# **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			Repor Filed		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST	
Name of Filing C	Committee, Candid	ate or L	obbyist:	Į	RACE S	STREE	T PAC								
Street Address:	1301 N. 31 S <sup>-</sup>	TREET													
City:	PHILADELPHI	4					State:	PA			Zip Co	<b>de:</b> 19	9121		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	AY PRE-	- 2.	30 D. PRIM		POST- 3.			AMENDI REPORT		Yes	No	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	- 5.		30 DAY POST- 6. ELECTION				TERMIN REPORT		Yes	No	~ <b>~</b>
report type)	port type) ANNUAL REPORT 7. Year 2017 FILING METHOD () CHECK ONE						PAPER		$\checkmark$	DISKE	TTE				
Name of Office S	L Sought by Candidat	te:					DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR			DEN	1	51
			11		7	2017	<b> </b>	(SEE INS	TRUCTI	ONS FOR	CODES)				
Summary of	Receipts and	мо	DAY	YEAR	1		мо	DAY	Y	AR	FC	DR OFFIC	E USE	ONLY	
Expenditures	from:		1 1	. 20	017	Ю	3	2	27	2017					
A. Amount Bro	ught Forward From	n Last R	eport		ľ	\$		•	20,9	984.43					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5			0.00	]				
C. Total Funds Available (Sum Of Lines A and B)							5		20,9	984.43					
D. Total Expenditures (From Schedule III)						\$	5		18,1	00.00					
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$	5		2,8	84.43					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$	5			0.00					
G. Unpaid Deb	s And Obligations	(From S	Schedule IV	/)		\$	;		25,0	00.00					
				AFF	IDAV	IT SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. ]	If this i	s a Ca	ndidate r	eport, c	andi	date sig	gn here.				
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	e attached sc	hedules	s filed or	paper	or by elect	ronic me	edium	, are to t	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						s	ignature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				_					Prir	ited Name			
My Commission Ex	-										Ema	il			
	мо	D	AY	YR				Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	l Comm	nittee, (	Candid	late shall	sign he	ere.						
I swear (or affirm) No 320) as amendo	that to the best of n ed.	ny knowle	edge and beli	ief this	political	comn	nittee has n	iot violat	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	ribed before me this									s	ignature	of Candida	ite		
	day of 										Printe	ed Name			
. <u> </u>	Signature														
My Commission Exp	pires										Ema	111			
	мо	D	AY	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>1/1/2017</u> **To:** <u>3/27/2017</u> 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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

# 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 Candidate			Repo	orting I	Period			
Fro				n:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee			1	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

\$

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			orting P	eriod	_			
From: To:									
					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 Candidate			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	Reporting Period	
	From:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	iedule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section						\$	0.00

I

## 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	Name of Filing Committee or Candidate			ing Perio	od				
Fror			From:			То:			
				D	ATE			AMOUNT	ſ
Full Name				мо	DAY	YEAR			
Mailing Address	Mailing Address						\$	5	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	·					•	•		
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
			20000				\$		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>1/1/2017</u> <b>To:</b>	<u>3/27/2017</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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, 3		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting	g Period			
	From: To:						
				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 Schedule II, In-Kind Contributions Detai Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

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

Name of Filing Committee or (	ame of Filing Committee or Candidate				Rep	oorting P	eriod			
					Fro	m:		То:		
							DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	l tion		<u> </u>	
Employer Mailing Address/Prin Business	ncipal Place of	City		State		Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Tatal of Dart	C on Schodula II		Contribut			d				PAGE TOTAL

	<u> </u>
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE 1

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate								
RACE STREET PAC			From	<u>1/</u>	<u>1/2017</u>	То:	<u>3/27/2017</u>		
				DATE			AMOUNT		
To Whom Paid DELAWARE COUNTY REPUBLICAN FINA	NCE COMMITTEE		мо	DAY	YEAR				
Mailing Address 323 WEST FRONT S	TREET		1	10	2017	\$	1,500.00		
City MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19063		Description of Expenditure CONTRIBUTION					
To Whom Paid DELAWARE COUNTY YOUNG REPUBLIC	ANS		мо	DAY	YEAR				
Mailing Address 323 W. FRONT STRE	ET		2	16	2017	\$	1,000.00		
CityMEDIAStateZip Code (Plus 4)PA19063				Description of Expenditure CONTRIBUTION					
To Whom Paid BUCKS COUNTY REPUBLICAN COMMITT	ΈĒ		мо	DAY	YEAR				
Mailing Address 115 N. BROAD STRE	ET		2	16	2017	\$	1,500.00		
City DOYLESTOWN	<b>State</b> PA	Zip Code (Plus 4) 18901		<b>ition of Exp</b> IBUTION	benditure	1			
To Whom Paid COMMITTEE TO ELECT JOSEPH DIGIRO	LAMO MAYOR		мо	DAY	YEAR				
Mailing Address C/O DAWN DAVIS 4	672 YATES ROAD		2	16	2017	\$	1,000.00		
City BENSALEM	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19020		<b>ition of Exp</b> IBUTION	benditure				
To Whom Paid MCGARRIGLE FOR SENATE			мо	DAY	YEAR				
Mailing Address PO BOX 297	Mailing Address PO BOX 297			16	2017	\$	2,500.00		
City SPRINGFIELD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19064		<b>ition of Exp</b> IBUTION	benditure				

To Whom Paid				DAY	VEAD					
DELAWARE COUNTY FRIENDS OF ST. PATRICK			мо	DAY	YEAR					
Mailing Address C/O MBM 1223 NORTH PROVIDENCE ROAD			2	16	2017	\$	100.00			
City MEDIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	oenditure	1				
	PA 19063				CONTRIBUTION					
To Whom Paid FRIENDS OF ROB LOUGHERY			мо	DAY	YEAR					
Mailing Address PO BOX 639			2	28	2017	\$	1,000.00			
City LANGHORNE	State	Zip Code (Plus 4)	Descrip							
	PA	190470639	CONTRIBUTION							
To Whom Paid			мо	DAY	YEAR					
SENATE REPUBLICAN CAMPAIGN COMMITTEE										
Mailing Address C/O THE UNION LEAGE 140 SOUTH BROAD ST.			3	6	2017	\$	5,000.00			
City         PHILADELPHIA         State         Zip Code (Plus 4)			Description of Expenditure							
	PA	19102	CONTR	IBUTION						
To Whom Paid FRIENDS OF CHRISTINE FIZZANO CANNON				DAY	YEAR					
Mailing Address C/O BONNER RESIDENCE 1029 TYLER DRIVE				13	2017	\$	2,500.00			
City NEWTOWN SQUARE	State	Zip Code (Plus 4)	Descrip							
	PA	19073	CONTR	IBUTION						
To Whom Paid DELAWARE COUNTY REPUBLICAN FINANCE COMMITTEE				DAY	YEAR					
Mailing Address 323 WEST FRONT STREET			3	27	2017	\$	2,000.00			
City MEDIA State Zip Code (Plus 4)			Description of Expenditure							
	PA	19063	CONTR	IBUTION						
							PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	18,100.00			

# 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 Reportin			ng Period	I					
RACE STREET PAC				From:		<u>1/1/2017</u>	То:		<u>3/27/2017</u>
						DATE			Outstanding Balance of Debt
Name of Creditor RICHARD K. BARNHART				мо	DAY	YEAR			
Mailing Address 40 EVANS LANE				4	4	2014	\$	5,000.00	
City HAVERFORI	D	StateZip Code (Plus 4)PA19041			Description of Debt LOAN TO COMMITTEE				
									Outstanding Balance of Debt
Name of Creditor MARK H. DAMBLY			мо	DAY	YEAR				
Mailing Address 354 DARLING ROAD				4	4	2014	\$	5,000.00	
City MEDIA		StateZip Code (Plus 4)PA19063			Description of Debt LOAN TO COMMITTEE				
				Outstanding DATE Balance of Debt					
Name of Creditor MARK H. DAMBLY				мо	DAY	YEAR			
Mailing Address 354 DARLING ROAD			4	20	2016	\$	5,000.00		
City MEDIA		<b>State</b> PA	<b>Zip Code (Pl</b> 19063	us 4)	Description of Debt LOAN TO COMMITTEE				
						DATE			Outstanding Balance of Debt
Name of Creditor MARK H. DAMBLY			мо	DAY	YEAR				
Mailing Address 354 DARLING ROAD			7	1	2016	\$	5,000.00		
City MEDIA		<b>State</b> PA	<b>Zip Code (Pl</b> 19063	us 4)	Description of Debt LOAN TO COMMITTEE				

				DATE			Outstanding Balance of Debt		
Name of Creditor RICHARD K. BARNHART			мо	DAY	YEAR				
Mailing Address 40 EVANS LANE			7	1	2016	\$	5,000.00		
City HAVERFORD State Zip Code (Plus 4) Desc				Description of Debt					
	РА	19041							
							PAGE TOTAL		
Enter Grand Total of Unpaid Deb	ots on Page 1,	Report Cover Page, Iten	1 G.			\$	25,000.00		