Perso	n Submitt	ing Rep	oort			
						_					Prin	ted Name					
My Commission E	Signat	ure									Ema						
	мо	DA	Y	YR		_		Are	ea Cod	e		e Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's a	authorized	Comm	nittee, C	Candid	ate shall	sign he	ere.								
I swear (or affirm No 320) as amend) that to the best of ed.	my knowle	dge and beli	ef this	political	comm	iittee has n	iot viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,		
Sworn to and subs	cribed before me this	5								s	ignature o	of Candida	ite				
	day of		20			_					Printe	d Name					
	Signature					_						•					
My Commission Ex	pires										Ema						
	мо	DA	Y	YR		_		Area	Code		D	aytime Te	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** RACE STREET PAC From: <u>5/6/2014</u> **To:** 6/9/2014 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 7,500.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 7,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 7,500.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	Name of Filing Committee or Candidate			Reporting Period						
Fro			om:		:					
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

\$

5/5/2024 5:13:55 PM

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 Candidat	e		Rep	orting P	eriod				
From:					То:				
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Candid	ate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	0.00

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			Repo	orting Pe	riod			
RACE STREET PAC			Fron	n:	<u>5/6/2</u>	<u>014</u> То	b: <u>6/9/2014</u>	
				DA	TE		AMOUNT	
Full Name of Contributor STEPHEN CONRAD				мо	DAY	YEAR		
Mailing Address 61 SMITHBRIDGE ROAD State Zin Code (Plus 4)							\$ 7,500.00	
City GLEN MILLS	State PA	Zip Code (Plus	s 4)	6	4	2014		
Employer Name S.B. CONRAD, INC.				Occupation OWNER				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Plus 4)	
PO BOX 251		CHESTER	R HEIGH	HTS	PA		19017	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Sectio	on 3.			PAGE TOTAL \$ 7,500.00	

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		Report	ting Perio	od			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (Plus 4)					
Receipt Description					1	1		
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4			PAGE TOT	AL
		i Suillillai y Page,	Section				\$	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>5/6/2014</u> To:	<u>6/9/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 3		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period					
			From:			То:		
				DATE		АМО	UNT	
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
					From: To:						
					DATE AMO					AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor						Occupat	tion				
Employer Mailing Address/Principal Place of City State Business			State		Zip 4)	Code(Plus	Descri	ption o	f Contribution		

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportin	ng Period			
RACE STREET PAC			From <u>5/6/2014</u>			То:	<u>6/9/2014</u>
				DATE		AMOUNT	
To Whom Paid SENATE REPUBLICAN CAMPAIGN COMMITTEE				DAY	YEAR		
Mailing Address PO BOX 792	5	14	2014	\$	1,000.00		
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	otion of Exp	oenditure		
	РА	17108	CONTR	IBUTION			
To Whom Paid KILLION VICTORY COMMITTEE			мо	DAY	YEAR		
Mailing Address 3 LAURA LYNN LANE	E		6	4	2014	\$	2,000.00
City GLEN MILLS	State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure		
	CONTR	IBUTION					
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	3,000.00	

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			Reportir	ng Period						
RACE STREET PAC			From:		<u>5/6/2014</u>	То:		<u>6/9/2014</u>		
					DATE		Outstanding Balance of Debt			
Name of Creditor RICHARD K. BARNHART				мо	DAY	YEAR				
Mailing Address 40 EVANS LANE					4	2014	+ \$	5,000.00		
City HARVERFORD State Zip Code (Plus 4)					Description of Debt					
PA 19041						TEE				
					DATE			Outstanding Balance of Debt		
Name of Creditor MARK H. DAMBLY				мо	DAY	YEAR				
Mailing Address 354 DARLINGTON	ROAD			4	4	2014	+ \$	5,000.00		
City MEDIA	State	Zip Code (Pl	us 4)	Descrip	tion of Del	ot				
	РА	19063		LOAN T		TEE				
								PAGE TOTAL		
Enter Grand Total of Unpaid Deb	ts on Page 1, Repo	ort Cover Pa	ge, Item	G.			\$	10,000.00		