



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	20150305	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Rudolph Clarke Leadership PAC								
Street Address	7 Neshaminy Interplex, Suite 200								
City	Trevoze	State	PA	Zip Code	19053				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/21/2019	Year	2019		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only					
	01/01/2019	04/01/2019						
A. Amount Brought Forward From Last Report	\$	0	CITY COMMISSIONERS 19 APR - 8 PM 2:22 COUNTY Bd. OF ELECTIONS					
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,500						
C. Total Funds Available (Sum of Lines A and B)	\$	2,500						
D. Total Expenditures (From Schedule III)	\$	0						
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,500						
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0						
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0						

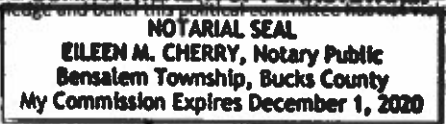
Affidavit Section

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, is to the best of my knowledge and belief true, correct and complete.
 Sworn to and subscribed before me this

5th day of April 20 19
Eileen M. Cherry
 Signature
 My Commission expires 12-1-2020
 MO. DAY YR.

Michael Barbiero
 Signature of Person Submitting report
 Michael Barbiero
 Printed Name
 215 Area Code 633-1890 Daytime Telephone Number

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 YR.

 Signature of Candidate

 Printed Name
 _____ Area Code _____ Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	20150305	
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0
2. Contributions of \$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)		\$ 2,500
Total for the reporting period	(3)	\$ 2,500
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)		\$ 2,500

PART D
All Other Contributions
Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
 (Exclude contributions from political committees reported in Part C)

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Full Name of Contributor				Michael P. Clarke		Date [MM/DD/YYYY]	\$	2,500
						03/28/2019		
House #	506	Street Address		Lantern Lane		Date [MM/DD/YYYY]	\$	
City	Philadelphia	State	PA	Zip Code	19128	Date [MM/DD/YYYY]	\$	
Employer Name				Rudolph Clarke LLC		Occupation	Attorney	
Employer Mailing Address / Principal Place of Business				7 Neshaminy Interplex, Suite 200, Trevoose, PA 19053				
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor						Date [MM/DD/YYYY]	\$	
House #		Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								