

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 :		2019C0441		Report Filed By :		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: PATRICIA A. MCCULLOUGH												
Street Address:												
City:						State:		Zip Code: 15241				
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	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7.	Year 2019	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE				
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
JUDGE OF THE COMMONWEALTH COURT						MO	DAY	YEAR	-1	CCJ	REP	02
						11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		6	11	2019		9	16	2019				
A. Amount Brought Forward From Last Report						\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		433.52				
C. Total Funds Available (Sum Of Lines A and B)						\$		0.00				
D. Total Expenditures (From Schedule III)						\$		433.52				
E. Ending Cash Balance (Subtract Line D From Line C)						\$		0.00				
F. Value Of In-Kind Contributions Received (From Schedule II)						\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)						\$		0.00				

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

Name of Filing Committee or Candidate	Reporting Period
PATRICIA A. MCCULLOUGH	From: <u>6/11/2019</u> To: <u>9/16/2019</u>

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)	\$ 0.00
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
All Other Contributions (Part D)	\$ 433.52
TOTAL for the Reporting Period (3)	\$ 433.52

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 433.52
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Name of Filing Committee or Candidate	Reporting Period
	From: To:

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

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

PAGE TOTAL	
\$	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:	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.

PAGE TOTAL
\$ 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 PATRICIA A. MCCULLOUGH	Reporting Period From: <u>6/11/2019</u> To: <u>9/16/2019</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
PATRICIA A. MCCULLOUGH							
Mailing Address 2701 BINGHAM DRIVE							\$ 116.63
City PITTSBURGH	State PA	Zip Code (Plus 4) 15241		7	14	2019	
Employer Name COMMONWEALTH COURT OF PENNSYLVANIA				Occupation			
Employer Mailing Address/Principal Place of Business 601 COMMONWEALTH AVE.P.O. BOX 69185			City HARRISBURG		State PA	Zip Code (Plus 4) 171069185	
PATRICIA A. MCCULLOUGH							
Mailing Address 2701 BINGHAM DRIVE							\$ 23.80
City PITTSBURGH	State PA	Zip Code (Plus 4) 15241		2	2	2019	
Employer Name COMMONWEALTH COURT OF PENNSYLVANIA				Occupation			
Employer Mailing Address/Principal Place of Business 601 COMMONWEALTH AVE.P.O. BOX 69185			City HARRISBURG		State PA	Zip Code (Plus 4) 171069185	
PATRICIA A. MCCULLOUGH							
Mailing Address 2701 BINGHAM DRIVE							\$ 118.77
City PITTSBURGH	State PA	Zip Code (Plus 4) 15241		2	2	2019	
Employer Name COMMONWEALTH COURT OF PENNSYLVANIA				Occupation JUDGE			
Employer Mailing Address/Principal Place of Business 601 COMMONWEALTH AVE.P.O. BOX 69185			City HARRISBURG		State PA	Zip Code (Plus 4) 171069185	

Full Name of Contributor PATRICIA A. MCCULLOUGH			MO	DAY	YEAR	\$ 25.80
Mailing Address 2701 BINGHAM DRIVE			2	1	2019	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15241				
Employer Name COMMONWEALTH COURT OF PENNSYLVANIA			Occupation JUDGE			
Employer Mailing Address/Principal Place of Business 601 COMMONWEALTH AVE.P.O. BOX 69185		City HARRISBURG	State PA	Zip Code (Plus 4) 171069185		

Full Name of Contributor PATRICIA A. MCCULLOUGH			MO	DAY	YEAR	\$ 10.60
Mailing Address 2701 BINGHAM DRIVE			1	5	2019	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15241				
Employer Name COMMONWEALTH COURT OF PENNSYLVANIA			Occupation JUDGE			
Employer Mailing Address/Principal Place of Business 601 COMMONWEALTH AVE.P.O. BOX 69185		City HARRISBURG	State PA	Zip Code (Plus 4) 171069185		

Full Name of Contributor PATRICIA A. MCCULLOUGH			MO	DAY	YEAR	\$ 14.10
Mailing Address 2701 BINGHAM DRIVE			1	5	2019	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15241				
Employer Name COMMONWEALTH COURT OF PENNSYLVANIA			Occupation JUDGE			
Employer Mailing Address/Principal Place of Business 601 COMMONWEALTH AVE.P.O. BOX 69185		City HARRISBURG	State PA	Zip Code (Plus 4) 171069185		

Full Name of Contributor PATRICIA A. MCCULLOUGH			MO	DAY	YEAR	\$ 101.37
Mailing Address 2701 BINGHAM DRIVE			1	5	2019	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15241				
Employer Name COMMONWEALTH COURT OF PENNSYLVANIA			Occupation JUDGE			
Employer Mailing Address/Principal Place of Business 601 COMMONWEALTH AVE.P.O. BOX 69185		City HARRISBURG	State PA	Zip Code (Plus 4) 171069185		

Full Name of Contributor PATRICIA A. MCCULLOUGH			MO	DAY	YEAR	\$ 22.45
Mailing Address 2701 BINGHAM DRIVE			1	4	2019	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15241				
Employer Name COMMONWEALTH COURT OF PENNSYLVANIA			Occupation JUDGE			
Employer Mailing Address/Principal Place of Business 601 COMMONWEALTH AVE.P.O. BOX 69185		City HARRISBURG	State PA	Zip Code (Plus 4) 171069185		

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

PAGE TOTAL
\$ 433.52

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	Reporting Period From: To:
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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.

PAGE TOTAL	
\$	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	
PATRICIA A. MCCULLOUGH		From: <u>6/11/2019</u> To: <u>9/16/2019</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
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: To:

				DATE			AMOUNT
Full Name of Contributor				MO	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 Detailed Summary Page, Section 2.							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:		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

Name of Filing Committee or Candidate	Reporting Period
PATRICIA A. MCCULLOUGH	From <u>6/11/2019</u> To: <u>9/16/2019</u>

DATE				AMOUNT		
To Whom Paid PA TURNPIKE			MO	DAY	YEAR	\$ 22.45
Mailing Address PLAZA 236			1	4	2019	
City GETTYSBURG PK	State PA	Zip Code (Plus 4)	Description of Expenditure TOLL EN ROUTE TO REPUB. STATE COM. MTG			
To Whom Paid RADISSON HOTEL			MO	DAY	YEAR	\$ 101.37
Mailing Address PLAZA 146			1	5	2019	
City BEDFORD	State PA	Zip Code (Plus 4)	Description of Expenditure HOTEL ROOM RE REPUB. STATE COM. MTG.			
To Whom Paid PA TURNPIKE			MO	DAY	YEAR	\$ 14.10
Mailing Address PLAZA 75			1	5	2019	
City NEW STANTON	State PA	Zip Code (Plus 4)	Description of Expenditure TOLL - RETURN FROM REPUB. STATE COM. MTG.			
To Whom Paid PA TURNPIKE			MO	DAY	YEAR	\$ 10.60
Mailing Address 1150 CAMP HILL BYPASS			1	5	2019	
City CAMP HILL	State PA	Zip Code (Plus 4) 17001	Description of Expenditure TOLL RETURN FROM REPUB. STATE COM. MTG.			
To Whom Paid PA TURNPIKE			MO	DAY	YEAR	\$ 25.80
Mailing Address PLAZA 247			2	1	2019	
City HARRISBURG	State PA	Zip Code (Plus 4)	Description of Expenditure TOLL - REPUB. STATE COM. LINCOLN DAY CELEBRATION			

To Whom Paid FAIRFIELD BY MARRIOT			MO	DAY	YEAR	
Mailing Address 651 W. AREBA AVE.			2	2	2019	
City HERSHEY	State PA	Zip Code (Plus 4) 17033	Description of Expenditure HOTEL - REPUB. STATE COM. LINCOLN DAY CELEBRATION			

To Whom Paid PA TURNPIKE			MO	DAY	YEAR	
Mailing Address PLAZA 75			2	2	2019	
City NEW STANTON	State PA	Zip Code (Plus 4)	Description of Expenditure TOLL - RETURN FROM LINCOLN DAY CELEBRATION			

To Whom Paid FAIRFIELD BY MARRIOT			MO	DAY	YEAR	
Mailing Address 1248 GOLDEN MILE HIGHWAY			7	14	2019	
City TOWANDA	State PA	Zip Code (Plus 4) 18848	Description of Expenditure HOTEL - REPUBLICAN EVENT IN TOWANDA PA			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 433.52

