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	0099			Repoi Filed		CAND	IDATE		соми	ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:	R	RACE S	STREE	T PAC									
Street Address:	1301 N. 31 S	TREET														
City:	PHILADELPHI	A					State:	PA			Zip Cod	ie: 19	9121			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PI PRIMARY	RE-	2. X	30 D. PRIM		POST-	3.		AMENDM REPORT		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PELECTION	RE-	- 5.	30 D.	AY TION	POST-	6.		TERMINA REPORT		Yes	No	•	
report type)	ANNUAL REPORT	7.	Year 2017				NG METH CHECK (PAPER		/	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-		-		DATE	OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	у
							МО	DAY	YE	AR		10000	DEN	1	51	
							1	1	7	2017		(SEE IN	ISTRUCTI	ONS FOR C	ODES)	
,	Receipts and	МО	DAY YE	AR			МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures			3 28	20	17	ГО		5	1	2017						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$;	2,884.43								
B. Total Moneta	ary Contributions	And Rec	eipts (From Sc	hed	lule I)	\$	5	1,000.00								
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5		3,8	384.43						
D. Total Expend	ditures (From Sch	edule II	I)			\$	5		2,5	00.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)			\$	5		1,3	84.43						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	dule	e II)	\$	5			0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$	5		25,0	00.00			1			
			Al	FI	DAV:	IT SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	e. If	f this i	s a Ca	ndidate	report,	candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached schedu	les	filed or	paper	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	e.
Sworn to and subs	cribed before me thi day of	s	20						S	ignature	of Perso	n Submit	ting Rep	oort		-
	Signati	ıre				_					Prin	ted Name	e			-
My Commission Ex	cpires					_					Ema	il				-
	МО	D	AY Y	/R				Ar	ea Cod	le	Daytim	e Teleph	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Cor	nmi	ittee, (Candid	late shal	l sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of led.	my knowl	edge and belief ti	his p	politica	comn	nittee has	not viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333	,
Sworn to and subsc	ribed before me this									s	ignature o	of Candid	ate			-
	day of					_					Printe	d Name				-
	Signature					_										╻┃
My Commission Exp	ires										Ema	il				
	МО	D	AY	YR		_		Area	Code		D	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:	<u>3/28/201</u>	<u>7</u> To:	5/1/2017
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	y 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	1,000.00
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			\$	1,000.00

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 Fining Committee of Camulate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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 Candi	ame of Filing Committee or Candidate			Rep	orting Pe	riod				
				Froi	n:		To	То:		
					D	ATE		AM	10UNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								\$	0.00	
City	State	Zi	p Code (Plus	4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Business	l Place of		City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on 9	Schedule I, Deta	iled Sumr	nary Page,	Section	on 3.			P <i>/</i>	O.00	
							L			

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	Reporting Per	iod	
RACE STREET PAC	From:	3/28/2017 To:	5/1/2017

			D.	ATE		AMOUNT	
Full Name FRIENDS OF ROB LOUGHERY	МО	DAY	YEAR				
Mailing Address PO BOX 639					2017	\$ 1,000.00	
City LANGHORNE	State PA	Zip Code (Plus 4) 190470639	4	5	2017		
Receipt Description VOIDED CHECK #1099 DATED 2/28/17							

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

PAGE TOTAL \$ 1,000.00

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	d	
RACE STREET PAC	From:	3/28/2017 To :	5/1/2017
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	ate		Reportin	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 Sun	ımary Pa	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			•			Occupa	ation		•	
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	n-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00
Summary Page, Section 3.									0.00	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reportir				
RACE STREET PAC				<u>3/28</u>	<u>5/1/2017</u>		
				DATE			AMOUNT
To Whom Paid FRIENDS OF DAVE WHITE			мо	DAY	YEAR		
Mailing Address 1005 KEDRON AVEN	UE		4	4	2017	\$	2,500.00
CityMORTONStateZip Code (Plus 4)PA19070			1	tion of Exp	enditure)	

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

ame of Filing Committee or Candidate Reporting		ng Period						
RACE STREET PAC			From:	<u>3</u>	3/28/2017	То:		5/1/2017
					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 HAVERFORD	State PA	Zip Code (Plu 19041	us 4)	l	otion of Del			
					DATE			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	State PA	Zip Code (Plu 19063	ıs 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 ROA	\D			4	20	2016	\$	5,000.00
City MEDIA	State PA	Zip Code (Plu 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	State PA	Zip Code (Plu 19063	us 4)		otion of Del			

			DATE			Outstanding Balance of Debt	
Name of Creditor RICHARD K. BARNHART			МО	DAY	YEAR		
Mailing Address 40 EVANS LANE		7	1	2016	\$	5,000.0	
City HAVERFORD	State	Zip Code (Plus 4)	Descri	otion of Del	bt		
TWO EIG OND	PA	19041	LOAN TO COMMITTEE				
							PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							25,000.00