



Campaign Finance Report

304067

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: 20150305		Report Filed By:	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST						
Name of Filing Committee, Candidate or Lobbyist: RUDOLPH CLARKE LEADERSHIP PAC											
Street Address: 7 NESHAMINY INTERPLEX, SUITE 200											
City: TREVOSE			State: PA	Zip Code: 19053							
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2019	FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code	Party Code	County Code		
				MO	DAY	YEAR					
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		1	1	2019		4	1	2019			
A. Amount Brought Forward From Last Report				\$	0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$	2,500.00						
C. Total Funds Available (Sum Of Lines A and B)				\$	2,500.00						
D. Total Expenditures (From Schedule III)				\$	0.00						
E. Ending Cash Balance (Subtract Line D From Line C)				\$	2,500.00						
F. Value Of In-Kind Contributions Received (From Schedule II)				\$	0.00						
G. Unpaid Debts And Obligations (From Schedule IV)				\$	0.00						

COUNTY Bd. OF ELECTIONS
 19 MAY - 9 PM 12: 52
 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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this 6th day of May 2019

[Signature]
Signature

My Commission Expires 12-1-2020
MO DAY YR

[Signature]
Signature of Person Submitting Report

Michael L. Barbiero
Printed Name

mbarbiero@rudolphclarke.com
Email

215.633.1890
Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized agent, the agent must sign here.

I swear (or affirm) that to the best of my knowledge and belief this political report is 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]
Signature

My Commission Expires _____
MO DAY YR

NOTARIAL SEAL
EILEEN M. CHERRY, Notary Public
 Bensalem Township, Bucks County
 My Commission Expires December 1, 2020

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
RUDOLPH CLARKE LEADERSHIP PAC	From: <u>1/1/2019</u> To: <u>4/1/2019</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor		
	TOTAL for the Reporting Period	(1)
		\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)		
Contributions Received From Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
	TOTAL for the Reporting Period	(2)
		\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)		
Contributions Received From Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	2,500.00
	TOTAL for the Reporting Period	(3)
		\$ 2,500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)		
	TOTAL for the Reporting Period	(4)
		\$ 0.00

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 Page1, Report Cover Page, Item B.)	\$	2,500.00
---	-----------	-----------------

**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	Reporting Period
	From: _____ To: _____

	DATE	AMOUNT
--	-------------	---------------

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 0.00

**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	Reporting Period
	From: _____ To: _____
DATE AMOUNT	

Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

PAGE TOTAL
\$ 0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

Full Name of Contributing Committee	DATE			AMOUNT
	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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 RUDOLPH CLARKE LEADERSHIP PAC	Reporting Period From: <u>1/1/2019</u> To: <u>4/1/2019</u>
---	--

				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
MICHAEL P. CLARKE							
Mailing Address 506 LANTERN LANE				3	28	2019	\$ 2,500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19128					
Employer Name RUDOLPH CLARKE LLC				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business 7 NESHAMINY INTERPLEXSUITE 200			City TREVOSE	State PA	Zip Code (Plus 4) 19053		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 2,500.00

**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	Reporting Period
	From: _____ To: _____

	DATE			AMOUNT
	MO	DAY	YEAR	
Full Name				
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Receipt Description				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 0.00

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	
RUDOLPH CLARKE LEADERSHIP PAC		From: <u>1/1/2019</u>	To: <u>4/1/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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.				PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	Description of Contribution		
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL	0.00

**SCHEDULE III
STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate			Reporting Period		
			From	To:	
			DATE		
			AMOUNT		
To Whom Paid			MO	DAY	YEAR
Mailing Address					
			\$ 0.00		
City	State	Zip Code (Plus 4)	Description of Expenditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					PAGE TOTAL
					\$ 0.00