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 201	90085			Repor Filed E		CANDI	DATE		соми	ITTEE	✓	LOB	BYIST			
Name of Filing C	Committee, Cand	idate or L	obbyist:	M	1CCRA	E, KEI	NDRA CO	MMITT	EE TO) ELEC	T FOR J	UDGE					
Street Address:	1807 FARRI	NGTON R	D														
City:	PHILADELPH	IIA					State: PA				Zip Code: 19151						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PF PRIMARY	RE-	2.	30 DA		POST-	3. X		AMENDM REPORT	No					
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P ELECTION	RE-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	~		
report type)	ANNUAL REPOR	T 7.	Year 2019				NG METHO				PAPER		/	DISKE	TTE		
Name of Office S	Sought by Candid	late:					DATE 0	F ELE	CTIO	N	District Number	Office Code	Pai	ty Code	County		
							МО	DAY	YE	AR	1	СРЈР	DEI	М	51		
JUDGE OF THE	COURT OF COM	MON PLE	AS - PHILADEL	PH]	ΙA		11		5	2019	-	(SEE IN	STRUCTI	ONS FOR (ODES)		
•	Receipts and	МО	DAY YEA	AR			МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY			
Expenditures	from:		5 7	20	19 T	О.	6		10	2019							
A. Amount Bro	ught Forward Fr	om Last R	eport			\$			5	32.43							
B. Total Monet	ary Contribution	s And Rec	eipts (From Scl	ned	ule I)	\$			3,3	342.45]						
C. Total Funds	Available (Sum	Of Lines A	and B)			\$			3,8	374.88							
D. Total Expend	ditures (From Sc	hedule II	I)			\$			2,8	75.00							
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)			\$			9	99.88							
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sched	lule	II)	\$				0.00							
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00			1				
			AF	FI	DAVI	T SE	CTION										
PART I - If this is	s a Committee re	port, trea	surer sign here	. If	this is	a Car	ndidate r	eport, o	candio	date sig	jn here.						
I swear (or affirm) correct and comple		cluding the	attached schedu	les f	filed on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , true		
Sworn to and subs	cribed before me to day of	nis	20						s	ignature	of Perso	n Submit	ting Re	oort			
	Signa	ture				<u>-</u>					Prin	ted Name	e				
My Commission Ex	-										Ema	il					
	МО	D	AY Y	'R				Are	ea Cod	e	Daytim	e Telepi	none Nu	mber			
Part II- If this is	a report of a ca	ndidate's	authorized Con	nmi	ttee, C	andid	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amende		my knowl	edge and belief th	nis p	olitical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,		
Sworn to and subsc		is								s	ignature (of Candid	ate				
	day of					_					Printe	d Name					
	Signatur	e				-											
My Commission Exp	ires										Ema	il					
	МО	D	AY	ΥR		-		Area	Code		D	aytime T	elephor	ne Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MCCRAE, KENDRA COMMITTEE TO ELECT FOR JUDGE	From:	<u>5/7/201</u>	9 To:	6/10/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)			\$	342.45
TOTAL for the Reporting	Period	(2)	\$	342.45
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	3,000.00
TOTAL for the Reporting	Period	(3)	\$	3,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	3,342.45

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL \$0.00

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 Candida	te		Reporti	ing P	eriod			
MCCRAE, KENDRA COMMITTEE TO E	LECT FOR JUD	GE	From:		<u>5/7/2</u>	2019 T o):	6/10/2019
					DATE			AMOUNT
Full Name of Contributor Karen Miller			м	o	DAY	YEAR		
Mailing Address 3900 Ford Road, A	pt. 3D			_			\$	100.00
City Philadelphia	State PA	Zip Code (Plus 4) 19131		5	28	2019		
Full Name of Contributor Rob Stevens			м	o	DAY	YEAR		
Mailing Address to be determined							\$	242.45
City to be determined	State	Zip Code (Plus 4)		5	15	2019		

19128

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

PA

PAGE TOTAL \$ 342.45

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 Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

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	CT FOR JUDGE			Fron	n:	<u>5/7/2</u>	<u>019</u> To	6/10/2019		
					D/	ATE		AMOUNT		
Full Name of Contributor Melisande McCrae					мо	DAY	YEAR			
Mailing 7925 Ridge Ave. Unit	3							\$	1,500.00	
City Philadelphia	State	Zi	p Code (Plus	4)	5	21	2019	' 		
	PA	19	128							
Employer Name The American College	of Financial Service	:S			Occupat	tion	College I	Faculty		
Employer Mailing Address/Principal Plac Business	e of		City		•	State		Zip Code	e (Plus 4)	
630 Allendale Road, Suite 400			King of P	russia		PA		19406		
Full Name of Contributor Melisande McCrae					МО	DAY	YEAR			
Mailing 630 Allendale Road, S	Suite 400							\$	500.00	
City King of Prussia	State PA		p Code (Plus 9406	4)	5	13	2019			
Employer Name The American College	I I I I I I I I I I I I I I I I I I I	es			Occupat	t ion	L College I	Faculty		
Employer Mailing Address/Principal Plac Business	e of		City			State		Zip Code	e (Plus 4)	
630 Allendale Road, Suite 400			King of P	russia		PA		19406		
Full Name of Contributor Thomas Armington					МО	DAY	YEAR			
Mailing 142 Cedar Ct. Address								\$	1,000.00	
City Norristown	State PA		p Code (Plus 9401	4)	5	14	2019			
Employer Name The American College of Financial Services				Occupation Higher Education Assessmen			Assessment			
Employer Mailing Address/Principal Plac Business	Imployer Mailing Address/Principal Place of City				State Zi		Zip Code (Plus 4)			
630 Allendale Road, Suite 400			King of P	russia		PA		19406		

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

PAGE TOTAL

3,000.00

\$

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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z 5</i> 4a. y 1 4 9 0,	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		
MCCRAE, KENDRA COMMITTEE TO ELECT FOR JUDGE	From:	<u>5/7/2019</u> To:	6/10/2019
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	ate		Reporting	g Period			
			From:			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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or (Candidate		Reportir	ng Period			
MCCRAE, KENDRA COMMITTI	EE TO ELECT FOR JUDGE	Ē	From	<u>5/7</u>	7/2019	То:	6/10/2019
				DATE			AMOUNT
To Whom Paid The UPS Store			МО	DAY	YEAR		
Mailing Address 333 E. Lar	ncaster Ave.		5	13	2019	\$	425.00
City Wynnewood	State PA	Zip Code (Plus 4) 19096		otion of Exp			polling places
To Whom Paid The UPS Store			МО	DAY	YEAR		
Mailing Address 333 E. Lar	ncaster Ave.		5	20	2019	\$	515.00
City Wynnewood	State PA	Zip Code (Plus 4) 19096		otion of Exp e for campa			polling places
To Whom Paid The UPS Store			мо	DAY	YEAR		
Mailing Address 333 E. Lar	ncaster Ave.		5	21	2019	\$	1,925.00
City Wynnewood	State PA	Zip Code (Plus 4) 19096	13 polli	otion of Exp ing place v 800 for coo	olunteers		per worker;
To Whom Paid The UPS Store			МО	DAY	YEAR		
Mailing Address 333 E. Lar	ncaster Ave.		5	29	2019	\$	10.00
City Wynnewood	State PA	Zip Code (Plus 4) 19096	Descrip notary	otion of Exp	penditure	1	
			1				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

2,875.00