#### **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	9C0089				port ed B		CAN	DII	DATE	<b>√</b>	CC	COMMITTEE LOBBYIST						
Name of Filing C	ommittee, Candi	date or L	obbyist:		MCC	CAR	ГНҮ К	ING, N	4EG	SAN									
Street Address:																			
City:								State:	:				Zip Cod	e: 19	9312				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY										AMENDMENT Yes No				lo				
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. <b>X</b>	2ND FRIDA	AY PRE	≣-	5.	30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes	ľ	lo	<b>\</b>	
report type)	ANNUAL REPOR	Г 7.	<b>Year</b> 2019					IG MET					PAPER		<b>V</b>	DISK	ETTE		
Name of Office S	ought by Candid	ate:						DATE	0	F ELE	CTI	ON	District Number	Office Code	Pai	ty Cod	e Cou		
JUDGE OF THE	CURERTOR COLL	<b>.</b>						МО		DAY	١	YEAR	-1	SPR	REF	)	15		
JUDGE OF THE SUPERIOR COURT  11 5 20:										2019		(SEE IN	STRUCTI	ONS FO	R CODES	5)			
Summary of Expenditures		МО	DAY	YEAR		_	_	МО		DAY	'	YEAR	FOI	R OFFI	CE USE	ONL	<b>7</b>		
			6 11	. 2	019	ı	<u>о</u>		9	:	16	2019							
A. Amount Bro	ught Forward Fro	m Last R	leport				\$					0.00							
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	e I)	\$					0.00							
C. Total Funds	Available (Sum C	f Lines A	and B)				\$					0.00							
D. Total Expend	ditures (From Sc	nedule II	Ί)				\$				28	,357.95							
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			(	28,3	357.95)							
F. Value Of In-	Kind Contribution	ıs Receiv	ed (From S	chedu	le II	i)	\$					0.00							
G. Unpaid Debt	s And Obligation	s (From S	Schedule I\	/)			\$					0.00							
				AFF	ID/	٩VI	T SE	CTIO	Ν										
PART I - If this is	a Committee re	port, trea	surer sign	here.	If th	is is	a Car	ndidate	e re	port, o	cand	didate si	n here.						
I swear (or affirm) correct and complete	that this report, in ete.	cluding the	e attached so	hedule	s file	d on	paper	or by el	ectr	onic m	ediu	m, are to	the best of	my kno	wledge	and be	lief , tr	rue	
Sworn to and subs	cribed before me th day of	is	20						•			Signature	of Person	Submit	ting Re	port			
	Signat	ure					- -						Print	ed Name	e			_	
My Commission Ex	-								-				Email					_	
	мо	D	AY	YR						Are	ea Co	ode	Daytime	Teleph	none Nu	mber			
Part II- If this is	a report of a car	ndidate's	authorized	Comn	nitte	e, C	andid	ate sh	all s	sign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and bel	ief this	polit	tical	comm	ittee ha	s no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	937 (P	.L. 133	з,	
Sworn to and subsc		5										s	ignature o	Candid	ate			-	
	day of ————————————————————————————————————		_ 20				-						Printed	l Name				_	
	Signature	1					-		-									_	
My Commission Exp	ires												Email						
	МО	D	AY	YR	l l		-			Area	Code	e	Da	ytime T	elephor	ne Nun	ber	_	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
MCCARTHY KING, MEGAN	From:	6/11/201	<u>9</u> To:	9/16/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	J 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)			\$	0.00
TOTAL for the Reporting	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j Period	(4)	\$	0.00
			T	
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			\$	0.00

#### **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 Filling Committee of Canadate				Reporting Period From: To:				
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
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/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</b> 0.00

## 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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	od	
MCCARTHY KING, MEGAN	From:	<u>6/11/2019</u> <b>To:</b>	9/16/2019
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR	l .	
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 Candidat	Name of Contributor ling Address				Reporting Period					
			From:			То:				
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						<b>\$</b>	0.00			
City	State	Zip Code (Plus 4)								
Description of Contribution:										
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL			
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL			
						\$	0.00			

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Rep	orting P	eriod			
					Froi	m:		To:		
				•			DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plu	us 4)						
Employer of Contributor	•					Occupat	tion		•	
Employer Mailing Address/Principal Pla Business	ce of	City	S	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch	nedule II, I	In-Kind	Contribution	ns De	taile	d				PAGE TOTAL
Summary Page, Section 3.	•									0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
MCCARTHY KING, MEGAN			From	<u>6/1:</u>	1/2019	То:	9/16/2019
				DATE			AMOUNT
<b>To Whom Paid</b> mary lou doyle			МО	DAY	YEAR		
Mailing Address 1810 Alys	sa Lane		7	22	2019	\$	25,000.00
City pottstown State PA 2ip Code (Plus 4) 19456				otion of Exp			
To Whom Paid mary lou doyle			МО	DAY	YEAR		
Mailing Address 1810 Alys	sa Lane		9	16	2019	\$	357.95
<b>City</b> pottstown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19456	1	otion of Exp			
<b>To Whom Paid</b> mary lou doyle			МО	DAY	YEAR		
Mailing Address 1810 Alys	sa Lane		7	22	2019	\$	3,000.00
pottstown State Zip Code (Plus 4) PA 19456				otion of Exp I advisor	enditure		
	L	L	I				PAGE TOTAL

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

28,357.95