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		CAND	IDATE		СОМІ	MITTEE	✓	LOBI	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	A					State:	PA			Zip Co	de: 19	121		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	2ND FRIDAY PRE- 2. 3 PRIMARY P				POST-	3.		AMENDN REPORT		Yes	No	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.								TERMIN REPORT		Yes	No	· 🗸	
report type)	ANNUAL REPORT	7. X	Year 2023				NG METH CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE C)F ELE	стіо	N	District Number	Office Code	Par	ty Code	County Code
	,						мо	DAY	YE	AR	Number	coue	DEN	1	51
							11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	DR OFFIC	E USE	ONLY	
Expenditures	from:	:	11 28	20	023	Ю	12	2 3	31	2023					
A. Amount Bro	ught Forward Fror	n Last R	eport	•	I	\$			1,0	84.43	1				
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Schee	dule I)	\$	5			0.00					
C. Total Funds Available (Sum Of Lines A and B)							;		1,0)84.43					
D. Total Expen	ditures (From Sch	edule II	1)			\$;			0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$	5		1,0	84.43					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedul	le II)	\$;			0.00	-				
G. Unpaid Deb	s And Obligations	(From S	Schedule IV	')		\$;		20,0	00.00					
				AFF	IDAV	IT SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	lf this i	s a Ca	ndidate r	eport, c	andio	date sig	gn here.				
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sc	hedules	s filed or	paper	or by elect	tronic me	edium	, are to t	the best o	of my knov	vledge	and beli	ef , true
Sworn to and subs	cribed before me this day of	5	20						s	ignature	e of Perso	n Submitt	ing Rep	oort	
		re				_					Prin	ted Name			
My Commission Ex	-										Ema	il			
	мо	D	AY	YR				Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee, (Candid	late shall	sign he	ere.						
I swear (or affirm) No 320) as amendo	that to the best of ned.	ny knowle	edge and beli	ef this	political	comn	nittee has r	not violat	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	ribed before me this day of									s	ignature	of Candida	ite		
						_					Printe	ed Name			
. <u> </u>	Signature														
My Commission Exp	bires										Ema				
	мо	D	AY	YR		_		Area	Code		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>11/28/2023</u> To: <u>12/31/2023</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.)

PAGE 3

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				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

\$

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			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	2.		\$	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	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	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		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 P Business	lace of		City		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	Name of Filing Committee or Candidate			ting Perio	od				
				From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai y Page,	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 Perio	d	
RACE STREET PAC	From:	<u>11/28/2023</u> то:	<u>12/31/2023</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 PART	TF)		
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 (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 R			Reporting 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 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				Rep	oorting P	Period				
					Fro	From: To:				
							DATE			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 City State					Zip 4)	Code(Plus	Descri	ption o	of Contribution	

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

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 on Page 1, Report Cover Page, Item D							PAGE TOTAL
	on Page 1, Report C	over Page, Item L				\$	0.00

SCHEDULE IV 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 Reportin				ng Period				
RACE STREET PAC From:			From:	<u>11</u>	<u>/28/2023</u>	То:	<u>1</u>	2/31/2023
					DATE			Outstanding Balance of Debt
Name of Creditor MARK H. DAMBLY					DAY	YEAR		
Mailing Address 354 DARLING ROAD				4	20	2016	\$	5,000.00
City MEDIA	State PA	Zip Code (Pl 19063	us 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 PA	Zip Code (Pl 19063	us 4)	Description of Debt LOAN TO COMMITTEE				
					DATE			Outstanding Balance of Debt
Name of Creditor MARK H. DAMBLY			мо	DAY	YEAR			
Mailing Address 354 DARLING ROAD			10	26	2017	\$	2,500.00	
City MEDIA	State PA	Zip Code (Pl 19063	us 4)	Description of Debt LOAN TO COMMITTEE				
					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 PA	Zip Code (Plu 19041	us 4)	Description of Debt 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		го соммі			
							PAGE TOTAL
Enter Grand Total of Unpaid Deb	ots on Page	1, Report Cover Page, Iten	n G.			\$	20,000.00