

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: 1776356	Report Filed By: CANDIDATE 1.	COMMITTEE 2. X	LOBBYIST 3.
Name of Filing Committee, Candidate or Lobbyist: PHILPAC			
Street Address: 1341 N. Delaware Ave Ste 200			
City: Philadelphia		State: PA	Zip Code: 19125
TYPE OF REPORT	6th Tuesday Pre-Primary 1.	2nd Friday Pre-Primary 2.	30 Day Post Primary 3.
	6th Tuesday Pre-Election 4.	2nd Friday Pre-Election 5.	30 Day Post Election 6.
	Amendment Report? YES	NO	X
	Annual Report 7.	YEAR 2018	Termination Report? YES NO X

Name of Office Sought by Candidate:	DATE OF ELECTION	District Number:	Office Code:	Party Code:	County Code:
	MO. DAY YEAR				
	5 15 2018				

Summary of Receipts and Expenditures from:	MO. DAY YEAR	To	MO. DAY YEAR	FOR OFFICE USE ONLY
	4 17 2018		5 7 2018	
A. Amount Brought Forward From Last Report	\$ 27,715.96			<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 18 2018 PHILA CITY COMMISSIONERS </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0.36			
C. Total Funds Available (Sum of Lines A and B)	\$ 27,716.32			
D. Total Expenditures (From Schedule III)	\$ 0			
E. Ending Cash Balance (Subtract Line D from Line C)	\$ 27,716.32			
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0			
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0			

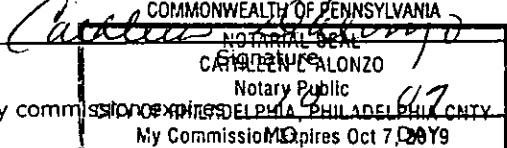
AFFIDAVIT SECTION

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

5th day of MAY 20 18



Signature of Person Submitting Report: Charlotte Kormann
 Printed Name: Charlotte Kormann
 Area Code: 215 Daytime Telephone Number: 423-9381

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 _____

My commission expires _____ MO. DAY YEAR

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

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate PHILPAC	Reporting Period From <u>04/17/2018</u> To <u>05/07/2018</u>
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)	\$ 0
TOTAL for the Reporting Period (3)	\$ 0
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period (4)	\$ 0.36
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.)	\$ 0.36

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 PHILPAC			Reporting Period From <u>04/17/2018</u> To <u>05/07/2018</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 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 PHILPAC			Reporting Period From <u>04/17/2018</u> To <u>05/07/2018</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 PHILPAC			Reporting Period From <u>04/17/2018</u> To <u>05/07/2018</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)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.					Part C Total

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 PHILPAC			Reporting Period From <u>04/17/2018</u> To <u>05/07/2018</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

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 PHILPAC				Reporting Period From <u>04/17/2018</u> To <u>05/07/2018</u>			
Full Name Citizens Bank			MO. 4	DAY 30	YEAR 2018	\$ 0.36	
Mailing Address P O Box 7000							
City Providence	State RI	Zip Code (Plus 4) 02940					
Receipt Description interest							
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.							Part E Total \$ 0.36

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 PHILPAC	Reporting Period From <u>04/17/2018</u> To <u>05/07/2018</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 PHILPAC			Reporting Period From <u>04/17/2018</u> To <u>05/07/2018</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 PHILPAC			Reporting Period From <u>04/17/2018</u> To <u>05/07/2018</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 PHILPAC			Reporting Period From <u>04/17/2018</u> To <u>05/07/2018</u>		
To Whom Paid			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Expenditure					
To Whom Paid			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Expenditure					
To Whom Paid			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Expenditure					
To Whom Paid			MO.	DAY	YEAR
Mailing Address					
City		State	Zip Code (Plus 4)		
Description of Expenditure					

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

Schedule III Total

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 PHILPAC	Reporting Period From <u>04/17/2018</u> To <u>05/07/2018</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
