

Commonwealth of Pennsylvania  
**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: 8300199	Report Filed By: CANDIDATE 1.	COMMITTEE 2. X	LOBBYIST 3.
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Name of Filing Committee, Candidate or Lobbyist:  
 HAPCO-PAC

Street Address:  
 1120 Buttonwood Street

City: Philadelphia State: PA Zip Code: 19123-3738

TYPE OF REPORT	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2. X	30 Day Post Primary	3.	Amendment Report?	YES	NO	X
	6th Tuesday Pre-Election	4.	2nd Friday Pre-Election	5.	30 Day Post Election	6.	Termination Report?	YES	NO	X
	Annual Report	7.	YEAR	2018						

Name of Office Sought by Candidate: Other	DATE OF ELECTION MO. DAY YEAR 5 15 2018	District Number:	Office Code: OTH	Party Code: OTH	County Code: 51
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Summary of Receipts and Expenditures from:	MO. DAY YEAR 3 27 2018	To	MO. DAY YEAR 4 30 2018
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FOR OFFICE USE ONLY

**RECEIVED**

**MAY 04 2018**

**PHILA CITY COMMISSIONERS**

A. Amount Brought Forward From Last Report	\$ 74,443.78
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 2.77
C. Total Funds Available (Sum of Lines A and B)	\$ 74,446.55
D. Total Expenditures (From Schedule III)	\$ 2,000.00
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 72,446.55
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0

**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, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 21<sup>st</sup> day of May, 2018

<p>NOTARIAL SEAL                  DENISE A. KEEN, Notary Public                  City of Philadelphia, Phila. County                  My Commission Expires August 2, 2021</p>	}	<p><i>Victor H. Pinckney Sr</i>                  Signature of Person Submitting Report  <u>VICTOR H. PINCKNEY SR</u>                  Printed Name  <u>215</u> Area Code <u>684-1684</u> Daytime Telephone Number</p>
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My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YEAR

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\_\_\_\_

<p>_____                  Signature</p>	}	<p>_____                  Signature of Candidate                  _____                  Printed Name                  _____                  Area Code _____ Daytime Telephone Number _____</p>
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My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YEAR

SCHEDULE I  
**Contributions And Receipts**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
HAPCO-PAC	From <u>03/27/2018</u> To <u>04/30/2018</u>

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ 0

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)</b>	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period (2)	\$ 0

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)</b>	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period (3)	\$ 0

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period (4)	\$ 2.77

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 2.77
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Part A

# Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate HAPCO-PAC			Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.					Part A Total

Part B

# 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 Candidate HAPCO-PAC			Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.					Part B Total

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate HAPCO-PAC			Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>		
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			
Full Name of Contributing Committee			MO.	DAY	YEAR
Mailing Address					
City	State	Zip Code (Plus 4)			

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

<b>Part C Total</b>
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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 HAPCO-PAC			Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer Name			Occupation		
Employer Mailing Address/Principal Place of Business					

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

Part D Total
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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.

Name of Filing Committee or Candidate HAPCO-PAC			Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>			
Full Name Republic Bank			MO. 4	DAY 4	YEAR 2018	\$ 2.77
Mailing Address 833 Chestnut Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19107			
Receipt Description Interest						
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.					<b>Part E Total</b> \$ 2.77	

## 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 HAPCO-PAC	Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ 0

<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>	
TOTAL for the Reporting Period (2)	\$ 0

<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250 (FROM PART G)</b>	
TOTAL for the Reporting Period (3)	\$ 0

<b>TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD</b> (Add and enter amount totals from Boxes 1, 2 and 3; also enter this amount on Page 1, Report Cover Page, Item F.)	\$ 0
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SCHEDULE II  
Part F  
**In-kind Contributions Received**

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate HAPCO-PAC			Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Contribution					
Full Name of Contributor			MO.	DAY	YEAR
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.					Part F Total

SCHEDULE II  
Part G

# In-kind Contributions Received

VALUE OVER \$250.00

Name of Filing Committee or Candidate HAPCO-PAC			Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Full Name of Contributor			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business			Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					Part G Total

SCHEDULE III  
**Statement Of Expenditures**

Name of Filing Committee or Candidate HAPCO-PAC			Reporting Period From 03/27/2018 To 04/30/2018			
To Whom Paid Friends of Blondell Reynolds Brown			MO.	DAY	YEAR	\$ 500.00
			4	13	2018	
Mailing Address Room 581 City Hall						
City Philadelphia		State PA	Zip Code (Plus 4) 19107			
Description of Expenditure contribution						
To Whom Paid Citizens for Kenyatta Johnson			MO.	DAY	YEAR	\$ 500.00
			4	19	2018	
Mailing Address 1610 S. broad Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19146			
Description of Expenditure contribution						
To Whom Paid Citizens for David Oh			MO.	DAY	YEAR	\$ 500.00
			4	24	2018	
Mailing Address 1818 Market street 13th floor						
City Philadelphia		State PA	Zip Code (Plus 4) 19103			
Description of Expenditure contribution						
To Whom Paid Squilla for Council			MO.	DAY	YEAR	\$ 500.00
			4	25	2018	
Mailing Address 1515 E. Passyunk ave.						
City Philadelphia		State PA	Zip Code (Plus 4) 19148			
Description of Expenditure contribution						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						Schedule III Total \$ 2,000.00

SCHEDULE IV

# 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 HAPCO-PAC	Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>
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Name of Creditor				Outstanding Balance of Debt	
Mailing Address			Date Debt Incurred		
		MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor				Outstanding Balance of Debt	
Mailing Address			Date Debt Incurred		
		MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Name of Creditor				Outstanding Balance of Debt	
Mailing Address			Date Debt Incurred		
		MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)			

Description of Debt

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

Schedule IV Total
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