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 :	20100033 135port									COM	1ITTEE	✓	LOB	BYIST						
Name of Filing C	ommittee, C	Candida	te or Lo	bbyis	t:		Chris	Rabl	b fo	r Sta	te R	eprese	entat	ve						
Street Address: 314 Wadsworth Ave																				
City:	City: Philadelphia State: PA									Zip Code: 19119										
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.						D DA		Р	OST-	3.		AMENDMENT REPORT?		Yes	N	0	√
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND F ELECT		PRE-	- 5.		DA ECT	Y ION	Р	OST-	6.		TERMINATION REPORT?		Yes	N	0	√
report type)	ANNUAL RE	PORT	7. X	Year	2015					IG ME		_			PAPER		√	DISK	ETTE	
Name of Office S	ought by Ca	ndidate	e:							DAT	E O	F ELE	СТІС	N	District Number	Office Code	Pai	rty Cod	Cour	
										МО		DAY	YI	AR		•	•			
											11		3	2015		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		nd	МО	DA	Y	YEAR				МО		DAY	YI	AR	FO	R OFFIC	E USE	ONLY	,	
Expenditures	irom:		1	.1	24	20)15	то			12	;	31	2015						
A. Amount Bro	ught Forwar	d From	Last Re	eport					\$					0.00						
B. Total Moneta	ary Contribu	tions A	nd Rece	eipts (From	Sched	lule I)	\$				8,4	193.00						
C. Total Funds	Available (S	um Of I	ines A	and B)				\$				8,4	193.00						
D. Total Expend	ditures (Froi	m Sche	dule III	[)					\$				8,2	83.89						
E. Ending Cash	Balance (Su	ıbtract	Line D	From I	Line C	:)		4	\$				2	09.11						
F. Value Of In-	Kind Contrib	utions	Receive	ed (Fr	om Sc	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Obliga	ations (From S	chedu	le IV))			\$					0.00		,				
						AFFI	[DA\	/IT	SE	CTIC	N									
PART I - If this is		-	-		_									_						
I swear (or affirm) correct and comple		ort, inclu	ding the	attach	ed sch	edules	filed o	n pa	per o	or by e	lectr	onic m	edium	, are to t	he best of	my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before day of	me this		20							•		9	ignature	of Persor	1 Submitt	ing Re	port		_
	- <u> </u>	Signature	•	•				_							Print	ed Name				_
My Commission Ex											-				Emai	I				-
	мо		DA	lΥ		YR						Are	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	date's a	autho	rized (Commi	ittee,	Can	dida	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	/ knowle	dge an	d belie	f this p	politic	al co	mmi	ittee h	as no	ot viola	ted an	y provisi	ions of the	e act of Ju	ıne 3,1	937 (P	L. 133	з,
Sworn to and subscribed before me this Signature of									ignature o	f Candida	ite			_						
day of										Printe	d Name				-					
Signature															_					
My Commission Exp	ires														Emai	I				
	-	мо	DA	λY		YR						Area	Code		Da	ytime Te	elephoi	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, ,				
Name of Filing Committee or Candidate	Reporting	g Period		
Chris Rabb for State Representative	From:	11/24/201	<u>5</u> To:	12/31/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	418.00
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)			\$	1,975.00
TOTAL for the Reporting	Period	(2)	\$	1,975.00
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)			\$	6,000.00
TOTAL for the Reporting) Period	(3)	\$	6,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	100.00
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			\$	8,493.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val	ue from \$50.01 to	\$250	0.00	in the			
Name of Filing Comm	nittee or Candidate		Repor	_	Period	То	:	
					DATE			AMOUNT
Full Name of Contributi	ing Committee		М	10	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	l	!						PAGE 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 Committee or Candi	Reporting P	porting Period					
Chris Rabb for State Representativ	ve	From:	11/24/	<u>12/31/2015</u>			
				DATE		AMOUNT	
Full Name of Contributor Kimberly Brown			мо	DAY	YEAR		
Mailing Address 3580 Katashley				\$ 250.00			
City Ellicott City	State MD	Zip Code (Plus 4) 210421135	12	10	2015		
Full Name of Contributor Ramona Chube			МО	DAY	YEAR		
Mailing Address 525 E Allens Ln City Philadelphia	State PA	Zip Code (Plus 4) 191191106	12	3	2015	\$ 250.00	
Full Name of Contributor Sharon Collins			МО	DAY	YEAR		
Mailing Address 429 W Briar Pl	Unit 2					\$ 100.00	
City Chicago	State IL	Zip Code (Plus 4) 606574768	12	28	2015		
Full Name of Contributor Marco A. Davis			МО	DAY	YEAR		
Mailing Address 1111 Buchanan City Washington	St NW State DC	Zip Code (Plus 4) 200114428	12	31	2015	\$ 100.00	
Full Name of Contributor Richard Joseph			МО	DAY	YEAR		
Mailing Address 708 Oakview Rd City Decatur	State GA	Zip Code (Plus 4) 300304328	12	30	2015	\$ 100.00	

Full Name of Contributor				
Ronald Ladden	МО	DAY	YEAR	
Mailing Address 1440 N Lake Shore Dr Apt 4BD				\$ 100.0
City Chicago State Zip Code (Plus 4)	12	18	2015	
IL 606105903				
Full Name of Contributor Colin Provine	мо	DAY	YEAR	
Mailing Address 311 U St NE				\$ 250.0
City Washington State Zip Code (Plus 4)	12	30	2015	
DC 200021407				
Full Name of Contributor Beverly H. Robinson	МО	DAY	YEAR	
Mailing Address 2315 E 68th St				\$ 100.0
			1 2015	
City Chicago State Zip Code (Plus 4)	12	23	2015	
City Chicago State Zip Code (Plus 4) IL 606491320	12	23	2015	
Chicago	12 MO	DAY	YEAR	
Full Name of Contributor				\$ 75.0
Full Name of Contributor James Rucker				\$ 75.0
Full Name of Contributor James Rucker Mailing Address 1076 S Van Ness Ave	мо	DAY	YEAR	\$ 75.0
Full Name of Contributor James Rucker Mailing Address 1076 S Van Ness Ave City San Francisco State Zip Code (Plus 4)	мо	DAY 25	YEAR	\$ 75.0
Full Name of Contributor James Rucker Mailing Address 1076 S Van Ness Ave City San Francisco State CA 941102616 Full Name of Contributor	MO 12	DAY 25	YEAR 2015	\$ 75.0
Full Name of Contributor James Rucker Mailing Address 1076 S Van Ness Ave City San Francisco State CA 941102616 Full Name of Contributor Ann Smith	MO 12	DAY 25	YEAR 2015	
Full Name of Contributor James Rucker Mailing Address 1076 S Van Ness Ave City San Francisco State CA 941102616 Full Name of Contributor Ann Smith Mailing Address 505 N LAKE SHORE DRIVE UNIT 1310	MO 12	DAY 25	YEAR 2015	
Full Name of Contributor James Rucker Mailing Address 1076 S Van Ness Ave City San Francisco State CA 941102616 Full Name of Contributor Ann Smith Mailing Address 505 N LAKE SHORE DRIVE UNIT 1310 City Chicago State Zip Code (Plus 4) 94102616	MO 12	DAY 25	YEAR 2015	
Full Name of Contributor James Rucker Mailing Address 1076 S Van Ness Ave City San Francisco State CA 941102616 Full Name of Contributor Ann Smith Mailing Address 505 N LAKE SHORE DRIVE UNIT 1310 City Chicago State IL 2ip Code (Plus 4) 941102616 Full Name of Contributor On It is in the interval of the interval	MO 12	DAY 25 DAY 16	YEAR 2015	
Full Name of Contributor James Rucker Mailing Address 1076 S Van Ness Ave City San Francisco State CA 941102616 Full Name of Contributor Ann Smith Mailing Address 505 N LAKE SHORE DRIVE UNIT 1310 City Chicago State Zip Code (Plus 4) 60611 Full Name of Contributor Nicole Venable	MO 12	DAY 25 DAY 16	YEAR 2015	\$ 100.0

Full Name of Contributor Dr. Levi & Mrs. Marcy Wir	ngard	мо	DAY	YEAR		
Mailing Address 524 Fernca	astle Dr				\$ 100.00	
City Downingtown	State PA	12	31	2015		
		193354843				
Full Name of Contributor James and Robin Wood		13333 6 15	МО	DAY	YEAR	
		1333000	MO	DAY 24	YEAR 2015	\$ 250.00

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

PAGE TOTAL								
\$	1,975.00							

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	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary 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 Co	Name of Filing Committee or Candidate				Rep	orting Pe	riod			
Chris Rabb for S	State Representative				Fron	n:	11/24/2	<u>015</u> To):	12/31/2015
						D/	ATE			AMOUNT
Full Name of Con Amy Murphy	tributor					МО	DAY	YEAR		
Mailing Address	3354 Stephenson Pl N	ıw							\$	1,000.00
City Washingt	ton	State	Zip	Code (Plus	4)	12	31	2015		
		DC	200	0152452						
Employer Name	self		•			Occupat	ion	lomema	ker	
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip	Code (Plus 4)
Full Name of Con Linda Johnson Ri						МО	DAY	YEAR		
Mailing Address	1040 N Lake Shore D	r							\$	500.00
City Chicago		State IL		Code (Plus 5111165	4)	12	12	2015		
Employer Name	Johnson Publishing Co	ompany	<u> </u>			Occupation Chairman				
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip	Code (Plus 4)
Full Name of Con John Hijjawi	tributor					МО	DAY	YEAR		
Mailing Address	3630 Wolf Trap Ct								\$	500.00
City Brookfiel	d	State WI		Code (Plus 0455148	4)	12	13	2015		
Employer Name Medical College of Wisconsin				Occupat	ion P	hysicia	า			
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip	Code (Plus 4)

								TAGE 9			
Full Name of Con	tributor										
Bob Harries					МО	DAY	YEAR				
Mailing								4			
Address	500 W Chestnut Hill A	Ave						\$ 2,000.00			
City Philadelp	hia	State	Zip Co	ode (Plus 4)	12	11	2015				
- Tilliadelpi	ma	PA	1911	83714							
Employer Name	Self-Employed				Occupation Coach/Counselor						
	Address/Principal Plac	e of		City	I	State		Zip Code (Plus 4)			
Business											
						1					
Full Name of Con	tributor										
George Cole					МО	DAY	YEAR				
Mailing								4			
Address	40 Siena Ct							\$ 1,000.00			
City Redwood	City	State	Zip Co	ode (Plus 4)	12	22	2015				
, Kedwood	City	CA	9406	22863							
CA 940622863											
Employer Name	Pharmacyclics				Occupat	i on P	hysician	1			
Employer Mailing	Address/Principal Plac	e of	Т,	City	State Zip Code (Plus 4)			Zip Code (Plus 4)			
Business				,							
Full Name of Con	tributor										
Warrick Carter					МО	DAY	YEAR				
Mailing	777 Whooping Crane	Ct						4			
Address	777 Wildoping Crane	Ct						\$ 500.00			
City Sanford		State	Zip Co	ode (Plus 4)	12	12	2015				
		FL	3277	15410							
Employer Name	N/A				Occupat	ri on R	etired				
Employer Mailing	Address/Principal Plac	e of	Τ,	City		State	Т	Zip Code (Plus 4)			
Business	Addi ess, i i i i cipai i i de	.	`	Lity				2.p coue (1.145 1)			
Full Name of Con	tributor										
Carol Moseley Br					МО	DAY	YEAR				
ŕ								4			
Mailing PO Box 8155							\$ 500.00				
City Chicago		State	Zip Co	ode (Plus 4)	12	18	2015				
J6436		IL	6068	08155							
					0	••••					
Employer Name					Occupat	ion					
	Address/Principal Plac	e of		City		State		Zip Code (Plus 4)			
Business											
						I	- 1				

PAGE 10

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

PAGE TOTAL

6,000.00

\$

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 Candidate	or Candidate Reporting Period		
Chris Rabb for State Representative	From:	11/24/2015 To :	12/31/2015

			D	ATE		AMOUNT
Full Name Melissa Robbins			мо	DAY	YEAR	
Mailing Address 718 Rhawn	St		12		2015	\$ 100.00
City Philadelphia	State PA	Zip Code (Plus 4) 191112556	12	9	2015	
Receipt Description Refund	·	·	•			

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ 100.00

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 Per	iod	
Chris Rabb for State Representative	From:	11/24/2015 To :	<u>12/31/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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	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-Kin	nd Contributions Deta	iled Sum	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	idate			Reportir	ng Period			
Chris Rabb for State Representati	ve			From	11/24	<u>4/2015</u>	То:	12/31/2015
					DATE			AMOUNT
To Whom Paid Amazon Inc.				мо	DAY	YEAR		
Mailing Address 410 Terry Ave Noth				11	27	2015	\$	100.00
City Seattle	State WA	2	Zip Code (Plus 4) 981042448	ı	otion of Exp Supplies	enditure		
To Whom Paid AT&T	<u> </u>			мо	DAY	YEAR		
Mailing Address 208 S Akard St			12	23	2015	\$	116.83	
City Dallas	State TX	2	Zip Code (Plus 4) 752024295	Descrip Utiltiies	otion of Exp	penditure		
To Whom Paid Baymas Enterprises	<u> </u>			мо	DAY	YEAR		
Mailing Address 7440 Briar Rd				12	1	2015	\$	3,000.00
City Philadelphia	State PA	2	Zip Code (Plus 4) 191381401	Descrip Consult	otion of Exp	enditure		
To Whom Paid Baymas Enterprises				МО	DAY	YEAR		
Mailing Address 7440 Briar Rd				12	22	2015	\$	1,500.00
City Philadelphia	State PA	2	Zip Code (Plus 4) 191381401	Descrip Consult	otion of Exp ing	enditure		

To Whom Paid David Diano			МО	DAY	YEAR	
Mailing Address 236 Cornerstone Dr			12	14	2015	\$ 250.00
City Newtown Sq	State PA	Zip Code (Plus 4) 190734049	l -	otion of Exp Database	enditure	

To Whom Paid Joseph Driscoll			мо	DAY	YEAR		
Mailing Address 5467 Hough	nton Pl		11	30	2015	\$	300.00
City Philadelphia	State PA	Zip Code (Plus 4) 191282816		otion of Exp ersement	penditure		
To Whom Paid Facebook			МО	DAY	YEAR		
Mailing Address 1 Hacker W	ay		12	1	2015	\$	26.98
City Menlo Park	State CA	Zip Code (Plus 4) 940251456		otion of Exp sement	penditure		
To Whom Paid Facebook			МО	DAY	YEAR		
Mailing Address 1 Hacker Way			12	1	2015	\$	24.30
City Menlo Park	State CA	Zip Code (Plus 4) 940251456		otion of Exp sement	enditure		
To Whom Paid Google			мо	DAY	YEAR		
Mailing Address 1600 Amphitheatre Pkwy			12	2	2015	\$	17.50
				1	1		27.00
City Mountain View	State CA	Zip Code (Plus 4) 940431351	ı	tion of Exp Services	enditure		
City Mountain View To Whom Paid NGP-VAN			ı		venditure		
To Whom Paid	CA		Online	Services 		\$	200.00
To Whom Paid NGP-VAN	CA		MO 12 Descrip	DAY	YEAR 2015	\$	
To Whom Paid NGP-VAN Mailing Address 110 15th St	t NW #500	940431351	MO 12 Descrip	DAY 8 attion of Exp	YEAR 2015	\$	
To Whom Paid NGP-VAN Mailing Address 110 15th St City Washington	t NW #500 State DC	940431351	MO 12 Description	DAY 8 btion of Exp Services	YEAR 2015 penditure	\$	

State								PAGE 17	
State MD MD MD MD MD MD MD M				мо	DAY	YEAR			
MD	Mailing Address 1719 Patapsco St			12	1	2015	\$	1,000.00	
Mailing Address 718 Rhawn St	City Baltimore					penditure			
City Philadelphia State PA 2ip Code (Pius 4) 191112556				МО	DAY	YEAR			
To Whom Paid Melissa Robbins Mailing Address 718 Rhawn St To Whom Paid Melissa Robbins State PA	Mailing Address 718 Rhawn St			11	25	2015	\$	100.00	
Melissa Robbins Mailing Address 718 Rhawn St	Priliadelphia					penditure	1		
City Philadelphia State PA				МО	DAY	YEAR			
To Whom Paid Melissa Robbins Mailing Address 718 Rhawn St State PA PA To Whom Paid Melissa Robbins State PA PA State PA PA State PA	Mailing Address 718 Rhawn St			11	27	2015	\$	100.00	
Melissa Robbins Mailing Address 718 Rhawn St	City Philadelphia	Pilliadelpilla			Description of Expenditure				
City Philadelphia State PA State PA State PA		•	·	мо	DAY	YEAR			
To Whom Paid Strassheim Graphic Design and Press Corporation Mailing Address 333 N 15th St City Philadelphia State PA PA 2ip Code (Plus 4) 191021034 Philadelphia Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. PA 191112556 MO DAY YEAR 22015 \$ 98 PAGE TOTAL	Mailing Address 718 Rhawn St			12	16	2015	\$	1,000.00	
Strassheim Graphic Design and Press Corporation Mailing Address 333 N 15th St City Philadelphia State PA 191021034 Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. PA 12 23 2015 \$ 98	City Philadelphia					penditure			
City Philadelphia State PA 2ip Code (Plus 4) 191021034 Printing PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.		Corporation	·	МО	DAY	YEAR			
PA 191021034 Printing PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	Mailing Address 333 N 15th St			12	23	2015	\$	98.28	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	City Philadelphia					penditure	1		
	Enter Grand Total of Evnenditure	s on Page 1 Po	nort Cover Page Item D					PAGE TOTAL	
$_{ m I}$	Linter Grand Total of Expenditure	s on raye I, Re	port Cover Page, Item D	•			\$	8,283.89	