#### **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 :	<b>on</b> 910	00099			Rep File			CANDI	DATE		СОМ	<b>4ITTEE</b>	<b>✓</b>	LOBE	BYIST		
Name of Filing C	Committee, Cand	idate or L	obbyist:		RACI	E S	TREET	PAC									
Street Address:	C/O TREAS:	RICHARI	) BARNHAR	RT,ON	E LIB	BER	TY PL	ACE STE	3810								
City:	PHILADELPH	ΙΙΑ						State:	PA			Zip Cod	le: 19	9103-7	332		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2. <b>X</b>	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	•	<b>/</b>
report type)	ANNUAL REPOR	T 7.	<b>Year</b> 2016					IG METHO				PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	- Sought by Candid	late:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR		10000			-	
								11		8	2016		(SEE IN	STRUCTIO	ONS FOR O	CODES)	
Summary of Expenditures	Receipts and	МО	DAY	YEAR			_	МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			3 8	2	016	Т	0	4		11	2016						
A. Amount Bro	ught Forward Fr	om Last R	eport				\$			1,6	34.43						
B. Total Monet	ary Contribution	s And Rec	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			1,6	34.43						
D. Total Expend	ditures (From So	hedule II	I)				\$			1,5	00.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line (	C)			\$			1	34.43						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le II)	)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV	)			\$			10,0	00.00			'			
				AFF	IDA	VI	ΓSE	CTION									
PART I - If this is			_						-		_						
I swear (or affirm) correct and complete		ncluding the	e attached scl	nedules	filed	on	paper (	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	ıe
Sworn to and subs	cribed before me t day of	his	20							S	ignature	of Perso	n Submit	ting Rep	ort		_
			_				- -					Prin	ted Name	e			_
My Commission Ex	Signa opires	ture										Ema	il				-
	мо	D	AY	YR			-		Are	ea Cod	le	Daytim	e Telepi	none Nu	mber		_
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nittee	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and beli	ef this	politi	ical	commi	ittee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me th	is									Si	ignature o	of Candid	ate			-
	day of		_ 20				_										_
	Cianat	•					-					Printe	d Name				
My Commission Exp	Signatur ires	<b>E</b>										Ema	iI				_
	мо	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
RACE STREET PAC	From:	3/8/201	<u>6</u> То:	4/11/2016
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

	this Part to itemize onl with an aggregate value		\$2	250.00	) in the			
Name of Filing Committee or Candidate			Reporting Period From:		renou	To:		
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	<b>!</b>	<b>I</b>	!		<u> </u>			DAGE 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 Candidate			Reporting Period From: To:					
					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	lame of Filing Committee or Candidate		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			Reporting Period					
			Fror	n:		To	<b>)</b> :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE 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:	3/8/2016 <b>To:</b>	<u>4/11/2016</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	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** 

Name of Filing Committee or Candid	ame of Filing Committee or Candidate			Reporting Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	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 Sun	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	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
RACE STREET PAC			From	<u>3/8</u>	<u>3/2016</u>	То:	4/11/2016
				DATE			AMOUNT
To Whom Paid FRIENDS OF SCOTT MARTIN			мо	DAY	YEAR		
Mailing Address PO BOX 412			3	31	2016	\$	1,000.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	Description of Expenditure CONTRIBUTION				
To Whom Paid FRIENDS OF ALEX CHARLTON			МО	DAY	YEAR		
Mailing Address PO BOX 756			3	31	2016	\$	500.00
City SPRINGFIELD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19064		otion of Exp	enditure		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL** 

1,500.00

\$

## 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			Reporti	rting Period					
RACE STREET PAC			From:		<u>3/8/2016</u>	То:		4/11/2016	
					DATE			Outstanding Balance of D	
Name of Creditor RICHARD K. BARNHART				МО	DAY	YEAR			
Mailing Address 40 EVANS LANE				4	4	2014	٠,	\$ 5,0	00.00
City HARVERFORD	State	Zip Code (Pl	us 4)	Descrip	otion of Del	ot			
PA 19041					ГО СОММІТ	TEE			
					DATE			Outstanding Balance of D	
Name of Creditor MARK H. DAMBLY				МО	DATE	YEAR			
	ROAD			<b>MO</b> 4		<b>YEAR</b> 2014		Balance of D	
MARK H. DAMBLY	ROAD <b>State</b>	Zip Code (Pl	us 4)	4	DAY	2014		Balance of D	ebt
MARK H. DAMBLY  Mailing Address 354 DARLINGTON		<b>Zip Code (Pl</b> 19063	us 4)	4 Descrip	<b>DAY</b> 4	201 <sup>2</sup>		Balance of D	ebt
MARK H. DAMBLY  Mailing Address 354 DARLINGTON	State	,	us 4)	4 Descrip	DAY 4	201 <sup>2</sup>		Balance of D	000.00
MARK H. DAMBLY  Mailing Address 354 DARLINGTON	<b>State</b> PA	19063		4  Descrip LOAN T	DAY 4	201 <sup>2</sup>		\$ 5,0	000.00