#### **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			Repo Filed	ort I By:		COMMITTEE								
Name of Filing C	ommittee, Candid	ate or L	obbyist:	,	RACE	STRE	ET P	PAC			<b>-</b>					
Street Address:	1301 N. 31 S	TREET														
City:	PHILADELPHIA	4					Si	tate:	PA			Zip Co	<b>de:</b> 19	121		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		DAY MAR		POST-	3.		AMENDN REPORT		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. <b>X</b>	2ND FRIDA ELECTION	AY PRE	- 5.		DAY CTIC		POST-	6.		TERMINATION REPORT?		Yes	No	<b>✓</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2017					METHO				PAPER		$\checkmark$	DISKE	ΓΤΕ
Name of Office S	ought by Candida	te:	•		-	Ī	D	ATE O	F ELE	CTIC	ON	District Number	Office Code	Part	y Code	County Code
							М	10	DAY	Y	EAR			DEM		51
								11		7	2017		(SEE INS	TRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	l .		M	10	DAY	Y	EAR	FC	R OFFIC	E USE	ONLY	
Expenditures	Trom:		6 6	5 20	017	то		9	:	18	2017					
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			10,	184.43					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule I	()	\$				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			10,	184.43					
D. Total Expend	ditures (From Sch	edule II	I)				\$			7,	975.00					
E. Ending Cash Balance (Subtract Line D From Line C)						\$			2,	209.43	-					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)		\$				0.00	-				
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	/)			\$			25,	000.00		•			
				AFF	ΊDΑ\	/IT S	EC	TION								
I swear (or affirm)	s a Committee rep that this report, incl	-	_						-		_		f my knov	vledge a	ınd belie	ef , true
correct and comple	ete. cribed before me this															
	day of		_ 20								Signature	e of Perso	n Submitt	ing Rep	ort	
	Signatu	re				_						Prin	ted Name			
My Commission Ex	· —											Ema				
	МО		AY	YR						ea Co	de	Daytin	ie Teleph	one Nun	nber	
	a report of a cand								_			: <b>6</b> 4b	+ -f 1.	2 10	27 (0.1	1222
No 320) as amende	ed.	iy kilowi	euge and bei	iei tilis	politic	ai com		ee nas n	OL VIOIA	leu a	ily provis	ions or th	e act of Jt	ille 3,19	37 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20								s	ignature (	of Candida	ite		
			_									Printe	ed Name			<del></del>
My Commission Exp	Signature ires											Ema	il			—
	мо	D	AY	YR		_			Area	Code		D	aytime Te	elephone	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>6/6/201</u>	<u>7</u> To:	9/18/2017
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	J 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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

## 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	date		Re <sub>l</sub> Fro	oorting P m:	eriod	To	o:	
					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	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				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	<b>4</b> )						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</b> 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:	<u>6/6/2017</u> <b>To:</b>	9/18/2017					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	•				Rep	orting P	eriod			
					Froi	m:		To:		
				•			DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plu	us 4)						
Employer of Contributor	•		•			Occupat	tion		•	
Employer Mailing Address/Principal Pla Business	ce of	City	S	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch	nedule II, I	In-Kind	Contribution	ns De	taile	d				PAGE TOTAL
Summary Page, Section 3.	•									0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period			
RACE STREET PAC			From	<u>6/6</u>	5/2017	То:	9/18/2017
				DATE			AMOUNT
To Whom Paid REPUBLICANS FOR ALDAN			МО	DAY	YEAR		
Mailing Address PO BOX 3			6	29	2017	\$	500.00
City ALDAN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19018		IBUTION			
To Whom Paid KILLION VICTORY COMMITTEE			МО	DAY	YEAR		
Mailing Address PO BOX 764	4		6	22	2017	\$	2,500.00
City WEST CHESTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19381	1	tion of Exp IBUTION	enditure		
To Whom Paid FRIENDS OF CURTIS JONES, JF	₹.		МО	DAY	YEAR		
Mailing Address 100 SOUTH	BROAD STREET SUITE	<u> </u>	7	10	2017	\$	2,000.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrin				
				ition of Exp	enditure		
	PA	19110	1	IBUTION	enditure		
To Whom Paid MIDDLETOWN TOWNSHIP REPU		19110	1		YEAR		
	UBLICAN COMMITTEE	19110	CONTR	IBUTION		\$	1,000.00
Mailing Address PO BOX 445	UBLICAN COMMITTEE	19110   Zip Code (Plus 4)	MO 7	DAY 11	<b>YEAR</b> 2017	. \$	1,000.00
MIDDLETOWN TOWNSHIP REPO	UBLICAN COMMITTEE		MO 7 Descrip	DAY	<b>YEAR</b> 2017	. \$	1,000.00
Mailing Address PO BOX 445	UBLICAN COMMITTEE	Zip Code (Plus 4)	MO 7 Descrip	DAY  11  stion of Exp	<b>YEAR</b> 2017	. \$	1,000.00
MIDDLETOWN TOWNSHIP REPUMAIIING Address PO BOX 445  City LIMA  To Whom Paid	UBLICAN COMMITTEE  State PA	Zip Code (Plus 4)	MO 7 Description	DAY  11 btion of Exp	YEAR 2017 penditure	. \$	1,000.00

19064

CONTRIBUTION

PA

							PAGE 12
To Whom Paid KILLION VICTORY COMMITTEE			мо	DAY	YEAR		
Mailing Address C/O CMC CON:	SULTING PO BOX 76	4	7	11	2017	\$	250.00
City WEST CHESTER	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19381		tion of Exp IBUTION	penditure		
To Whom Paid COMMITTEE TO RE-ELECT JOHN T	AYLOR		МО	DAY	YEAR		
Mailing Address C/O J. TSUCAL	AS 1600 WALNUT S	TREET-SUITE 305	7	11	2017	\$	125.00
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19103	1	otion of Exp	penditure		
To Whom Paid FRIENDS OF ROB LOUGHERY			МО	DAY	YEAR		
Mailing Address PO BOX 639			7	13	2017	\$	500.00
City LANGHORNE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 190470639	Description of Expenditure CONTRIBUTION				
To Whom Paid DELAWARE COUNTY REPUBLICAN	FINANCE COMMITTE	EE	МО	DAY	YEAR		
Mailing Address 323 WEST FRO	ONT STREET		7	18	2017	\$	150.00
City MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19063		tion of Exp IBUTION	enditure		
To Whom Paid COMMITTEE TO ELECT JOSEPH DI	GIROLAMO MAYOR	·	МО	DAY	YEAR		
Mailing Address 2411 ELFRETH	S ALLEY		7	26	2017	\$	500.00
	Ctata	Zip Code (Plus 4)	D. a. a. a. i. i	tion of Exp	enditure		
City BENSALEM	State PA	19020		IBUTION	, cirarear c		
City BENSALEM  Enter Grand Total of Expenditu	PA	19020	CONTR				PAGE TOTAL

## 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						
RACE STREET PAC			From:		<u>6/6/2017</u>	То:		9/18/2017
					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 Zip Code (Plus 4) PA 19041		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	4	2014	\$	5,000.00	
City MEDIA	<b>State</b> 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 ROAD			4	20	2016	\$	5,000.00	
City MEDIA	<b>State</b> PA	<b>Zip Code (Plu</b> 19063	ıs 4)	Description of Debt LOAN TO COMMITTEE				
				Outstanding DATE Balance of Deb				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	Zip Code (Plu 19063	ıs 4)	1	otion of Del			

				DATE			Outstanding Balance of Debt	
Name of Creditor RICHARD K. BARNHART			мо	DAY	YEAR			
Mailing Address 40 EVANS	S LANE		7	1	2016	\$	5,000.00	
City HAVERFORD	State	Zip Code (Plus 4)	Descrip	otion of De	bt			
THIN EIN GIND	PA	19041	LOAN TO COMMITTEE					
	·	I	_				PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							25,000.00	