

# Campaign Finance Report

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

Filer Identification Number :		20160033		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: CHRIS RABB FOR STATE REPRESENTATIVE													
Street Address: 314 WADSWORTH AVE													
City: PHILADELPHIA						State: PA				Zip Code: 19119			
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	✓			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	✓			
	ANNUAL REPORT	7. X	Year 2018	FILING METHOD ( ) CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR	DEM				
						11	6	2018	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY				
		11	27	2018		12	31	2018					
A. Amount Brought Forward From Last Report						\$ 13,996.40							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 530.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 14,526.40							
D. Total Expenditures (From Schedule III)						\$ 73.41							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 14,452.99							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00							

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
**Detailed Summary Page**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
CHRIS RABB FOR STATE REPRESENTATIVE	From: <u>11/27/2018</u> To: <u>12/31/2018</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 30.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 500.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 530.00
---	-----------

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

<b>PAGE TOTAL</b>	
\$	0.00

<div>PART B</div> <div>ALL OTHER CONTRIBUTIONS</div> <div>\$50.01 TO \$250.00</div> <div>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)</div>						
Name of Filing Committee or Candidate				Reporting Period		
				From:		To:
				DATE		AMOUNT
Full Name of Contributor				MO	DAY	YEAR
Mailing Address						
City	State	Zip Code (Plus 4)				
						\$ 0.00

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 Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>

			DATE	AMOUNT		
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 0.00

## 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.**

<b>Name of Filing Committee or Candidate</b>  CHRIS RABB FOR STATE REPRESENTATIVE	<b>Reporting Period</b>  <b>From:</b> <u>11/27/2018</u> <b>To:</b> <u>12/31/2018</u>
---	--

				DATE	AMOUNT		
Full Name				MO	DAY	YEAR	
PNC BANK							
<b>Mailing Address</b> 8340 GERMANTOWN AVE							\$ 500.00
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191183404		12	3	2018	
<b>Receipt Description</b> OVERPAYMENT OF CREDIT CARD							

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

<b>PAGE TOTAL</b>
\$ 500.00

## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
CHRIS RABB FOR STATE REPRESENTATIVE		From: <u>11/27/2018</u> To: <u>12/31/2018</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00



**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

5/18/2024 9:55:51 AM

# SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
CHRIS RABB FOR STATE REPRESENTATIVE	From <u>11/27/2018</u> To: <u>12/31/2018</u>

DATE				AMOUNT
<b>To Whom Paid</b> AT&T	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 208 S AKARD ST	12	28	2018	\$ 29.87
<b>City</b> DALLAS	<b>State</b> TX	<b>Zip Code (Plus 4)</b> 752024295	<b>Description of Expenditure</b> PHONE SERVICE	
<b>To Whom Paid</b> GOOGLE	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1600 AMPHITHEATRE PKWY	12	3	2018	\$ 21.60
<b>City</b> MOUNTAIN VIEW	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 940431351	<b>Description of Expenditure</b> WEBSITE SERVICES	
<b>To Whom Paid</b> PNC BANK	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 8340 GERMANTOWN AVE	12	3	2018	\$ 16.00
<b>City</b> PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 191183404	<b>Description of Expenditure</b> BANK SERVICE CHARGE	
<b>To Whom Paid</b> SAGE PAYMENT SOLUTIONS	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1750 OLD MEADOW RD	12	3	2018	\$ 5.94
<b>City</b> MCLEAN	<b>State</b> VA	<b>Zip Code (Plus 4)</b> 221024327	<b>Description of Expenditure</b> CREDIT CARD PROCESSING FEE	
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>				<b>PAGE TOTAL</b> \$ 73.41

