#### **Campaign Finance Report**

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

Filer Identificati Number :	on	91000	)99				port ed B		CANDI	DATE		СОМ	<b>4ITTEE</b>	✓	LOB	BYIST		
Name of Filing C	Committee, C	Candida	te or Lo	obbyist:		RAC	E S	TREET	PAC								•	
Street Address:	1301 N	. 31ST	STREET	Γ														
City:	PHILAD	ELPHIA	1						State:	PA			Zip Cod	<b>ie:</b> 19	9121			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No		
(place X to the right of	6TH TUESDA PRE-ELECTIO		4.	2ND FRIDA ELECTION	y pre	≣- !	5.	30 DA ELECT		POST-	6. <b>X</b>		TERMINATION Yes			No		<b>/</b>
report type)	ANNUAL RE	PORT	7.	<b>Year</b> 2019					IG METHO				PAPER			DISKE	TTE	
Name of Office S	- Sought by Ca	andidat	e:						DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
									МО	DAY	YE	AR		10000	DEI	М	51	
	11 5 2019						2019		(SEE IN	STRUCTI	ONS FOR (	CODES)	1					
Summary of Expenditures		and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
			1	.0 22	2	019	T	0	11		25	2019						
A. Amount Bro	ught Forwar	rd From	Last Re	eport				\$			11,0	084.43						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																		
C. Total Funds Available (Sum Of Lines A and B) \$ 11,084.43																		
D. Total Expenditures (From Schedule III) \$ 10,000.00																		
E. Ending Cash Balance (Subtract Line D From Line C) \$ 1,084.43																		
F. Value Of In-	Kind Contrib	outions	Receive	ed (From S	chedu	le II	<b>:</b> )	\$				0.00						
G. Unpaid Debt	s And Oblig	ations (	(From S	chedule IV	)			\$			20,0	00.00			•			
					AFF	IDA	١٧٢	ΓSE	CTION									
PART I - If this is	s a Committe	ee repo	rt, treas	surer sign	here.	If th	is is	a Can	didate re	eport, o	andio	date sig	ın here.					
I swear (or affirm) correct and complete		ort, inclu	iding the	attached sc	hedule	s filed	d on p	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , tru	ıe.
Sworn to and subs	cribed before day of	me this		20							s	ignature	of Perso	n Submit	ting Re	port		_
				·				- -					Prin	ted Name	e			-
My Commission Ex		Signatur	e										Ema	il				-
•	мо	)	DA	ΛΥ	YR			-		Are	ea Cod	le		e Teleph	none Nu	mber		-
Part II- If this is	a report of	a cand	idate's a	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and beli	ef this	polit	tical	commi	ttee has n	ot viola	ted an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before n	ne this										Si	ignature o	of Candid	ate			-
	day of ——							_										_
	e:	natura						-					Printe	d Name				
My Commission Exp	_	nature											Ema	il				-   
	-	мо	DA	ΛΥ	YR	1		•		Area	Code		Da	aytime T	elephor	ne Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -									
Name of Filing Committee or Candidate	Reporting	g Period							
RACE STREET PAC	From:	10/22/201	<u>.9</u> To:	11/25/2019					
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	\$	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)			\$	0.00					
TOTAL for the Reporting	Period	(3)	\$	0.00					
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00					

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu								
Name of Filing Comm	Name of Filing Committee or Candidate			Reporting Period					
			From: To			<b>)</b> :			
		<u> </u>			DATE			AMOUNT	
Full Name of Contributi	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	)						
	•	·			•	•	$\overline{}$	DACE TOTAL	

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

**PAGE TOTAL \$**0.00

### 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	e or Candidate		Reporting Period					
			From: To			o:		
			•		DATE		А	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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

**PAGE TOTAL \$**0.00

#### **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	ame of Filing Committee or Candidate Report		Reporting	eporting Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

### 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.)

ame of Filing Committee or Candidate		Rep							
			Fron	n:		To	То:		
				D	ATE		АМС	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address  State Tip Code (Blue 4)							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of Business  City					State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(	<b>GE TOTAL</b> 0.00	

## 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	Name of Filing Committee or Candidate			Reporting Period					
			From:			To:			
			•	D	ATE		AI	MOUNT	
Full Name				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (	Plus 4)						
Receipt Description	•	•		•		•	•		
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL	
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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 Perio	od							
RACE STREET PAC	From:	<u>10/22/2019</u> <b>To:</b>	11/25/2019						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)								
TOTAL for the Reporting Pe	eriod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	eriod (3)	\$	0.00						
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00						

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate			Reporting Period					
			From:			То:			
				DATE		AMOUNT			
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						<b>\$</b>	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL		
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL		
						\$	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	Name of Filing Committee or Candidate			Reporting Period						
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								<b>\$</b>	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporting Period						
RACE STREET PAC	RACE STREET PAC			From <u>10/22/2019</u> To:					
				AMOUNT					
To Whom Paid MARK H. DAMBLY				DAY	YEAR				
Mailing Address 354 DARLING ROAD			11	19	2019	\$	5,000.00		
City MEDIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19063	1	otion of Exp					
To Whom Paid RICHARD K. BARNHART			МО	DAY	YEAR				
Mailing Address 40 EVANS LANE			11	19	2019	\$	5,000.00		
City HAVERFORD	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19041	Description of Expenditure LOAN REPAYMENT						

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

**PAGE TOTAL** 

10,000.00

## 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			Reportir	ng Period					
RACE STREET PAC			From:	<u>10</u>	/22/2019	То:	]	11/25/2019	
					DATE			Outstanding Balance of Debt	
Name of Creditor MARK H. DAMBLY				мо	DAY	YEAR			
Mailing Address 354 DARLING ROA	D			4	20	2016	\$	5,000.00	
City MEDIA	State	Zip Code (Plu	us 4)	Description of Debt					
MEDIA	PA	19063		LOAN TO COMMITTEE					
					DATE			Outstanding Balance of Debt	
Name of Creditor MARK H. DAMBLY				МО	DAY	YEAR			
Mailing Address 354 DARLING ROAD					1	2016	\$	5,000.00	
City MEDIA State Zip Code (Plus 4)				Descrip	tion of Del	ot			
	PA	19063		LOAN T	О СОММІТ	TEE			
					DATE			Outstanding Balance of Debt	
Name of Creditor MARK H. DAMBLY				мо	DAY	YEAR			
Mailing Address 354 DARLING ROA	D			10	26	2017	\$	2,500.00	
City MEDIA	State	Zip Code (Plu	us 4)	Descrip	tion of Del	ot			
TIEDIN	PA	19063			О СОММІТ				
					DATE			Outstanding Balance of Debt	
Name of Creditor									
RICHARD K. BARNHART				МО	DAY	YEAR			
Mailing Address 40 EVANS LANE				7	1	2016	\$	5,000.00	
City HAVERFORD	State	Zip Code (Plu	us 4)	Description of Debt					
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ty HAVERFORD State Zip Code (Plus 4) PA 19041				LOAN TO COMMITTEE				

			DATE		Outstanding Balance of Debt		
Name of Creditor RICHARD K. BARNHART			МО	DAY	YEAR		
Mailing Address 40 EVANS LANE		10	26	2017	\$	2,500.00	
City HAVERFORD	State	Zip Code (Plus 4)	Description of Debt				
	PA	19041	LOAN TO COMMITTEE				
		I					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$	20,000.00
					_		