Campaign Finance Report

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

Filer Identification 9100099 Number :					Rep File			CANDI	DATE		MITTEE		LOBE	BYIST			
Name of Filing C	Committee, Candid	late or L	obbyist:	i	RACI	E S	TREET	PAC									_
Street Address:	1301 N. 31S	Γ STREE	Т														
City:	PHILADELPHI	Α						State:	PA			Zip Cod	ie: 19	9121			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	. 2	2.	30 DA PRIMA		POST-	OST- 3. X			IENT	Yes	No	1	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	PRE- 5. 30 DAY ELECTION				POST- 6.			TERMINA REPORT		Yes	No	~	
report type)	ANNUAL REPORT	7.	Year 2021					IG METH						$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	-				DATE OF ELECTION					District Number	Office Code	Par	ty Code	County	,
								МО	DAY	YE	AR		1	DEN	1	51	_
								11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)	_
Summary of Receipts and							МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	s from:		5 4	20	021	Т	0	6		7	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			1,0	84.43						
B. Total Monet	ary Contributions	And Rec	eipts (From S	Sche	dule	I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 1,084.43																	
D. Total Expenditures (From Schedule III) \$ 0.00																	
E. Ending Cash Balance (Subtract Line D From Line C)							\$			1,0	84.43]					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edul	e II))	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$			20,0	00.00						
			ŀ	4FF	IDA	VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	f thi	is is	a Can	didate r	eport, o	candio	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	dules	filed	l on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true	a,
Sworn to and subs	cribed before me thi day of	s	20							s	ignature	of Perso	n Submit	ting Rep	ort		'
	Signati	ıre					<u>-</u>					Prin	ted Name	e			-
My Commission Ex	cpires						_					Ema	il				.
	МО	D	AY	YR					Are	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omm	ittee	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of led.	ny knowl	edge and belief	this	politi	ical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,	
Sworn to and subso	ribed before me this										s	ignature o	of Candid	ate			۱ ٔ
	day of						-					Printe	d Name				.
	Signature						-					Ema	il				.
My Commission Exp	oires											Ema					
MO DAY YR								Area Code Daytime Telephone Number									

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
RACE STREET PAC	From:	<u>5/4/202</u>	<u>1</u> To:	6/7/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Reporting Period					
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

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	Name of Filing Committee of Candidate			Reporting Period				
			From: To			0:		
					DATE			AMOUNT
Full Name of Contributor				мо	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 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.

ame of Filing Committee or Candidate		Reporting Period						
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

Name of Filing Committee or Candidate			Reporting Period						
				Fro	m:		То):	
					D	ATE		AN	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name		•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on S	chedule I, Deta	iled Sumr	mary Page,	Secti	on 3.			P	AGE TOTAL
								\$	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			AMOUNT		
Full Name				мо	DAY	YEAR	1			
Mailing Address							\$		0.00	
City	State	Zip Code (Plus 4)							
Receipt Description	·	·		•			•			
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL	
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Section	••			\$		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	d							
RACE STREET PAC	From:	<u>5/4/2021</u> To:	6/7/2021						
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 PART 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	ame of Filing Committee or Candidate			Reporting Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part E on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			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 Candidate	lame of Filing Committee or Candidate		Re	Reporting Period					
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address							\$	0.00	
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f 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 (lame of Filing Committee or Candidate				Reporting Period					
						То:				
				DATE			AMOUNT			
To Whom Paid				DAY	YEAR					
Mailing Address						\$	0.00			
City State Zip Code (Plus 4)				Description of Expenditure						
							PAGE TOTAL			
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item I).			\$	0.00			

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	me of Filing Committee or Candidate Rep							
RACE STREET PAC			From:		<u>5/4/2021</u>	То:		6/7/2021
					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 PA	Zip Code (Plu 19063	ıs 4)	Description of Debt LOAN TO COMMITTEE				
					DATE			Outstanding Balance of Debt
Name of Creditor MARK H. DAMBLY					DAY	YEAR		
Mailing Address 354 DARLING ROAD				7	1	2016	\$	5,000.00
City MEDIA	State Zip Code (Plus 4) PA 19063				otion of Del			
					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 PA	Zip Code (Plu 19063	ıs 4)	-	otion of Del			
					DATE		l	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 (Plus 4) PA 19041					otion of Del			

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