#### **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 9100	099			Repo Filed	ort I By :		CANDI	DATE		СОМІ	MITTEE	<b>Y</b>	LUBB	1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:	•	RACE	STRE	ET	PAC			•					
Street Address: 1301 N. 31ST STREET																
City:	PHILADELPHIA	4					s	State:	PA			Zip Co	<b>de:</b> 19	121		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		DAY MAF		POST-	3. <b>X</b>		AMENDN REPORT		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	2ND FRIDAY PRE- 5. ELECTION			DAY CTI		POST-				ATION ?	Yes	No	<b>✓</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022					METHO					PAPER		DISKE	ГТЕ
Name of Office S	- Sought by Candida	te:					Ī	DATE 0	F ELE	CTIC	N	District Number	Office Code	Part	y Code	County Code
							ı	МО	DAY	YI	EAR		•	DEM	•	51
								11		8	2022		(SEE INS	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	l		ı	чо	DAY	Y	EAR	FC	R OFFIC	E USE	ONLY	
Expenditures	from:		5 3	3 20	022	то		6		6	2022					
A. Amount Bro	ught Forward Fron	n Last R	eport		·		\$		•	1,0	084.43					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule 1	i)	\$				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			1,0	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 Contributions	Receiv	ed (From S	chedu	le II)		\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$			20,0	00.00					
								TION								
	that this report, incl	-	_								_		f my knov	vledge a	nd belie	ef , true
•	cribed before me this	;									Signatur	of Perso	n Submitt	ing Pen	ort	
	day of		_ 20								ngilatur.	. 01 1 6130		ing Kep		
	Signatu	re										Prin	ted Name			
My Commission Ex	·											Ema				
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No 320) as amende	ed.	iy kilowi	suge and ben	iei tilis	politic	ai com	1111111	tee nas n	UC VIOIA	iteu ai	iy provis	ions or th	e act of Ju	ille 3,13	37 (P.L.	
SWOTH TO AND SUDSC	ribed before me this day of		20								S	ignature	of Candida	ite		
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My Commission Exp	Signature ires											Ema	il			—
	МО	D	AY	YR		_			Area	Code		D	aytime Te	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period							
RACE STREET PAC	From:	5/3/202	<u>2</u> To:	6/6/2022				
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	\$	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	j 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 Committee or Candidate			Re	porting	Period			
			Fre	om:		То	:	
		<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.

## 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					<b>o</b> :		
					DATE			AMOUNT		
Full Name of Contributor	r			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.

Name of Filing Committee or Candidate Re			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						
Fn						):			
				D	ATE		A	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s <b>4</b> )						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	PAGE TOTAL	
							<b>\$</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				od	porting Period						
			From:			To:						
				D	ATE		AM	OUNT				
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. Detailer	d Summary Page	Section	4			PA	GE TOTAL				
	,,,	. Junimary 1 ago,	5000.011				\$	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 Period							
RACE STREET PAC	From:	<u>5/3/2022</u> <b>To:</b>	<u>6/6/2022</u>					
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 Candidate Re			Reporting Period					
	From:							
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Reporting Period					
Fi						From:				
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl )	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	Reporting Period						
	From			То:			
				AMOUNT			
To Whom Paid				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 [							PAGE TOTAL
			•			\$	0.00