# **Campaign Finance Report**

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

| Filer Identificati<br>Number :                                 | on 9100   | 099         |                      |          | Repo<br>Filed |              | CAN       | DIDA    | TE      | СОМ              | MITTEE             | ✓             | LOBI    | BYIST        |                |
|--|---|-------------|----------------------|----------|---------------|--------------|-----------|---------|---------|------------------|--------------------|---------------|---------|--------------|----------------|
| Name of Filing C   | Committee, Candid   | ate or L    | obbyist:             |          | RACE          | STREE        | T PAC     |         |         |                  |                    |               |         |              |                |
| Street Address:  | 1301 N. 31ST  | STREE       | Т                    |          |               |              |           |         |         |                  |                    |               |         |              |                |
| City:  | PHILADELPHIA  | 4           |                      |          |               |              | State:    | PA      | Ą       |                  | Zip Co             | <b>de:</b> 19 | 121     |              |                |
| TYPE OF<br>REPORT  | 6TH TUESDAY<br>PRE-PRIMARY                                  | 1. <b>X</b> | 2ND FRIDA<br>PRIMARY | Y PRE    | - 2.          | 30 D<br>PRIM |           | POS     | ST- 3   |                  | AMENDI<br>REPORT   |               | Yes     | No           | $\checkmark$   |
| (place X to<br>the right of                                    | f   |             |                      |          |               |              | POS       | ST- 6   | •       | TERMIN<br>REPORT |                    | Yes           | No      | $\checkmark$ |                |
| report type)   | report type) ANNUAL REPORT 7. Year 2023 FILING MET () CHECK |             |                      |          |               |              |           |         |         | PAPER            |                    | $\checkmark$  | DISKE   | TTE          |                |
| Name of Office S   | Gought by Candidat  | te:         |                      |          |               |              | DATE      | OF      | ELECI   | ΓΙΟΝ             | District<br>Number |               | Par     | ty Code      | County<br>Code |
|  | ,   |             |                      |          |               |              | мо        | D       | AY      | YEAR             | Number             | coue          | DEN     | 1            | 51             |
|  |   |             |                      |          |               |              |           | 11      | 7       | 2023             | 3                  | (SEE INS      | TRUCTI  | ONS FOR      | CODES)         |
| Summary of   | Receipts and  | мо          | DAY                  | YEAR     | 2             |              | мо        | D       | AY      | YEAR             | FC                 | DR OFFIC      | E USE   | ONLY         |                |
| Expenditures   | from:   |             | 1 1                  | 2        | 023           | то           |           | 3       | 27      | 202              | 3                  |               |         |              | _              |
| A. Amount Bro  | ught Forward Fron   | n Last R    | eport                |          |               | \$           | ;         |         |         | 1,084.43         | 3                  |               |         |              |                |
| B. Total Monetary Contributions And Receipts (From Schedule I) |   |             |                      |          |               | \$           | 5         |         |         | 0.00             | )                  |               |         |              |                |
| C. Total Funds   | Available (Sum Of   | Lines A     | and B)               |          |               | 4            | 5         |         |         | 1,084.43         | 3                  |               |         |              |                |
| D. Total Expen   | ditures (From Sche  | edule II    | I)                   |          |               | \$           | 5         |         |         | 0.00             | )                  |               |         |              |                |
| E. Ending Cash   | Balance (Subtract   | t Line D    | From Line            | C)       |               | 4            | 5         |         |         | 1,084.43         |                    |               |         |              |                |
| F. Value Of In-  | Kind Contributions  | Receiv      | ed (From S           | chedu    | le II)        | 4            | 5         |         |         | 0.00             |                    |               |         |              |                |
| G. Unpaid Deb  | s And Obligations   | (From S     | Schedule I\          | /)       |               | 4            | 5         |         | 2       | 20,000.00        | )                  |               |         |              |                |
|  |   |             |                      | AFF      | IDAV          | IT SE        | CTIO      | N       |         |                  |                    |               |         |              |                |
| PART I - If this is  | s a Committee repo  | ort, trea   | surer sign           | here. 1  | If this i     | is a Ca      | ndidate   | repo    | ort, ca | ndidate s        | ign here.          |               |         |              |                |
| I swear (or affirm)<br>correct and comple                      | ) that this report, incl<br>ete.                            | uding the   | e attached so        | hedules  | s filed o     | n paper      | or by ele | ectron  | ic med  | ium, are to      | the best o         | of my knov    | vledge  | and beli     | ef , true      |
| Sworn to and subs  | cribed before me this<br>day of                             | 5           | 20                   |          |               |              |           |         |         | Signatu          | re of Perso        | on Submitt    | ing Rep | oort         |                |
|  | Signatu   | re          | -                    |          |               | _            |           |         |         |                  | Prir               | ited Name     |         |              |                |
| My Commission Ex   | -   |             |                      |          |               |              |           |         |         |                  | Ema                | nil           |         |              |                |
|  | мо  | D           | AY                   | YR       |               |              |           |         | Area    | Code             | Daytin             | ne Teleph     | one Nu  | mber         |                |
| Part II- If this is  | a report of a cand  | lidate's    | authorized           | Comm     | nittee,       | Candio       | late sha  | all sig | n her   | e.               |                    |               |         |              |                |
| I swear (or affirm)<br>No 320) as amendo                       | that to the best of n<br>ed.                                | ny knowl    | edge and bel         | ief this | politica      | l comn       | nittee ha | s not v | violate | d any provi      | sions of th        | e act of Ju   | ine 3,1 | 937 (P.L     | . 1333,        |
| Sworn to and subso   | ribed before me this  |             |                      |          |               |              |           | _       |         |                  | Signature          | of Candida    | ite     |              |                |
|  | day of<br>  |             |                      |          |               |              |           | _       |         |                  | Printe             | ed Name       |         |              |                |
| . <u> </u>   | Signature   |             |                      |          |               |              |           |         |         |                  |                    |               |         |              |                |
| My Commission Exp  | bires   |             |                      |          |               |              |           |         |         |                  | Ema                | 11            |         |              |                |
|  | мо  | D           | AY                   | YR       |               |              |           | -       | Area Co | ode              | D                  | aytime Te     | elephon | e Numb       | er             |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** RACE STREET PAC From: <u>1/1/2023</u> **To:** <u>3/27/2023</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 |       |                  | Repor | ting F    | Period |      |    |            |
|---------------------------------------|-------|------------------|-------|-----------|--------|------|----|------------|
| Fro                                   |       |                  |       | From: To: |        |      |    |            |
|                                       |       | ·                |       |           | DATE   |      |    | AMOUNT     |
| Full Name of Contributing Committee   |       |                  | м     | 10        | DAY    | YEAR |    |            |
| Mailing Address                       |       |                  |       |           |        |      | \$ | 0.00       |
| City                                  | State | Zip Code (Plus 4 | •)    |           |        |      |    |            |
|                                       |       |                  |       |           |        |      | Γ  | PAGE TOTAL |

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

0.00

\$

PAGE 3

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |                    |                   |        |          |          |      |    |            |  |
|---|--------------------|-------------------|--------|----------|----------|------|----|------------|--|
| Name of Filing Committee or Candidat  | e                  |                   | Rep    | orting P | eriod    |      |    |            |  |
|   |                    |                   | Fro    | m:       |          | Тс   | ): |            |  |
|   |                    |                   |        |          | DATE     |      |    | AMOUNT     |  |
| Full Name of Contributor  |                    |                   |        | мо       | DAY      | YEAR |    |            |  |
| Mailing Address   |                    |                   |        |          |          |      | \$ | 0.00       |  |
| City  | State              | Zip Code (Plus 4) |        |          |          |      |    |            |  |
|   |                    |                   |        |          |          |      |    | PAGE TOTAL |  |
| Enter Grand Total of Part A on S  | Schedule I, Detail | ed Summary Pag    | je, Se | ection 2 | <u>.</u> |      | \$ | 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 Cand | lidate             |               | Reporting   | Period |     |      |    |            |
|----------------------------------|--------------------|---------------|-------------|--------|-----|------|----|------------|
|                                  |                    |               | From:       |        |     | То:  |    |            |
|                                  |                    |               |             | DA     | TE  |      | А  | MOUNT      |
| Full Name of Contributing Commit | ttee               |               |             | мо     | DAY | YEAR |    |            |
| Mailing Address                  |                    |               |             |        |     |      | \$ | 0.00       |
| City                             | State              | Zip Cod       | e (Plus 4)  |        |     |      |    |            |
|                                  |                    |               |             |        |     | ſ    |    | PAGE TOTAL |
| Enter Grand Total of Part C on   | Schedule I, Detail | ed Summary Pa | age, Sectio | n 3.   |     |      | \$ | 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 | Reporting Period |     |
|---------------------------------------|------------------|-----|
|                                       | From:            | То: |

|   |                |          |                  | D       | ATE   |      | АМС      | DUNT     |
|---|----------------|----------|------------------|---------|-------|------|----------|----------|
| Full Name of Contributor                          |                |          |                  | мо      | DAY   | YEAR |          |          |
| Mailing<br>Address                                |                |          |                  |         |       | \$   | 0.00     |          |
| City  | State          | Zi       | p Code (Plus 4)  |         |       |      |          |          |
| Employer Name                                     |                |          |                  | Occupat | tion  | -    |          |          |
| Employer Mailing Address/Principal Pl<br>Business | ace of         |          | City             |         | State |      | Zip Code | (Plus 4) |
| Enter Grand Total of Part C on Sch                | edule I, Detai | led Sumr | nary Page, Secti | on 3.   |       |      | PAG      | GE TOTAL |
|   | -              |          |                  |         |       |      | \$       | 0.00     |

I

# 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 |                      |               | Report  | ing Perio | d   |      |         |      |
|---------------------------------------|----------------------|---------------|---------|-----------|-----|------|---------|------|
|                                       |                      |               | From:   |           |     | То:  |         |      |
|                                       |                      |               |         | D         | ATE |      | AMOUNT  |      |
| Full Name                             |                      |               |         | мо        | DAY | YEAR |         |      |
| Mailing Address                       | Mailing Address      |               |         |           |     |      | \$<br>i | 0.00 |
| City                                  | State                | Zip Code (    | Plus 4) |           |     |      |         |      |
| Receipt Description                   |                      | 1             |         |           |     | 1    |         |      |
| Enter Grand Total of Part E on Schedu | ule T. Detailed Summ | nary Page     | Section | 4         |     |      | PAGE TO | ΓAL  |
|                                       |                      | iiai y i uge, | 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 |                            |                  |
|---|------------------|----------------------------|------------------|
| RACE STREET PAC   | From:            | <u>1/1/2023</u> <b>To:</b> | <u>3/27/2023</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | ER CONTRIBUTOR   |                            |                  |
| TOTAL for the Reporting Pe  | riod (1)         | \$                         | 0.00             |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR  | ſF)              |                            |                  |
| TOTAL for the Reporting Pe  | riod (2)         | \$                         | 0.00             |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)  |                  |                            |                  |
| TOTAL for the Reporting Pe  | riod (3)         | \$                         | 0.00             |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                  | \$                         | 0.00             |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

## VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate              |                    |                   | Reporting | g Period |      |      |       |
|--|--------------------|-------------------|-----------|----------|------|------|-------|
|  | From:              |                   |           | То:      |      |      |       |
|  |                    |                   |           | DATE     |      | АМО  | UNT   |
| 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 F on Sched<br>Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum  | mary Pag | je,  | PAGE | TOTAL |
|  |                    |                   |           |          | 4    | 6    | 0.00  |

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

| Name of Filing Committee or Candidate                              | Name of Filing Committee or Candidate |  |            |         | Rej       | oorting P | eriod  |          |              |        |
|--|---------------------------------------|--|------------|---------|-----------|-----------|--------|----------|--------------|--------|
|  |                                       |  |            |         | From: To: |           |        |          |              |        |
|  |                                       |  |            |         |           |           | DATE   |          |              | AMOUNT |
| Full Name of Contributor   |                                       |  |            |         |           | мо        | DAY    | YEAR     |              |        |
| Mailing Address  |                                       |  |            |         |           |           |        |          | \$           | 0.00   |
| City   | State                                 |  | Zip Code(I | Plus 4) |           |           |        |          |              |        |
| Employer of Contributor  |                                       |  |            |         |           | Occupat   | ion    |          | 1            |        |
| Employer Mailing Address/Principal Place of City State<br>Business |                                       |  |            |         | Zip<br>4) | Code(Plus | Descri | ption of | Contribution |        |

|   |                    | 1              |    |            |
|---|--------------------|----------------|----|------------|
| Enter Grand Total of Part G on Schedule I | I. In-Kind Contril | butions Detail | ed | PAGE TOTAL |
| Summary Page, Section 3.                  | _,                 |                |    | 0.00       |
|   |                    |                |    |            |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                                   |                     |                   | Reporti | ng Period   |           |    |            |
|---|---------------------|-------------------|---------|-------------|-----------|----|------------|
|   | From                |                   |         | То:         |           |    |            |
|   |                     | AMOUNT            |         |             |           |    |            |
| To Whom Paid  | To Whom Paid        |                   |         |             | YEAR      |    |            |
| Mailing Address   |                     |                   |         |             |           | \$ | 0.00       |
| City  | State               | Zip Code (Plus 4) | Descrij | otion of Ex | penditure |    |            |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                     |                   |         |             |           |    | PAGE TOTAL |
|   | on Page 1, Report C | over Page, Item L |         |             |           | \$ | 0.00       |