Campaign Finance Report

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

Filer Identificat Number :	ion 2019	C0233			Repo Filed	-		CANDI	DATE	✓	co	OMMITTE	E	LOBI	BYIST	
Name of Filing	Committee, Candid	ate or Lo	obbyist:			-		ANIEL I	D							
Street Address:																
City:							S	tate:				Zip Cod	e:			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					DAY IMAR		POST- 3. X			AMENDMENT REPORT?		Yes	No	, 🔨
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	≣- 5.		DAY ECTIO		POST-	6.		TERMINA REPORT?	TION	Yes	No	· 🗸
report type)	ANNUAL REPORT	7.	Year 2019					METHO				PAPER		\checkmark	DISKE	TTE
Name of Office Sought by Candidate:							D	ΑΤΕ Ο	FELE	СТІС	N	District Number	Office Code	Par	ty Code	County Code
JUDGE OF THE			M	0	DAY	YI	AR	-1	SPR	DEN	1					
JUDGE OF THE	SOF ERIOR COOR	.1						11		5	2019		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		M	10	DAY	YI	EAR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		5 7	2	019	то		6		LO	2019					
A. Amount Bro	ought Forward From	m Last R	eport				\$				0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$			2	234.77					
C. Total Funds	Available (Sum Of	f Lines A	and B)				\$			2	234.77					
D. Total Expen	ditures (From Sch	edule II	[)				\$			2	234.77					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		_	\$				0.00	_				
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedu	le II)	_	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()			\$				0.00					
				AFF	IDAV	'IT S	SEC	TION								
	s a Committee rep												•			<u>.</u> .
correct and compl) that this report, inc ete.	luaing the	attached sc	neaule	s filed o	n pap	ber or	by election		aium	, are to	the best of	ту кпоч	leage	and bei	er, true
Sworn to and sub	scribed before me this day of	S	20							S	Signatur	e of Person	Submitt	ing Rep	oort	
	Signatu	ire				_						Print	ed Name			
My Commission E	-											Emai	I			
	мо	DA	AY	YR					Are	ea Coo	le	Daytime	e Teleph	one Nu	mber	
	a report of a can								-							
I swear (or affirm) No 320) as amend) that to the best of r ed.	ny knowle	dge and beli	ef this	s politica	al cor	mmitt	ee has n	ot viola	ed an	iy provis	ions of the	act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subscribed before me this day of 20											S	ignature o	f Candida	ite		
												Printee	d Name			
My Commission Ex	Signature											Emai	1			
						_										
	МО	DA	AY	YR	1				Area	Code		Da	ytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MCCAFFERY, DANIEL D From: <u>5/7/2019</u> **To:** 6/10/2019 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) 234.77 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 234.77 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					
Fre				om:				
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)			4)					
							Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

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 Froi	orting P	eriod	Το):	
					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 Schedule I, Detailed Summary Page, Section 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	g Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	nittee			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		АМО	UNT
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zi	p Code (Plus 4)					
Employer Name	· ·			Occupa	tion			
Employer Mailing Address/Princip Business	al Place of		City	·	State		Zip Code (Plus 4)
Enter Grand Total of Part C on	Schedule I, Detai	led Sumr	marv Page, Secti	on 3.			PAG	E TOTAL
			. 3.,			4	5	0.00

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 Candidate R				ting Perio	d				
MCCAFFERY, DANIEL D Fro				From: <u>5/7/2019</u> To			: <u>6/10/2019</u>		
					ATE	AMOUNT			
Full Name MCCAFFERY FOR PA SUPERIO	R COURT			мо	DAY	YEAR			
Mailing Address PO BOX 472							\$	234.77	
City BENSALEM	State PA	Zip Code (19020	Plus 4)	6	4	2019	9		
Receipt Description REIM	BURSEMENT FOR PHONE	E (\$54.82) AND TC)LLS (\$17	'9.95)			•		
Enter Grand Total of Part E o	n Schedule I. Detailed	Summary Page	Section	4.				PAGE TOTAL	
			20000				\$	234.77	

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		
MCCAFFERY, DANIEL D	From:	<u>5/7/2019</u> To:	<u>6/10/2019</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	Γ F)		
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 Re			Reporting Period					
	From:		То:	Го:				
				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:				
					DATE AI					AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip Code(Plus 4) Description			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				ng Period			
MCCAFFERY, DANIEL D	MCCAFFERY, DANIEL D					То:	<u>6/10/2019</u>
				AMOUNT			
To Whom Paid ATT	мо	DAY	YEAR				
Mailing Address PO BOX 537104				1	2019	\$	54.82
City ATLANTA	City ATLANTA State Zip Code (Plus 4)						
	GA	30353	CELL PI	HONE BILL	-		
To Whom Paid PA TURNPIKE COMMISSION			мо	DAY	YEAR		
Mailing Address 300 EAST PARK DR	VE		6	2	2019	\$	179.95
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	otion of Exp	oenditure		
	РА	17111	TOLLS				
							PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Repor	t Cover Page, Item I) .			\$	234.77

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