

# Campaign Finance Report

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

Filer Identification Number :		20180483		Report Filed By :		CANDIDATE		COMMITTEE		✓		LOBBYIST	
Name of Filing Committee, Candidate or Lobbyist: AKM FOR JUDGE													
Street Address: PO BOX 444													
City: ALLENTOWN						State: PA				Zip Code: 18105			
TYPE OF REPORT  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	✓	No			
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes		No	✓		
	ANNUAL REPORT	7. X	Year 2018	FILING METHOD ( ) CHECK ONE			PAPER	✓	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
						MO	DAY	YEAR					
						11	6	2018					
Summary of Receipts and Expenditures from:						MO	DAY	YEAR	FOR OFFICE USE ONLY				
						11	27	2018					
						12	31	2018					
A. Amount Brought Forward From Last Report						\$ 0.00							
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 30,725.00							
C. Total Funds Available (Sum Of Lines A and B)						\$ 30,725.00							
D. Total Expenditures (From Schedule III)						\$ 6,383.97							
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 24,341.03							
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00							
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 10,025.00							

## AFFIDAVIT SECTION

**PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.**

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.**

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
AKM FOR JUDGE	From: <u>11/27/2018</u> To: <u>12/31/2018</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 200.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 200.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 30,525.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 30,525.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)</b>	\$ 30,725.00
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**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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
AKM FOR JUDGE	<b>From:</b> <u>11/27/2018</u> <b>To:</b> <u>12/31/2018</u>

DATE				AMOUNT
<b>Full Name of Contributor</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 200.00
Yanhua & Walter Teague				
<b>Mailing Address</b> 1451 Preston Spring Lane				
<b>City</b> Chapel Hill	<b>State</b> NC	<b>Zip Code (Plus 4)</b> 27516	12 14 2018	

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

<b>PAGE TOTAL</b>
\$ 200.00

**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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>  AKM FOR JUDGE	<b>Reporting Period</b>  <b>From:</b> <u>11/27/2018</u> <b>To:</b> <u>12/31/2018</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Scott M Wilhelm				12	27	2018	\$ 500.00
<b>Mailing Address</b> 2 Hill Hollow Rd							
<b>City</b> Milford	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 08848					
<b>Employer Name</b> Winegar, Wilhelm, Glynn & Roemersma				<b>Occupation</b> Attorney			
<b>Employer Mailing Address/Principal Place of Business</b> 305 Roseberry St			<b>City</b> Phillipsburg		<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 08865	
Oscar Morffi MD				11	20	2018	\$ 20,000.00
<b>Mailing Address</b> 3394 Pheasant Hill Dr							
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18104					
<b>Employer Name</b> LV Pediatric Assoc.				<b>Occupation</b> Pediatrician			
<b>Employer Mailing Address/Principal Place of Business</b> 401 N 17th St. Ste 307			<b>City</b> Allentown		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18104	
Anna-Kristie Morffi Marks				11	20	2018	\$ 10,025.00
<b>Mailing Address</b> 2862 Allison Lane							
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18104					
<b>Employer Name</b> Lehigh County District Attorney Office				<b>Occupation</b> Senior Deputy Attorney			
<b>Employer Mailing Address/Principal Place of Business</b> 455 Hamilton St Ste 307			<b>City</b> Allentown		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18101	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	30,525.00

## 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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>  <b>From:</b> <b>To:</b>
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			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

**Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.**

<b>PAGE TOTAL</b>	
\$	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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
AKM FOR JUDGE		From: <u>11/27/2018</u> To: <u>12/31/2018</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

**SCHEDULE II**  
**PART F**  
**IN-KIND CONTRIBUTIONS RECEIVED**  
**VALUE OF \$50.01 TO \$250.00**

Name of Filing Committee or Candidate	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						<b>PAGE TOTAL</b>  \$ 0.00

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

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of 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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
AKM FOR JUDGE	From <u>11/27/2018</u> To: <u>12/31/2018</u>

DATE				AMOUNT		
To Whom Paid Fulcrum Campaign Strategies			MO	DAY	YEAR	\$ 500.00
Mailing Address 655 Madison Ave 12th Floor			12	14	2018	
City New York	State NY	Zip Code (Plus 4) 10022	Description of Expenditure Campaign Logo Development			
To Whom Paid Fulcrum Campaign Strategies			MO	DAY	YEAR	\$ 2,000.00
Mailing Address 655 Madison Ave 12th Floor			12	18	2018	
City New York	State NY	Zip Code (Plus 4) 10022	Description of Expenditure Professional services Nov & Dec 2018			
To Whom Paid Engage Media LLC			MO	DAY	YEAR	\$ 3,689.00
Mailing Address 606 W Edwin St			12	14	2018	
City Williamsport	State PA	Zip Code (Plus 4) 17701	Description of Expenditure Website Creation, Domain & Hosting, Social Media & Marketing			
To Whom Paid Harland Clarke Checks			MO	DAY	YEAR	\$ 186.67
Mailing Address 15955 LaCantera Parkway			12	18	2018	
City San Antonio	State TX	Zip Code (Plus 4) 78256	Description of Expenditure Check & Deposit Slips			
To Whom Paid Anedot Inc			MO	DAY	YEAR	\$ 8.30
Mailing Address 1920 McKinney Ave 7th Floor			12	14	2018	
City Dallas	State TX	Zip Code (Plus 4) 75201	Description of Expenditure Website Contibution Fee			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 6,383.97

**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

<b>Name of Filing Committee or Candidate</b>  AKM FOR JUDGE			<b>Reporting Period</b>  From: <u>11/27/2018</u> To: <u>12/31/2018</u>		
<b>DATE</b>				<b>Outstanding Balance of Debt</b>	
<b>Name of Creditor</b> Anna-Kristie Morffi Marks			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>
<b>Mailing Address</b> 2862 Allison Lane			11	20	2018
			\$     10,025.00		
<b>City</b> Allentown	<b>State</b>  PA	<b>Zip Code (Plus 4)</b>  18104	<b>Description of Debt</b> Loan/ Open Campaign Account		
<b>Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.</b>					<b>PAGE TOTAL</b>  \$     10,025.00