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	20190	0264				port ed B		CAND	IDATE	√	CC	MMITTEE		LOBI	BYIST						
Name of Filing C	ommittee, C	andida	te or Lo	obbyist:		AM/	AND	A GRE	EN-HAW	VKINS												
Street Address:																						
City:									State:				Zip Code	: 15	206							
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/				
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4. X	2ND FRIDAY ELECTION	PRE	-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ION	Yes	No	•	/				
report type)	ANNUAL REI	PORT	7	Year 2019					IG METH CHECK O								PAPER		√	DISKE	TTE	
Name of Office S	ought by Ca	ndidat	e:						DATE C)F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	ty				
									МО	DAY	YEA	R	-1	SPR	DEN	1						
JUDGE OF THE	SUPERIOR C	COURT							11		5 2	2019		(SEE INS	TRUCTI	ONS FOR (ODES)	\dashv				
Summary of		nd	МО	DAY	YEAR				МО	DAY	YEA	R	FOR	OFFIC	E USE	ONLY						
Expenditures	from:			6 11	21	019	Т	0	9)	16 2	2019										
A. Amount Bro	ught Forward	d From	Last R	eport				\$		((10,000	.00)										
B. Total Moneta	ary Contribut	tions A	nd Rec	eipts (From	Sche	dule	e I)	\$				0.00	1									
C. Total Funds	Available (Su	um Of	Lines A	and B)				\$		((10,000	.00)						ļ				
D. Total Expend	ditures (Fron	n Sche	dule II	I)				\$		50,000.00												
E. Ending Cash	Balance (Su	btract	Line D	From Line C)			\$		(60,000	.00)										
F. Value Of In-	Kind Contrib	utions	Receive	ed (From Scl	hedu	le II	[)	\$			(0.00										
G. Unpaid Debt	s And Obliga	itions ((From S	chedule IV))			\$			(0.00		'								
					AFF	IDA	٩VI	T SE	CTION													
PART I - If this is	a Committe	e repo	rt, trea	surer sign h	ere. I	[f th	is is	a Can	didate r	eport, (candida	te sig	jn here.									
I swear (or affirm) correct and comple		rt, inclu	iding the	: attached sche	edules	file	d on	paper (or by elect	tronic m	edium, a	re to t	the best of I	my know	/ledge	and beli	ef , tru	ie,				
Sworn to and subs	cribed before r day of	ne this		20							Sig	nature	e of Person	Submitt	ing Rep	ort		-				
		ignature						-					Printe	d Name				-				
My Commission Ex		igilatur	E										Email					-				
	мо		D/	AY	YR			_		Ar	ea Code		Daytime	Telepho	one Nu	mber						
Part II- If this is	a report of a	a candi	idate's	authorized (Comn	nitte	e, C	andida	ate shall	sign h	ere.											
I swear (or affirm) No 320) as amende		st of m	y knowle	edge and belie	f this	polit	tical	comm	ittee has r	not viola	ted any _l	orovis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	,				
Sworn to and subsc		e this										s	ignature of	Candida	te			-				
	day of ————————————————————————————————————							_					Printed	Name				-				
	Signa	ature						-					·······································					_				
My Commission Exp	_												Email									
	м	10	D	AY	YR			_		Area	Code		Day	time Te	lephon	e Numb	er					

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
AMANDA GREEN-HAWKINS	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	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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 onl with an aggregate value		\$2) in the			
Nume of Fining Committee of Culturate				om:	renou	То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I			<u> </u>			DAGE 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 Commit	tee or Candidate		Rep	eriod				
			From: T			o:		
					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			
				Froi	m:		То):	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	5 4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Pla Business	ce of		City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Deta	iled Sumr	mary Page,	Section	on 3.			P <i>/</i>	AGE TOTAL 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	Candidate		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
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. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Full E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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	
AMANDA GREEN-HAWKINS	From:	<u>6/11/2019</u> To:	9/16/2019
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	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:			To:	
				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	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

	Reporting Period					
AMANDA GREEN-HAWKINS From	6/11/2019	То:	9/16/2019			

				DATE			AMOUNT
To Whom Paid AMANDA FOR JUDGE				DAY	YEAR		
Mailing Address PO BOX 4766				12	2019	\$	50,000.00
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15206	LOAN				
	•	•	•				PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							50,000.00