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 9100	099			Rep File			CAND	DATE		СОМ	1ITTEE	√	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or Lo	obbyist:	•	RACE	ST	REET	Γ PAC									
Street Address:	C/O TREAS: F	RICHARI) BARNHAR	T,ONI	E LIB	ERT	ΓY PL	ACE STE	3810								
City:	PHILADELPHI/	4						State:	PA			Zip Cod	ie: 19	9103-7	332		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE-	- 2		30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	- 5		30 DA ELECT		POST-	6.		TERMINATION REPORT?		Yes	No	•	\
report type)	ANNUAL REPORT	7.	Year 2015					IG METH CHECK O				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	ΥI	AR			•			
								11		3	2015		(SEE IN	STRUCTIO	ONS FOR C	CODES))
	Receipts and	МО	DAY	YEAR	l			МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		3 31	20	015	T	0	5		4	2015						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				344.43						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule 1	I)	\$			10,0	00.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			10,3	344.43						
D. Total Expen	ditures (From Scho	edule II	I)				\$			9,5	00.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$			8	44.43						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$			10,0	00.00			1			
				AFF	IDA'	VI٦	ΓSE	CTION									
	s a Committee rep	•	=						-								
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	nedules	s filed	on p	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	ue
Sworn to and subs	cribed before me this day of	3	20							5	ignature	of Perso	n Submit	ting Rep	ort		_
	Signatu	ra					-					Prin	ted Name	e			-
My Commission Ex	•											Ema	il				-
	мо	D	AY	YR			•		Ar	ea Cod	le	Daytim	e Teleph	none Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	, Ca	ndid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	politic	cal	commi	ittee has r	ot viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	. 1333	3,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			- [
	day of 											Printe	d Name				-
	Signature									_							_ [
My Commission Exp	-											Ema	il				
	МО	D	AY	YR					Area	Code		Da	aytime T	elephon	e Numbe	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
RACE STREET PAC	From:	3/31/201	<u>5</u> To:	<u>5/4/2015</u>
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)			\$	10,000.00
TOTAL for the Reporting	Period	(3)	\$	10,000.00
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			\$	10,000.00

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 Filing Commi	ttee or Candidate		Rep	oorting F	eriod			
			Fro	m:		To	o:	
					DATE			AMOUNT
Full Name of Contributor	r			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			Rep	orting Pe	riod		
RACE STREET PAC			Fror	n:	<u>3/31/2</u>	<u>015</u> To	: <u>5/4/2015</u>
				D/	ATE		AMOUNT
Full Name of Contributor STEPHEN CONRAD				МО	DAY	YEAR	
Mailing 61 SMITHBRIDGE ROAddress	AD				1.5	2015	\$ 10,000.00
City GLEN MILLS	State PA	Zip Code (Plu 19342	s 4)	4	15	2015	
Employer Name S.B. CONRAD, INC				Occupat	tion	OWNER	•
Employer Mailing Address/Principal Place Business	e of	City			State		Zip Code (Plus 4)
PO BOX 251		CHESTE	R HEIGI	HTS	PA		19017
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page	, Sectio	on 3.		\$	PAGE TOTAL 10,000.00

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Perio	od	
RACE STREET PAC	From:	3/31/2015 To:	<u>5/4/2015</u>
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	TF)		
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	ate		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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting F	Period			
					Fro	om:		То:		
							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 Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
RACE STREET PAC			From	<u>3/3:</u>	1/2015	То:	<u>5/4/2015</u>
				DATE			AMOUNT
To Whom Paid MIDDLETOWN TOWNSHIP REPU	JBLICAN COMMITTEE		МО	DAY	YEAR		
Mailing Address PO BOX 445			4	16	2015	\$	1,000.00
City LIMA	State PA	Zip Code (Plus 4) 190370445		otion of Exp	penditure		
To Whom Paid COMMITTEE TO ELECT DEAN BR	ROWMING		МО	DAY	YEAR		
Mailing Address 2432 CONGI	RESS STREET		4	17	2015	\$	1,000.00
City ALLENTOWN	State PA	Zip Code (Plus 4) 18104	1	otion of Exp	penditure		
To Whom Paid TONY WILLIAMS FOR MAYOR	·		МО	DAY	YEAR		
Mailing Address PO BOX 348	45		4	17	2015	\$ \$	5,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19101		otion of Exp	l penditure		
To Whom Paid JIM KENNEY FOR MAYOR			МО	DAY	YEAR		
Mailing Address PO BOX 600	65		4	17	2015	\$	2,500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Description of Expenditure CONTRIBUTION				
Fatan Corand Tatal of Famous		Course Bosso Thomas					PAGE TOTAL
Enter Grand Total of Expend	itures on Page 1, Re	eport Cover Page, Item L).				0 500 00

9,500.00

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			Reportii	ng Period				
RACE STREET PAC			From:	<u>3</u>	3/31/2015	То:		<u>5/4/2015</u>
					DATE			Outstanding Balance of Debt
Name of Creditor RICHARD K. BARNHART				МО	DAY	YEAR		
Mailing Address 40 EVANS LANE				4	4	2014	. 4	5,000.0
City HARVERFORD	State PA	Zip Code (Pl 19041	us 4)	1	otion of Del		•	
					DATE			Outstanding Balance of Debt
Name of Creditor MARK H. DAMBLY				МО	DAY	YEAR		
	ROAD			MO 4	DAY 4	YEAR 2014	. 4	5,000.0
MARK H. DAMBLY	ROAD State PA	Zip Code (Pl 19063	us 4)	4 Descrip		2014 ot	- 4	5,000.0
MARK H. DAMBLY Mailing Address 354 DARLINGTON	State PA	19063		4 Descrip	4 Otion of Del	2014 ot	4	5,000.0 PAGE TOTAL