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 :	ion	20190	0085			Report Filed E		CANDI	DATE		СОМ	MITTEE	✓	LOB	BYIST	
Name of Filing C	Committee,	Candida	ite or Lo	obbyist:			-	NDRA CO	MMITT	EE TO	D ELEC	T FOR J	UDGE			-
Street Address:	1807	FARRING	GTON RI	D												
City:	PHILA	DELPHIA	۱.					State:	PA			Zip Code: 19		19151		
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	2ND FRIDA PRIMARY	Y PRE-	2. X	30 DA PRIMA		POST-	3.		AMENDN REPORT		Yes	V No)
(place X to the right of	6TH TUESE PRE-ELECT		4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA ELECT		POST-	6.		TERMIN REPORT		Yes	No	· 🗸
report type)	ANNUAL F	REPORT	7.	Year 2019				NG METHO CHECK O				PAPER		\checkmark	DISKI	TTE
Name of Office S	L Sought by (Candidat	e:					DATE O	FELE	стіо	N	District Number	Office Code	Pai	ty Code	County Code
JUDGE OF THE						11 4		мо	DAY	YE	AR	1	CPJP	DEI	Ч	51
JUDGE OF THE	COURT OF		JN PLEA	AS - PHILA	DELPH	11A		11		5	2019		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	OR OFFIC	e use	ONLY	
Expenditures	s from:			4 2	20	019 T	0	5		6	2019					
A. Amount Bro	ught Forwa	ard From	Last Ro	eport			\$				0.00					
B. Total Monet	ary Contrib	outions A	nd Rece	eipts (Fron	Scheo	dule I)	\$			1,4	20.00					
C. Total Funds Available (Sum Of Lines A and B)							\$			1,4	20.00					
D. Total Expen	ditures (Fr	om Sche	dule III	[)			\$			8	87.57					
E. Ending Cash	Balance (S	Subtract	Line D	From Line	C)		\$			5	32.43					
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From S	chedul	e II)	\$				0.00					
G. Unpaid Debt	ts And Obli	gations	(From S	chedule IV	')		\$				0.00					
					AFF	IDAVI	T SE	CTION								
PART I - If this is		-		-					• •			-				
I swear (or affirm) correct and comple		eport, inclu	iding the	attached sc	hedules	filed on	paper	or by elect	ronic m	edium,	are to	the best o	f my knov	/ledge	and bel	ief , true
Sworn to and subs	scribed befor day of	e me this		20						S	ignature	e of Perso	n Submitt	ing Re	port	
		Signatur	e				_					Prin	ted Name			
My Commission Ex	xpires		-				_					Ema	il			
	м	10	DA	NY	YR				Are	ea Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report o	of a cand	idate's a	authorized	Comm	ittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and beli	ef this	political	comm	ittee has n	ot viola	ted any	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 1333,
Sworn to and subso	ribed before day of	e me this		20							s	ignature	of Candida	te		
							-					Printe	ed Name			
My Commission Exp		gnature					-					Ema	il			
							-									
		мо	DA	AY .	YR				Area	Code		D	aytime Te	lephor	ne Numl	ber

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MCCRAE, KENDRA COMMITTEE TO ELECT FOR JUDGE From: <u>4/2/2019</u> **To:** 5/6/2019 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 120.00 \$ **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)** 300.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 300.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 1,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 1,000.00 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 \$ 1,420.00 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 Candidat	e		Re	porting I	Period			
			Fre	om:		То	•	
					DATE			AMOUNT
Full Name of Contributing Committee				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

\$

Use this Part to it	emize all other 50.01 to \$250.0	1 TO \$250.00 r contribution 00 in the repo	s w ortir	ith an 1g peri	aggrega iod.			rom
Name of Filing Committee or Candida	te		Rep	orting Po	eriod			
MCCRAE, KENDRA COMMITTEE TO E	LECT FOR JUDGE		Froi	m:	<u>4/2/2</u>	2019 To):	<u>5/6/2019</u>
					DATE			AMOUNT
Full Name of Contributor David Adams				мо	DAY	YEAR		
Mailing Address 598 Willoughby Av	e., Ground Floor			_			\$	100.00
City Brooklyn	State NY	Zip Code (Plus 4) 11206		4	15	2019		
Full Name of Contributor Kendra McCrae				МО	DAY	YEAR		
Mailing Address 1807 Farrington Ro	bad			_		2010	\$	200.00
City Philadelphia	State PA	Zip Code (Plus 4) 19151		4	15	2019		
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2			\$	PAGE TOTAL 300.00

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			Rep	orting Pe	riod		
MCCRAE, KENDRA COMMITTEE TO ELE	ECT FOR JUDGE		Fro	n:	<u>4/2/2</u>	<u>.019</u> То	5/6/2019
				D	ATE		AMOUNT
Full Name of Contributor Melisande McCrae				мо	DAY	YEAR	
Mailing 7925 Ridge Ave. Unit	# 3						\$ 500.00
City Philadelphia	State PA	Zip Code (Plu 19128	is 4)	4	29	2019	
Employer Name The American College	e of Financial Service	25		Occupat	tion (College I	Faculty
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Plus 4)
270 S. Bryn Mawr Ave.		Bryn Ma	wr		PA		19010
Full Name of Contributor Melisande McCrae				мо	DAY	YEAR	
Mailing 7925 Ridge Ave. Unit	# 3						\$ 500.00
City Philadelphia	State PA	Zip Code (Plu 19128	ıs 4)	5	3	2019	
Employer Name The American College	e of Financial Service	25		Occupat	t ion (College I	Faculty
Employer Mailing Address/Principal Plac Business	e of	City		I	State		Zip Code (Plus 4)
270 S. Bryn Mawr Ave.		Bryn Ma	wr		PA		19128
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	, Sectio	on 3.			PAGE TOTAL
							\$ 1,000.00

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.

Name of Filing Committee or Can	didate		Report	ting Perio	od			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$ i	0.00
City	State	Zip Code (Plus 4)					
Receipt Description						-1		
Enter Grand Total of Part E on S	Schedule I. Detailed	L Summary Page	Section	4			PAGE TO	AL
Linter Grand Total OF Part E OF S	chedule 1, Detailet	i Summaly Paye,	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	
MCCRAE, KENDRA COMMITTEE TO ELECT FOR JUDGE	From:	<u>4/2/2019</u> To:	<u>5/6/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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	TF)		
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			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 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					Reporting Period					
					Fro	m:		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 Business			State	Zip C 4)		Code(Plus	Descri	ption of	f Contribution	

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			Reporti	ng Period				
MCCRAE, KENDRA COMMITTEE TO ELE	CT FOR JUDGE		From	<u>4/2</u>	2/2019	То:	<u>5/6/2019</u>	
				DATE			AMOUNT	
To Whom Paid To God Be the Glory Radio Program			мо	DAY	YEAR			
Mailing Address WTMR 2775 Mt. Eph	raim Ave.		4	13	2019	\$	50.00	
City Camden	State NJ	Zip Code (Plus 4) 08104		ntion of Exp on to radio			date interview	
To Whom Paid Deluxe Checks			мо	DAY	YEAR			
Mailing Address 3680 Victoria Street	North		4	15	2019	\$	9.99	
State Zip Code (Plus 4 MN 551262966			-	Description of Expenditure checks for comittee checking account				
To Whom Paid Empowered CDC			мо	DAY	YEAR			
Mailing Address P.O. Box 23428			4	29	2019	\$	100.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19143		ition of Exp on for busir			tworking event	
To Whom Paid First Impressions Design Group			мо	DAY	YEAR			
Mailing Address 4920 Hazel Avenue			4	29	2019	\$	220.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19143	-	otion of Exp design for				
To Whom Paid PayPal			мо	DAY	YEAR			
Mailing Address 2211 North First Str	eet		4	30	2019	\$	7.58	
City San Jose	State CA	Zip Code (Plus 4) 95131		tion of Exp charges fo			ons	

To Whom Paid Imagic Graphics	gic Graphics			DAY	YEAR		
Mailing Address 8400 West	Chester Pike		5	6	2019	\$	500.00
City Upper Darby	ity Upper Darby State Zip Code (Plus 4) Description of Expenditure PA 19082 printing of campaign lawn s						oster deposit
Enter Grand Total of Expen	ditures on Page 1, Rej	port Cover Page, Item D				\$	PAGE TOTAL 887.57