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	0293				Repor Filed I		CA	NDI	DATE	\	CC	COMMITTEE LOBBYIST					
Name of Filing C	ommittee, (Candida	te or Lo	bbyis	st:	<u> </u>	1ARY N	1CGIN	ILEY										
Street Address:																			
City:	_								Stat	e:				Zip Cod	e: 15	217			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND I PRIM	FRIDAY ARY	PRE-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?	ENT	Yes	N)	√
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND I	FRIDAY TION	PRE-	5. X	30 DA		Р	OST-	6.		TERMINATION REPORT?		Yes	N)	\
report type)	ANNUAL RE	PORT	7.	Year	2019				NG MI					PAPER		\	DISK	ETTE	
Name of Office S	- Sought by Ca	andidate	e:				-		DAT	ΈO	F ELE	СТІ	ON	District Number	Office Code	Pai	ty Code	Cour	
JUDGE OF THE	COURT OF	СОММС	ON PLEA	Δς					МО		DAY	,	YEAR	5	CPJ	D/F	l		
3000E OF THE	COOK! O!	2011110	JIV I EE/							11		5	2019		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of		and	МО	DA	Y	YEAR			МО		DAY	•	YEAR	FO	R OFFIC	E USE	ONLY		
Expenditures	irom:			9	17	20	19 T	О		10	:	21	2019						
A. Amount Bro	ught Forwai	rd From	Last R	eport				\$			((18,	677.69)						
B. Total Monetary Contributions And Receipts (From Schedule I)								\$	5		0.00								
C. Total Funds Available (Sum Of Lines A and B)								\$;		((18,	677.69)						
D. Total Expend	ditures (Fro	m Sche	dule II	[)				\$	5				279.04						
E. Ending Cash	Balance (S	ubtract	Line D	From	Line C)		\$)		(18,	956.73)	1					
F. Value Of In-	Kind Contrib	outions	Receive	ed (Fr	om Sc	hedule	e II)	\$	5				0.00						
G. Unpaid Debt	s And Oblig	ations (From S	ched	ule IV))		\$;				0.00						
						AFFI	DAVI	T SE	CTI	NC									
PART I - If this is		-	-		_														
I swear (or affirm) correct and comple		ort, inclu	iding the	attacl	hed sch	edules	filed on	paper	or by	electi	ronic m	ediu	m, are to	the best of	my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before day of	me this		20									Signature	e of Person	Submitt	ing Re	oort		_
		Signature	e	-				<u>-</u>						Print	ed Name	ı			_
My Commission Ex														Emai	<u> </u>				-
	мо)	DA	λY		YR					Ar	ea C	ode	Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report of	a candi	idate's	autho	rized (Commi	ittee, C	Candid	late s	hall	sign h	ere.							
I swear (or affirm) No 320) as amende		est of my	y knowle	dge ar	nd belie	f this p	oolitical	comm	ittee l	nas n	ot viola	ted	any provis	ions of the	act of Ju	ıne 3,1	937 (P.	L. 133	з,
Sworn to and subsc		ne this											S	ignature o	f Candida	ite			-
-	day of — —			20 -				_						Printe	d Name				-
	Sig	nature						_											_
My Commission Exp	ires													Emai	I				
		мо	DA	ΑY		YR		_			Area	Cod	e	Da	ytime To	elephor	ne Numl	oer	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MARY MCGINLEY	From:	<u>9/17/201</u>	<u>.9</u> To:	10/21/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	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)			\$	0.00
TOTAL for the Reporting) Period	(3)	\$	0.00
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			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

		ly contributions r lue from \$50.01 t			•			
Name of Filing Committee or (Candidate		Re	porting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Comm	nittee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							$\overline{}$	PAGE 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					
F			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.)

ame of Filing Committee or Candidate			Reporting Period						
		Fron	n:		То	То:			
			D/	ATE		АМ	OUNT		
			МО	DAY	YEAR				
						\$	0.00		
State	Zip Code (Plus	s 4)							
			Occupat	tion					
e of	City			State		Zip Code	(Plus 4)		
dule I, Detailed Su	ımmary Page,	Section	on 3.				GE TOTAL 0.00		
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code		

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	GE 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	d	
MARY MCGINLEY	From:	<u>9/17/2019</u> To:	<u>10/21/2019</u>
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Candidat	e				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	•		•			Occupa	tion		•	
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	taile	ed				PAGE TOTAL 0.00

279.04

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporting Period					
MARY MCGINLEY	From	9/1.	То:	10/21/2019				
				DATE			AMOUNT	
To Whom Paid AMAZON			мо	DAY	YEAR			
Mailing Address PO BOX 960	013		8	4	2019	\$	279.04	
City ORLANDO	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	FL	32896	DOOR I	PRIZES: SI	PORTS M	EMORAB	ILIA	
Enter Grand Total of Expend	tures on Page 1, Re	eport Cover Page, Item D).				PAGE TOTAL	