

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.	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			District Number:	Office Code:	Party Code:	County Code:
	MO.	DAY	YEAR				
	11	6	2018				

Summary of Receipts and Expenditures from:	MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY
	5	8	2018		10	8	2018	
A. Amount Brought Forward From Last Report				\$	27,716.69			2018 OCT 11 P 11 OFFICE USE ONLY
B. Total Monetary Contributions and Receipts (From Schedule I)				\$	1.31			
C. Total Funds Available (Sum of Lines A and B)				\$	27,718.00			
D. Total Expenditures (From Schedule III)				\$	11,500.00			
E. Ending Cash Balance (Subtract Line D from Line C)				\$	16,218.00			
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 9th day of October 2018

Signature: [Signature]

My commission expires 7 / 16 / 2021

MO. DAY YEAR

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: _____

Printed Name: _____

Area Code: _____ Daytime Telephone Number: _____

Based on DSEB-502 (7-99)

SCHEDULE I
Contributions And Receipts

Detailed Summary Page

Name of Filing Committee or Candidate PHILPAC	Reporting Period From <u>05/08/2018</u> To <u>10/08/2018</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)	\$ 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)	\$ 1.31

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.)	\$ 1.31
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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 PHILPAC			Reporting Period From <u>05/08/2018</u> To <u>10/08/2018</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)		
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>05/08/2018</u> To <u>10/08/2018</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>05/08/2018</u> To <u>10/08/2018</u>	
Full Name of Contributing Committee		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee		MO.	DAY
Mailing Address		YEAR	
City	State	Zip Code (Plus 4)	
Full Name of Contributing Committee		MO.	DAY
Mailing Address		YEAR	
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>05/08/2018</u> To <u>10/08/2018</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>05/08/2018</u> To <u>10/08/2018</u>			
Full Name Citizens Bank			MO.	DAY	YEAR	\$ 0.37
Mailing Address P O Box 7000			5	31	2018	
City Providence		State RI	Zip Code (Plus 4) 02940			
Receipt Description interes						
Full Name Citizens Bank			MO.	DAY	YEAR	\$ 0.25
Mailing Address P O Box 7000			6	30	2018	
City Providence		State RI	Zip Code (Plus 4) 02940			
Receipt Description interest						
Full Name Citizens Bank			MO.	DAY	YEAR	\$ 0.23
Mailing Address P O Box 7000			7	31	2018	
City Providence		State RI	Zip Code (Plus 4) 02940			
Receipt Description interest						
Full Name Citizens Bank			MO.	DAY	YEAR	\$ 0.23
Mailing Address P O Box 7000			8	31	2018	
City Providence		State RI	Zip Code (Plus 4) 02940			
Receipt Description interest						
Full Name Citizens Bank			MO.	DAY	YEAR	\$ 0.23
Mailing Address P O Box 7000			9	30	2018	
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 \$ 1.31

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>05/08/2018</u> To <u>10/08/2018</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 05/08/2018 To 10/08/2018		
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>05/08/2018</u> To <u>10/08/2018</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>05/08/2018</u> To <u>10/08/2018</u>			
To Whom Paid Allan Domb for City Council			MO.	DAY	YEAR	\$ 10,000.00
			6	11	2018	
Mailing Address P O Box 58986						
City Philadelphia		State PA	Zip Code (Plus 4) 19102			
Description of Expenditure fundraiser						
To Whom Paid Friends of Cindy Bass			MO.	DAY	YEAR	\$ 500.00
			7	11	2018	
Mailing Address P O Box 18906						
City Philadelphia		State PA	Zip Code (Plus 4) 19119			
Description of Expenditure fundraiser						
To Whom Paid Friends of Brian O'Neill			MO.	DAY	YEAR	\$ 1,000.00
			9	20	2018	
Mailing Address 15209 Bennita Dr						
City Philadelphia		State PA	Zip Code (Plus 4) 19116			
Description of Expenditure fundraiser						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						Schedule III Total \$ 11,500.00

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 PHILPAC					Reporting Period From <u>05/08/2018</u> To <u>10/08/2018</u>			
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	