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 (| 91000 | 99 | | | Rep File | | | CAND | DATE | | СОМ | 4ITTEE | ✓ | LOBE | SYIST | | |
|---|-----------------------------|----------|-----------|----------------------|---------|-------------|-------------|----------------|--------------------|-----------|--------|------------|--------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C | Committee, Ca | ındida | te or Lo | obbyist: | | RAC | ES | TREET | F PAC | | | | | | | | | |
| Street Address: | 1301 N. 3 | 31 ST | REET | | | | | | | | | | | | | | | |
| City: | PHILADEI | LPHIA | | | | | | | State: | PA | | | Zip Cod | le: 19 | 9121 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2 | 2. | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT? | | Yes | No | • | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | | 4. | 2ND FRIDATELECTION | y pre | ii- 5 | 5. X | 30 DA ELECT | | POST- | 6. | | TERMINA REPORT? | | Yes | No | • | \ |
| report type) | ANNUAL REP | ORT | 7. | Year 2018 | | | | | IG METH CHECK O | | | | PAPER | | \ | DISKE | TTE | |
| Name of Office S | - Sought by Can | didate | e: | | | _ | | | DATE C |)F ELE | CTIO | N | District Number | Office Code | Par | ty Code | Coun | |
| | | | | | | | | | МО | DAY | YE | AR | | 1 | DEM | 1 | 51 | |
| | | | | | | | | | 11 | | 6 | 2018 | | (SEE IN | STRUCTIO | ONS FOR C | CODES) | 1 |
| Summary of Expenditures | | ıd | МО | DAY | YEAR | | | _ | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | | |
| | | | | 9 18 | 2 | 018 | Т | 0 | 10 |) | 22 | 2018 | 118 | | | | | |
| A. Amount Bro | ught Forward | From | Last Re | eport | | | | \$ | | | 8 | 309.43 | _ | | | | | |
| B. Total Monet | ary Contributi | ions A | nd Rece | eipts (From | Sche | dule | I) | \$ | | | | 0.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 809.43 | | | | | | | | | | | | | | | | | | |
| D. Total Expen | ditures (From | Sche | dule III | [) | | | | \$ | | | 7 | '50.00 | | | | | | |
| E. Ending Cash | Balance (Sub | tract | Line D | From Line (| C) | | | \$ | | | | 59.43 | | | | | | |
| F. Value Of In- | Kind Contribu | tions | Receive | ed (From S | chedu | le II |) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligat | tions (| From S | chedule IV |) | | | \$ | | | 30,0 | 00.00 | | | 1 | | | |
| | | | | | AFF | IDA | ١٧٧ | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee | e repo | rt, trea | surer sign l | here. | If thi | is is | a Can | ididate r | eport, o | candi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple | | t, inclu | iding the | attached scl | nedule | s filed | d on | paper (| or by elect | tronic m | edium | , are to t | he best o | f my kno | wledge a | and belie | ef , tru | ıe. |
| Sworn to and subs | cribed before m | ıe this | | 20 | | | | | | | s | ignature | of Perso | n Submit | ting Rep | ort | | - |
| | | | | | | | | - | | | | | Prin | ted Name | e | | | - |
| My Commission Ex | - | gnature | В | | | | | | | | | | Ema | il | | | | - |
| | мо | | DA | ΛΥ | YR | | | - | | Ar | ea Cod | le | | e Telepi | none Nu | mber | | _ |
| Part II- If this is | a report of a | candi | idate's a | authorized | Comn | nitte | e, C | andida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | st of my | y knowle | dge and beli | ef this | polit | ical | commi | ittee has r | not 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 | e this | | | | | | | | | | Si | ignature o | of Candid | ate | | | - |
| | day of | | | | | | | _ | | | | | Drint- | d Name | | | | _ |
| | Signa | | | | | | | - | | | | | Printe | d Name | | | | _ |
| My Commission Exp | _ | | | | | | | | | | | | Ema | il | | | | - |
| | МС | D | DA | λΥ | YR | l | | • | | Area | Code | | Da | ytime 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: | <u>9/18/201</u> | <u>8</u> To: | 10/22/2018 |
| 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

| Name of Filing Comm | nittee or Candidate | | Reporti | ng Period | | | |
|------------------------|---------------------|-------------------|---------|-----------|------|----|--------|
| | | | From: | | То | : | |
| | | I | | DATE | | | AMOUNT |
| Full Name of Contribut | ing Committee | | 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 |

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 | | | Rep | orting P | eriod | | | |
|-----------------------------------|-------|----|-----------------|-----|----------|-------|------|---------------|--------|
| | | | | Fro | m: | | To |): | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus 4) | | | | | | |
| | | | | | | | | $\overline{}$ | |

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 | | | |
|--|---------------|-----------|--------------|---------|-----------|-------|------|------------|-----------------------|
| | | | | Froi | m: | | То |): | |
| | | | | | D | ATE | | AN | MOUNT |
| Full Name of Contributor | | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus | 5 4) | | | | | |
| Employer Name | • | • | | | Occupa | tion | • | • | |
| Employer Mailing Address/Principal Pla Business | ce of | | City | | • | State | | Zip Code | e (Plus 4) |
| Enter Grand Total of Part C on Scho | edule I, Deta | iled Sumr | mary Page, | Section | on 3. | | | P <i>/</i> | AGE 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 Co | andidate | | Report | ting Perio | bd | | | |
|--------------------------------|-----------------------|------------------|---------|------------|-----|------|----|----------|
| | | | From: | | | То: | | |
| | | | | D | ATE | | AN | 10UNT |
| Full Name | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | • | | | | | | |
| Enter Grand Total of Part E or | Schedule T Detaile | d Summary Page | Section | 4 | | | PA | GE TOTAL |
| Lines Grana Fotal of Fair 2 of | r benedule 1/ betanet | z Sammary r age, | Section | •• | | | \$ | 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 Perio | d | |
|--|-----------------|-----------------------------|------------|
| RACE STREET PAC | From: | <u>9/18/2018</u> To: | 10/22/2018 |
| 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, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candid | ate | | Reporting | 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 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 Candidate | | | | | Reporting | Period | | | |
|---|-------------|--------|---------------|------|-----------|-----------|--------|-------|-----------------|
| | | | | | From: | | То: | | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus | 4) | | | | | |
| Employer of Contributor | | | | | Occupa | ation | | | |
| Employer Mailing Address/Principal Plad Business | ce of | City | Sta | ite | Zip 4) | Code(Plus | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sch | edule II, I | n-Kind | Contributions | Deta | ailed | | | | PAGE TOTAL |
| Summary Page, Section 3. | | | | | | | | | 0.00 |

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Co | andidate | | Reporti | ng Period | | | | |
|--|--------------------|--------------------------------|--|-------------------------|----------|----|------------|--|
| RACE STREET PAC | | | From <u>9/18/2018</u> To: <u>10/22</u> | | | | | |
| | | | DATE AMOU | | | | | |
| To Whom Paid CITIZENS FOR HUGHES | | | мо | DAY | YEAR | | | |
| Mailing Address 4950 PARKSIDE AVE. | | | | 10 1 2018 | | \$ | 250.00 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19131 | ı | otion of Exp IBUTION | enditure | | | |
| | | | | | | | | |
| To Whom Paid FRIENDS OF KEN LAWRENCE | | | мо | DAY | YEAR | | | |
| Mailing Address PO BOX 202 | 20 | | 10 | 9 | 2018 | \$ | 500.00 | |
| City NORRISTOWN State Zip Code (Plus 4) PA 19404 | | | 1 | otion of Exp IBUTION | enditure | | | |
| | | | | | | | PAGE TOTAL | |

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

750.00

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 Reportin | | | ng Period | | | | | | |
|--|--|-------------------------------|---------------------------------------|---------------------------------------|----------------------------------|----------|--------------------------------|--------------------------------|--|
| RACE STREET PAC | | | From: | 9 | 0/18/2018 | То: | <u>1</u> | .0/22/2018 | |
| | | | | | 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 | | | | | | |
| | | | | | | | | 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 | | | | | |
| | | | | | 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 | 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 ROAD | | | 7 | 1 | 2016 | \$ | 5,000.00 | | |
| City MEDIA | State PA | Zip Code (Plu 19063 | ıs 4) | Description of Debt LOAN TO COMMITTEE | | | | | |

| | | | | | DATE | | | |
|---|---------------------|-----------------------------------|---------------------------------------|------|------|----|--------------------------------|--|
| Name of Creditor RICHARD K. BARNHART | | | мо | DAY | YEAR | | | |
| Mailing Address 40 EVANS LANE | | | 7 | 1 | 2016 | \$ | 5,000.00 | |
| City HAVERFORD | State PA | Zip Code (Plus 4) 19041 | 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 | | 10 | 26 | 2017 | \$ | 2,500.00 | |
| City HAVERFORD | State PA | Zip Code (Plus 4) 19041 | Description of Debt LOAN TO COMMITTEE | | | | | |
| | | | | | DATE | | | |
| Name of Creditor MARK H. DAMBLY | | | МО | DAY | YEAR | | | |
| Mailing Address 354 DARLING ROAD | | | 10 | 26 | 2017 | \$ | 2,500.00 | |
| City MEDIA | State PA | Zip Code (Plus 4) 19063 | Description of Debt LOAN TO COMMITTEE | | | | | |
| Enter Grand Total of Unpa | aid Debts on Page 1 | l, Report Cover Page, Iten | n G. | | | \$ | PAGE TOTAL 30,000.00 | |