#### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 9100099 Number :						port		CANDI	DATE		СОМ	<b>4ITTEE</b>	LOBBYIST LOBBYIST				
Name of Filing C	Committee, Candi	date or L	obbyist:		RAC	E S	TREET	Г РАС									
Street Address:	1301 N. 31 S	STREET															
City:	PHILADELPH:	IΑ						State:	PA			Zip Cod	ie: 19	9121			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST- 3.			AMENDM REPORT		Yes	No	•	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.				30 DA ELECT		POST- 6.			TERMINA REPORT		Yes	No		<b>/</b>	
report type)	ANNUAL REPORT	7.	<b>Year</b> 2018	FILING METHO ( ) CHECK O							PAPER		$\overline{}$	DISKE	TTE		
Name of Office S	Sought by Candida	ate:			_		DATE OF ELECTION					District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR	Number	code	DEM	1	51	
								11		6	2018		(SEE IN	ISTRUCTIO	ONS FOR C	CODES	)
Summary of Receipts and MO DAY YEAR MO DAY YEAR								FO	R OFFI	CE USE	ONLY						
Expenditures	s trom:		1 1	2	018	Т	0	3		26	2018						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	_		2,7	709.43						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																	
C. Total Funds Available (Sum Of Lines A and B) \$ 2,709.43																	
D. Total Expenditures (From Schedule III)									2,0	00.00							
E. Ending Cash Balance (Subtract Line D From Line C)						\$			7	09.43							
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	()	\$				0.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV	)			\$			30,0	00.00			1			
				AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign l	here. :	If th	is is	a Can	ndidate re	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	cluding the	e attached scl	hedule	s file	d on	paper (	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	ef , tru	ue
Sworn to and subs	cribed before me th day of	is	20							S	ignature	of Perso	n Submit	ting Rep	ort		_
	- Cianat						-					Prin	ted Name	e			-
My Commission Ex	Signat opires	u1 C										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 can	didate's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	polit	tical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this	ì									S	ignature o	of Candid	ate			-
	day of						_					Drinto	d Name				_
	Signature						-					Frinte	u NdMe				
My Commission Exp	<del>-</del>											Ema	il				_
	МО	D	AY	YR	1		-		Area	Code		Daytime Telephone Number				-	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	J Period						
RACE STREET PAC	From:	1/1/201	<u>8</u> To:	3/26/2018				
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

	with an aggregate valu	\$250.00 in the reporting period.  Reporting Period							
Name of Filing Committee or Candidate			From: To			o:			
		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 Fining Committee of Candidate			Rep Fro					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address	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.

ame of Filing Committee or Candidate Repor		Reporting	eporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	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.)

lame of Filing Committee or Candidate		Reporting Period							
			Froi	m:		To	То:		
				D	ATE		АМ	OUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	5 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	Summary Page,	Section	on 3.			PA:	<b>GE TOTAL</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	Name of Filing Committee or Candidate			Reporting Period						
			From:			To:				
			•	D	ATE		AI	MOUNT		
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL		
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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>1/1/2018</u> <b>To:</b>	3/26/2018						
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, 1		\$	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:			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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL			
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL			
						\$	0.00			

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candida	Name of Filing Committee or Candidate			Reporting Period							
					From:			То	То:		
					<u> </u>		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•		Occupation						
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed						PAGE TOTAL				
Summary Page, Section 3.										0.00	

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period							
RACE STREET PAC			From	1/	3/26/2018					
					DATE AMO					
To Whom Paid COMMITTEE TO ELECT JOSEPH DIGIROLAMO MAYOR				DAY	YEAR					
Mailing Address 2411 ELFRETHS ALLEY				30	2018	\$	500.00			
City BENSALEM	State PA	<b>Zip Code (Plus 4)</b> 19020	1 -	otion of Exp	penditure					
To Whom Paid BUCKS COUNTY REPUBLICAN COMMIT	To Whom Paid BUCKS COUNTY REPUBLICAN COMMITTEE				YEAR					
Mailing Address 115 N. BROAD STREET			2	13	2018	\$	1,500.00			
City DOYLESTOWN	State PA	<b>Zip Code (Plus 4)</b> 18901	Description of Expenditure CONTRIBUTION							

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

**PAGE TOTAL** 

2,000.00

## 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	me of Filing Committee or Candidate Rep							
RACE STREET PAC			From:		1/1/2018	То:		3/26/2018
					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				
					DATE			Outstanding Balance of Debt
Name of Creditor MARK H. DAMBLY					DAY	YEAR		
Mailing Address 354 DARLING ROAD					4	2014	\$	5,000.00
City MEDIA	<b>State</b> PA	Zip Code (Plu 19063	us 4)		otion of Del			
					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	<b>State</b> PA	<b>Zip Code (Plu</b> 19063	us 4)	_	otion of Del			
					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         Zip Code (Plus 4)           PA         19063					otion of Del			

			DATE		Outstanding Balance of Debt		
Name of Creditor			мо	DAY	YEAR		
RICHARD K. BARNHART			1-10		LAK		
Mailing Address 40 EVANS LANE			7	1	2016	\$	5,000.00
City HAVERFORD	State	Zip Code (Plus 4)	Descrip	tion of Del	bt	•	
	PA	19041	LOAN TO COMMITTEE				
			•	DATE			Outstanding Balance of Debt
Name of Creditor RICHARD K. BARNHART			мо	DAY	YEAR		
Mailing Address 40 EVANS LA	ANE		10	26	2017	<b>-</b> \$	2,500.00
City HAVERFORD	State	Zip Code (Plus 4)	Description of Debt				
	PA	19041	LOAN TO COMMITTEE				
•				DATE			Outstanding Balance of Debt
Name of Creditor			М0	DAY	YEAR		
MARK H. DAMBLY			МО	DAY	YEAK		
Mailing Address 354 DARLING ROAD			10	26	2017	<b>-</b> \$	2,500.00
City MEDIA	State	Zip Code (Plus 4)	Description of Debt				
	PA	19063	LOAN TO COMMITTEE				
	·	1	•				PAGE TOTAL
Enter Grand Total of Unpaid	d Debts on Page 1	l, Report Cover Page, Iter	n G.			\$	30,000.00