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	0233				Repor Filed E		CA	NDII	DATE	*	C	OMMITTE		LOB	BYIST		
Name of Filing C	ommittee, (Candida	te or Lo	bbyis	t:		1CCAF	FERY,	DAN:	[EL [)								
Street Address:																			
City:									State	e:				Zip Cod	le:				
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND F PRIMA	RIDAY ARY	PRE-	2.	30 DA					AMENDMENT Yes REPORT?			N	0	\	
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND F ELECT		PRE-	5. X	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL RE	PORT	7.	Year :	2019				NG ME			_		PAPER		V	DISK	ETTE	
Name of Office S	ought by Ca	andidate	e:				•		DAT	ΈO	F ELE	СТ	ION	District Number	Office Code	Pai	ty Cod	Code	
JUDGE OF THE	SUPERIOR	COLIRT							МО		DAY		YEAR	-1	SPR	DEI	1	51	
	JOI ERGOR									11		5	2019		(SEE IN	STRUCTI	ONS FOR	CODES	5)
Summary of Expenditures		and	МО	DA	Y	YEAR			МО		DAY		YEAR	FO	R OFFI	E USE	ONLY	,	
Expenditures	irom:			9	17	20	19 T	0		10	:	21	2019	<u>'</u>					
A. Amount Bro	ught Forwai	rd From	Last R	eport				\$					0.00						
B. Total Moneta	ary Contribu	ıtions A	nd Rec	eipts (From	Sched	ule I)	\$					333.19]					
C. Total Funds Available (Sum Of Lines A and B) \$ 333.19																			
D. Total Expenditures (From Schedule III) \$ 333.19																			
E. Ending Cash Balance (Subtract Line D From Line C)							\$					0.00	1						
F. Value Of In-	Kind Contrib	outions	Receive	ed (Fro	om Sc	hedule	iI)	\$					0.00						
G. Unpaid Debt	s And Oblig	ations (From S	chedu	ile IV)			\$					0.00			•			
						AFFI	DAVI	T SE	CTI	NC									
PART I - If this is		-	•		_									_					
I swear (or affirm) correct and comple		ort, inclu	ding the	attach	ed sch	edules 1	filed on	paper	or by	electr	onic m	ediu	ım, are to	the best of	f my knov	wledge	and be	ief , tr	ue
Sworn to and subs	cribed before day of	me this		20									Signatur	e of Persoi	1 Submitt	ing Re	oort		_
		Signature	<u> </u>					<u>-</u>						Print	ted Name	•			
My Commission Ex										•				Emai	il				_
	мо)	D#	Υ		YR					Are	ea C	Code	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	date's	author	rized (Commi	ttee, C	andid	ate s	hall s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of my	y knowle	dge an	d belie	f this p	olitical	comm	ittee h	nas no	ot viola	ted	any provi	sions of the	e act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc		ne this												Signature o	f Candida	ate			-
	day of — —							_						Printe	d Name				-
	Sig	nature						-											_
My Commission Exp	ires													Emai	il				
		мо	D#	λY		YR		_			Area	Cod	le	Da	ytime T	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MCCAFFERY, DANIEL D	From:	9/17/2019	<u>9</u> To:	10/21/2019
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)			\$	333.19
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	333.19
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 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	333.19

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporti	ng Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributin	g Committee		МС	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											

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 Candidate				Reporting Period From: To:					
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	1						

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 Pe	Reporting Period					
MCCAFFERY, DANIEL D	From:	9/17/2019	То:	10/21/2019			

DATE AMOUNT

Full Name of Contributing Committee McCaffery for Pennsylvania Superior Con	МО	DAY	YEAR			
Mailing Address 2005 Market Street, I	10			\$ 333.19		
City Philadelphia State Zip Code (Plus 4) PA 19103				15	2019	

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

PAGE TOTAL \$ 333.19

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						
			Fror	n:		To) :				
				D	ATE		А	MOUNT			
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plu	s 4)								
Employer Name		•		Occupa	tion		•				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)			
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE 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 C	Candidate		Report	ing Perio	bd			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description								
Enter Grand Total of Part E o	n Schedule T. Detailed	l Summary Page	Section	4.			PAGE TOTA	AL
		· • • • • • • • • • • • • • • • • • • •					\$	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	d	
MCCAFFERY, DANIEL D	From:	<u>9/17/2019</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 Candidate			Reporting	g Period				
Fr				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 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					Re	porting l	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
MCCAFFERY, DANIEL D			From 9/17/2019		7/2019	То:	10/21/2019	
				DATE				
To Whom Paid AT&T			мо	DAY	YEAR			
Mailing Address PO Box 537104			10	1	2019	\$	54.82	
City Atlanta	State GA	Zip Code (Plus 4) 30353	Description of Expenditure Cell Phone Bill					
To Whom Paid PA Turnpike Commission			МО	DAY	YEAR			
Mailing Address 300 East Park Drive			10	2	2019	\$	278.37	
City Harrisburg	State PA	Zip Code (Plus 4) 17111	Description of Expenditure Tolls					
	1	•	•				PAGE TOTAL	

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

333.19