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 2014	10013				port ed B		CAND	DATE		СОМ	4ITTEE	✓	LOBB	YIST	
Name of Filing C	Committee, Candid	late or L	obbyist:		KRA	WCI	HUK'1	.8								
Street Address:	117 WEST AV	/ENUE														
City:	ELKINS PARK							State:	PA			Zip Cod	ie: 19	9027		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- !	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	
report type)	ANNUAL REPORT	7. X	Year 2018					IG METH						\checkmark	DISKE	TE
Name of Office S	= Sought by Candida	ite:						DATE C	F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code
								мо	DAY	YE	AR			LIB	•	
								11		6	2018	NS FOR C	ODES)			
	Receipts and	МО	DAY	YEAR	1			мо	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s from:		11 27	20	018	Т	0	12	2	31	2018					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			7	771.87					
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	eI)	\$				56.63					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			8	328.50					
D. Total Expend	ditures (From Sch	edule II	I)				\$			8	328.50					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C))			\$				0.00					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	hedul	le II	()	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			•		
				AFF	IDA	٩VI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f thi	is is	a Can	didate r	eport, d	candi	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	edules	filed	d on	paper o	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge a	ınd belie	f , true
Sworn to and subs	cribed before me thi day of	s	20							S	Signature	of Perso	n Submit	ting Rep	ort	
	Signati	ıre					- -					Prin	ted Name	e		
My Commission Ex	kpires -											Ema	il			
	мо	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nur	nber	
Part II- If this is	a report of a can	didate's	authorized C	Comm	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 belief	f this	polit	tical	commi	ittee has r	not viola	ted an	y provis	ions of the	e act of J	une 3,19	37 (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		Da	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
KRAWCHUK'18	From:	11/27/201	<u>8</u> To:	12/31/2018
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	56.63
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			\$	56.63

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee	or Candidate		Reporting	Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contributing C	ommittee		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 Cand	idate		Rep	oorting P	eriod			
			Fro	m:		To):	
					DATE		АМ	OUNT
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	m:		То	:	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name		•		Occupat	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL
		, 131,				4	•	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 Per	iod	
KRAWCHUK'18	From:	<u>11/27/2018</u> To:	12/31/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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						\$	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 Candida	te				Re	porting	Period				
					Fro	m:		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	•		•			Occupa	ation				
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	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
KRAWCHUK'18			From	11/2	7/2018	То:	12/31/2018
				DATE			AMOUNT
To Whom Paid ABIEL TESFAMRIAM			МО	DAY	YEAR		
Mailing Address			12	20	2018	\$	25.00
City	State	Zip Code (Plus 4)	1	otion of Exp		•	
To Whom Paid KEN KRAWCHUK			мо	DAY	YEAR		
Mailing Address 117 WEST	AVENUE					\$	803.50
City ELKINS PARK	State PA	Zip Code (Plus 4) 19027	1	otion of Exp L REIMBUR			
Enter Grand Total of Expend	ditures on Page 1, Re	port Cover Page, Item I	D.				PAGE TOTAL

828.50