

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: 2013091	Report Filed By: CANDIDATE 1.	COMMITTEE 2. X	LOBBYIST 3.		
Name of Filing Committee, Candidate or Lobbyist: Kinser Group PAC					
Street Address: 200 South Broad Street Suite 912					
City: Philadelphia		State: PA	Zip Code: 19102		
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:	DATE OF ELECTION MO: 5 DAY: 15 YEAR: 2018	District Number:	Office Code:	Party Code:	County Code:
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Summary of Receipts and Expenditures from:	MO: 3 DAY: 27 YEAR: 2018	To	MO: 4 DAY: 30 YEAR: 2018	FOR OFFICE USE ONLY RECEIVED 2018 MAY -1 PM 12:12 DEPARTMENT OF STATE BUREAU OF ELECTIONS
	A. Amount Brought Forward From Last Report		\$ 1,796.20	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 5,500.00		
C. Total Funds Available (Sum of Lines A and B)		\$ 7,296.20		
D. Total Expenditures (From Schedule III)		\$ 5,600.00		
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 1,696.20		
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0		
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 0		

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

30 day of April 2018

Cheryl M. Long Signature

My commission expires 05 04 2020
 MO. DAY YEAR

Holly E. Kinser Signature of Person Submitting Report
Holly E. Kinser Printed Name
215 Area Code 4105-0800 Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

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, 1987, P.S. 1101, as amended.

Cheryl M. Long, Notary Public
City of Harrisburg, Dauphin County
 My Commission Expires May 4, 2020

Sworn to and subscribed before me this

____ day of _____ 20____

____ Signature

My commission expires _____ MO. DAY YEAR

____ Signature of Candidate
 _____ Printed Name
 _____ Area Code _____ Daytime Telephone Number

Department of State Bureau of Commissions, Elections and Legislation
 210 North Office Building Harrisburg, PA 17120-0029 (717) 787-5280

2018 MAY -1 P 4:07
 COUNTY COMMISSIONERS
 BUREAU OF ELECTIONS

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate Kinser Group PAC	Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period (1)	\$	0

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

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)	\$	0
All Other Contributions (Part D)	\$	5,500.00
TOTAL for the Reporting Period (3)	\$	5,500.00

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
TOTAL for the Reporting Period (4)	\$	0

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 Page 1, Report Cover Page, Item B.)	\$	5,500.00
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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 Kinser Group PAC		Reporting Period From 03/27/2018 To 04/30/2018	
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 Kinser Group PAC		Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>	
Full Name of Contributor		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Full Name of Contributor		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Full Name of Contributor		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Full Name of Contributor		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Full Name of Contributor		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Full Name of Contributor		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Full Name of Contributor		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Full Name of Contributor		MO.	DAY
Mailing Address		YEAR	
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 Kinser Group 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.	Part C Total
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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 Kinser Group PAC			Reporting Period From 03/27/2018 To 04/30/2018			
Full Name of Contributor Beth Brennan			MO 4	DAY 13	YEAR 2018	\$ 500.00
Mailing Address 3737 Worthington Road						
City Collegetville		State PA	Zip Code (Plus 4) 19426			
Employer Name The Kinser Group			Occupation consultant			
Employer Mailing Address/Principal Place of Business 200 S. Broad Street, Suite 912, Philadelphia, PA 19102						
Full Name of Contributor Holly Kinser			MO 4	DAY 24	YEAR 2018	\$ 5,000.00
Mailing Address 2023 Rodman Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19146			
Employer Name The Kinser Group			Occupation consultant			
Employer Mailing Address/Principal Place of Business 200 S. Broad Street, Suite 912, Philadelphia, PA 19102						
Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.					Part D Total \$ 5,500.00	

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.

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

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

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

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

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (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 Kinser Group PAC	Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>
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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
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SCHEDULE II
Part G

In-kind Contributions Received

VALUE OVER \$250.00

Name of Filing Committee or Candidate Kinser Group 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 Kinser Group PAC			Reporting Period From <u>03/27/2018</u> To <u>04/30/2018</u>			
To Whom Paid People for Parker			MO	DAY	YEAR	\$ 500.00
			4	25	2018	
Mailing Address PO Box 27647						
City Philadelphia		State PA	Zip Code (Plus 4) 19118			
Description of Expenditure contribution						
To Whom Paid Sue Helm for State House Committee			MO	DAY	YEAR	\$ 350.00
			4	25	2018	
Mailing Address c/o MJM Strategies LLC PO Box 624						
City Harrisburg		State PA	Zip Code (Plus 4) 17108			
Description of Expenditure contribution						
To Whom Paid Southeast Senate Leadership PAC			MO	DAY	YEAR	\$ 1,000.00
			4	25	2018	
Mailing Address c/o Meredith Buettner 94 N. Bacton Hill Road						
City Malvern		State PA	Zip Code (Plus 4) 19355			
Description of Expenditure contribution						
To Whom Paid Friends to Elect Christine M. Tartaglione			MO	DAY	YEAR	\$ 500.00
			4	25	2018	
Mailing Address PO Box 28566						
City Philadelphia		State PA	Zip Code (Plus 4) 19149			
Description of Expenditure contribution						
To Whom Paid Friends of Frank Dermody			MO	DAY	YEAR	\$ 500.00
			4	25	2018	
Mailing Address PO Box 274						
City Tarentum		State PA	Zip Code (Plus 4) 15084			
Description of Expenditure contribution						
To Whom Paid Camera for Senate			MO	DAY	YEAR	\$ 500.00
			4	25	2018	
Mailing Address PO Box 624						
City Harrisburg		State PA	Zip Code (Plus 4) 17108			
Description of Expenditure contribution						

SCHEDULE III

Statement Of Expenditures

Name of Filing Committee or Candidate Kinser Group PAC			Reporting Period From 03/27/2018 To 04/30/2018			
To Whom Paid Friends of Stephen Kinsey			MO.	DAY	YEAR	\$ 250.00
			4	25	2018	
Mailing Address PO Box 27331						
City Philadelphia	State PA	Zip Code (Plus 4) 19118				
Description of Expenditure contribution						
To Whom Paid Friends of Donna Bullock			MO.	DAY	YEAR	\$ 250.00
			4	25	2018	
Mailing Address PO Box 58921						
City Philadelphia	State PA	Zip Code (Plus 4) 19102				
Description of Expenditure contribution						
To Whom Paid Friends of Joanna McClinton			MO.	DAY	YEAR	\$ 250.00
			4	25	2018	
Mailing Address PO Box 16668						
City Philadelphia	State PA	Zip Code (Plus 4) 19139				
Description of Expenditure contribution						
To Whom Paid Bobby11			MO.	DAY	YEAR	\$ 250.00
			4	25	2018	
Mailing Address PO Box 22602						
City Philadelphia	State PA	Zip Code (Plus 4) 19110				
Description of Expenditure contribution						
To Whom Paid Citizens for Kenyatta Johnson			MO.	DAY	YEAR	\$ 250.00
			4	25	2018	
Mailing Address PO Box 7466						
City Philadelphia	State PA	Zip Code (Plus 4) 19101				
Description of Expenditure contribution						
To Whom Paid Committee to Re-elect John Taylor			MO.	DAY	YEAR	\$ 250.00
			4	25	2018	
Mailing Address 1600 Walnut Street Suite 305						
City Philadelphia	State PA	Zip Code (Plus 4) 19103				
Description of Expenditure contribution						

SCHEDULE III

Statement Of Expenditures

Name of Filing Committe or Candidate Kinser Group PAC			Reporting Period From 03/27/2018 To 04/30/2018			
To Whom Paid Friends of Jim Roebuck			MO: 4	DAY: 25	YEAR: 2018	\$ 250.00
Mailing Address 435 S. 46th Street						
City Philadelphia		State PA	Zip Code (Plus 4) 19143			
Description of Expenditure contribution						
To Whom Paid McGarrigle for Senate			MO: 4	DAY: 25	YEAR: 2018	\$ 500.00
Mailing Address PO Box 297						
City Springfield		State PA	Zip Code (Plus 4) 19064			
Description of Expenditure contribution						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					Schedule III Total \$ 5,600.00	

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 Kinser Group PAC				Reporting Period From 03/27/2018 To 04/30/2018			
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	