

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: 2006371	Report Filed By: CANDIDATE 1.	COMMITTEE 2. X	LOBBYIST 3.
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Name of Filing Committee, Candidate or Lobbyist:  
 Zarwin Baum Good Government Pac

Street Address:  
 1818 Market Street 13th Floor

City: Philadelphia State: PA Zip Code: 19103

TYPE OF REPORT	6th Tuesday Pre-Primary	1.	2nd Friday Pre-Primary	2.	30 Day Post Primary	3.	Amendment Report?	YES	NO	X
	6th Tuesday Pre-Election	4. X	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			District Number:	Office Code:	Party Code:	County Code:
	MO. 11	DAY 6	YEAR 2018				

Summary of Receipts and Expenditures from:	MO. 6	DAY 5	YEAR 2018	To	MO. 9	DAY 17	YEAR 2018
	A. Amount Brought Forward From Last Report \$ 270.77 B. Total Monetary Contributions and Receipts (From Schedule I) \$ 0.49 C. Total Funds Available (Sum of Lines A and B) \$ 271.26 D. Total Expenditures (From Schedule III) \$ 0 E. Ending Cash Balance (Subtract Line D from Line C) \$ 271.26 F. Value of In-Kind Contributions Received (From Schedule II) \$ 0 G. Unpaid Debts and Obligations (From Schedule IV) \$ 0						

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**RECEIVED**  
 SEP 26 2018  
 PHILADELPHIA CITY COMMISSIONERS

**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 day of September 2018

Signature: [Signature]

My commission expires MO. DAY YEAR

Signature of Person Submitting Report: [Signature]

Printed Name: Mitchell S. Kaplan

Area Code: 215 Daytime Telephone Number: 569-2800

**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 Zarwin Baum Good Government Pac	Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</u>
<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period (1)	\$ 0.49
<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)	\$ 0
<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.)	\$ 0.49







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		
Zarwin Baum Good Government Pac			From 06/05/2018 To 09/17/2018		
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					
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 Zarwin Baum Good Government Pac			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</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		Reporting Period	
Zarwin Baum Good Government Pac		From <u>06/05/2018</u> To <u>09/17/2018</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0
<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



SCHEDULE II  
Part F

# In-kind Contributions Received

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period		
Zarwin Baum Good Government Pac			From <u>06/05/2018</u> To <u>09/17/2018</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 Zarwin Baum Good Government Pac			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</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.			<b>Part G Total</b>		

**SCHEDULE III**  
**Statement Of Expenditures**

Name of Filing Committee or Candidate <b>Zarwin Baum Good Government Pac</b>			Reporting Period From <u>06/05/2018</u> To <u>09/17/2018</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.					<b>Schedule III Total</b>

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 Zarwin Baum Good Government Pac					Reporting Period From 06/05/2018 To 09/17/2018			
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	