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			Repor Filed		CAN	DID	ATE	СОМ	MITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		RACE S	STREE	T PAC								•	
Street Address:	1301 N. 31ST	STREE	Т													
City:	PHILADELPHI	4					State:	Ρ	ΡA		Zip Code: 19121					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	30 D PRIM		PO	ST- 3		AMENDN REPORT		Yes	Nc	\checkmark			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY TION				TERMIN REPORT		Yes	Nc	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2022				NG MET CHECK				PAPER		\checkmark	DISKE	TTE	
Name of Office S	L Sought by Candidat	te:					DATE	OF	ELECI	TION	District Number	Office Code	Par	ty Code	County Code	
	,						мо	D	AY	YEAR	Number	coue	DEN	1	51	
							1	1	8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of Receipts and MO DAY YEAR MO DAY YEAR							YEAR	FC	DR OFFIC	E USE	ONLY					
Expenditures	from:		1 1	2	022 -	Ю		3	28	2022						
A. Amount Bro	ught Forward From	n Last R	eport			\$;			1,084.43						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5			0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5			1,084.43						
D. Total Expen	ditures (From Sch	edule II	I)			\$	5			0.00	1					
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	ts And Obligations	(From S	Schedule IV	/)		\$	5		2	0,000.00						
				AFF	IDAV	IT SE	ECTIO	N								
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. 1	lf this i	s a Ca	ndidate	rep	ort, ca	ndidate si	gn here.					
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached sc	hedules	s filed or	n paper	or by ele	ctro	nic med	ium, are to	the best o	of my knov	vledge	and beli	ef , true	
Sworn to and subs	cribed before me this day of	5	20					_		Signatur	e of Perso	n Submitt	ing Rep	ort		
	Signatu	re				_		_			Prin	ited Name				
My Commission Ex	-							_			Ema	il				
	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	ll sig	gn her	e.						
I swear (or affirm) No 320) as amendo	that to the best of n ed.	ny knowle	edge and beli	ief this	politica	l comn	nittee has	s not	violateo	d any provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,	
Sworn to and subso	ribed before me this day of		20					-		5	Gignature	of Candida	ite			
						_		-			Printe	ed Name				
Mu Corrector 5	Signature					_					Ema	il				
My Commission Exp	nres 					_		_								
	мо	D	AY	YR		-		_	Area Co	de	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>1/1/2022</u> **To:** <u>3/28/2022</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				Reporting Period						
Fro					:					
				DATE			AMOUNT			
Full Name of Contributing Con	mmittee		мо	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

\$

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 Candidat	e		Rep	orting P	eriod			
From: To:								
					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 Candidate			Reporting					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	tee			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	led 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		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Place of City Business				State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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			Reporting Period							
				From: To:						
			1	D	ATE			AMOUNT	-	
Full Name				мо	DAY	YEAR				
Mailing Address							\$;	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description	I				1	1				
Entoy Cyand Tatal of Days 5	an Sabadula I. Datailad		Continu	4				PAGE TO	TAL	
Enter Grand Total of Part E	on Schedule 1, Detailed	i Summary Page,	Section	4.			\$		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>1/1/2022</u> то:	<u>3/28/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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, 3		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
F						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 F on Schedule II, In-Kind Contributions Detail Section 2.			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				Reporting Period						
					Fro	From: To:				
							AMOUNT			
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of Business City State				State		Zip 4)	Code(Plus	Descri	ption o	f Contribution

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00
	1

SCHEDULE III STATEMENT OF EXPENDITURES

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