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	2018	0483			Rep File			CAND	IDATE		СОМ	ITTEE	✓	LOBE	YIST	
Name of Filing C	Committe	e, Candid	ate or Lo	obbyist:		AKM	1 FO	R JUD	GE								
Street Address:	РО В	OX 444															
City:	ALLE	NTOWN							State:	PA			Zip Cod	de: 18	3105		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRII PRIMARY	AY PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUES		4.	2ND FRIE ELECTION		E- 5	5. X	30 DA		POST-	6.		TERMINA REPORT		Yes	No	
report type)	ANNUAL	. REPORT	7.	Year 201	9				IG METH CHECK C				PAPER		\checkmark	DISKE	ΓΤΕ
Name of Office S	Sought by	Candida	te:	•					DATE ()F ELE	CTIO	N	District Number	Office Code	Part	y Code	County Code
JUDGE OF THE				Δς					МО	DAY	YE	AR	31	СРЈ	D/R		39
			ONTEL						11	_	5	2019		(SEE IN	STRUCTIO	NS FOR C	ODES)
Summary of Expenditures		s and	МО	DAY	YEAI		_	^	МО	DAY		AR	FC	R OFFI	CE USE	ONLY	
-					.1 2	019		<u>О</u>	10)	21 2019						
A. Amount Bro				-				\$				1,567.74					
B. Total Monet					m Sche	dule	(I)	\$				954.56					
C. Total Funds				-				\$				522.30					
D. Total Expen	ditures (I	From Scho	edule II	I)				\$			2,5	522.30					
E. Ending Cash	Balance	(Subtract	Line D	From Lin	e C)			\$				0.00					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From	Schedu	lle II)	\$				0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule	IV)			\$				0.00			'		
					AF	FIDA	۱۷۶	ΓSE	CTION								
PART I - If this is		-		_													
I swear (or affirm) correct and comple		report, incl	uding the	attached	schedule	s filed	d on	paper	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed bef	ore me this	;	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	_							-					Prin	ted Name	e		
My Commission Ex	cpires	Signatu	re										Ema	il			
		мо	D	AY	YR			-		Ar	ea Cod	le		e Telepi	none Nur	nber	
Part II- If this is	a report	of a cand	lidate's	authorize	d Comi	nitte	e, C	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		ne best of n	ny knowle	edge and b	elief this	s polit	ical	comm	ittee has i	not viola	ted an	y provis	ions of th	e act of J	une 3,19	37 (P.L.	1333,
Sworn to and subsc	ribed befo	re me this										S	ignature (of Candid	ate		
	day of			20				_					Del/	d Na			
		Signature						-					Printe	ed Name			
My Commission Exp		orginatul E											Ema	il			
	-	мо	D	AY	YI	2		•		Area	Code		D	aytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
AKM FOR JUDGE	From:	<u>6/11/201</u>	<u>9</u> To:	10/21/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	25.00
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)			\$	200.00
TOTAL for the Reporting	Period	(2)	\$	200.00
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)			\$	729.56
TOTAL for the Reporting	Period	(3)	\$	729.56
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			\$	954.56

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 Candidate	Reporting Peri	iod	
AKM FOR JUDGE	From:	<u>6/11/2019</u> To:	10/21/2019

DATE

Full Name of Contributor Debbie Thomas	МО	DAY	YEAR			
Mailing Address 5372 Northwood Drive						\$ 200.00
City Center Valley	State	Zip Code (Plus 4)	6	11	2019	
·	PA	18034				

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

PAGE TOTAL \$ 200.00

AMOUNT

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	ame 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	Reporting Period						
AKM FOR JUDGE			From: 6/11/2019			<u>019</u> To	: <u>10/21/2019</u>
				D/	ATE		AMOUNT
Full Name of Contributor Anna-Kristie Morffi Marks				МО	DAY	YEAR	
Mailing 2862 Allison Lane				7	25	2019	\$ 729.56
City Allentown	State PA	Zip Code (Plus 18104	s 4)		25	2019	
Employer Name Lehigh County Distric	t Attorney Office			Occupat	ion	Senior D	eputy Attorney
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (Plus 4)
455 Hamilton St Ste 307		Allentow	า		PA		18101
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PAGE TOTAL 729.56
						_	

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	bd			
			From:			To:		
				D	ATE		AM	OUNT
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			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	
AKM FOR JUDGE	From:	<u>6/11/2019</u> To:	10/21/2019
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:			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 Candi	ame of Filing Committee or Candidate				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			Occupa	tion		1	
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
AKM FOR JUDGE			From	<u>6/1</u>	1/2019	То:	10/21/2019
				DATE			AMOUNT
To Whom Paid Anedot			МО	DAY	YEAR		
Mailing Address 1920 McKinr	ney Ave 7th Floor		6	11	2019	\$	8.30
City Dallas	State TX	Zip Code (Plus 4) 75201		otion of Exp e Contribu			
To Whom Paid Wells Fargo Bank			мо	DAY	YEAR		
Mailing Address 702 Hamilto	n St		6	28	2019	\$	14.00
City Allentown	State PA	Zip Code (Plus 4) 18101	1	otion of Exp e Charge	penditure		
To Whom Paid Fulcrum Campaign Strategies			мо	DAY	YEAR		
Mailing Address 655 Madisor	n Ave		7	26	2019	\$	2,500.00
New York State NY State Zip Code (Plus 4) 10022			Descrip Win Bo	otion of Exp nus	penditure		
Enter Grand Total of Expend	itures on Page 1, Re	port Cover Page, Item [).			<u> </u>	PAGE TOTAL

2,522.30