### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number :           | on 2                        | 0180    | 531       |                        |           |        | port<br>ed B |                | CANDI       | DATE     |             | СОМ        | <b>4ITTEE</b>      | ✓              | LOBI     | BYIST     |                |
|--|-----------------------------|---------|-----------|------------------------|-----------|--------|--------------|----------------|-------------|----------|-------------|------------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C                         | Committee, Can              | ndida   | te or Lo  | bbyist:                |           | МСС    | GINL         | EY FC          | OR JUDGE    | СОМ      | MITT        | EE         |                    |                |          |           |                |
| Street Address:                          | PO BOX 8:                   | 1087    |           |                        |           |        |              |                |             |          |             |            |                    |                |          |           |                |
| City:                                    | PITTSBUR                    | GH      |           |                        |           |        |              |                | State:      | PA       |             |            | Zip Cod            | ie: 15         | 5217-0   | 587       |                |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY  | 1       | L.        | 2ND FRIDA'<br>PRIMARY  | / PRE     | -      | 2.           | 30 DA<br>PRIMA |             | POST-    | 3.          |            | AMENDM<br>REPORT?  |                | Yes      | No        | <b>~</b>       |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION | 4       | 1.        | 2ND FRIDA'<br>ELECTION | / PRE     | ≣-     | 5.           | 30 DA<br>ELECT |             | POST-    | 6. <b>X</b> |            | TERMINA<br>REPORT? |                | Yes      | No        | <b>~</b>       |
| report type)                             | ANNUAL REPO                 | ORT 7   | 7.        | <b>Year</b> 2019       |           |        |              |                | IG METHO    |          |             |            | PAPER              |                | <b>/</b> | DISKE     | TTE            |
| Name of Office S                         | -<br>Sought by Cand         | lidate  | <b>:</b>  |                        |           |        |              |                | DATE O      | F ELE    | CTIO        | N          | District<br>Number | Office<br>Code | Par      | ty Code   | County<br>Code |
|  |                             |         |           |                        |           |        |              |                | МО          | DAY      | YE          | AR         |                    |                |          |           |                |
|  |                             |         |           |                        |           |        |              |                | 11          |          | 5           | 2019       |                    | (SEE IN        | ISTRUCTI | ONS FOR O | CODES)         |
| Summary of Expenditures                  |                             | d       | МО        | DAY                    | YEAR      |        | _            | _              | МО          | DAY      | YI          | AR         | FO                 | R OFFI         | CE USE   | ONLY      |                |
|  |                             |         | 1         | .0 22                  | 2         | 019    | T            | 0              | 11          | :        | 25          | 2019       |                    |                |          |           |                |
| A. Amount Bro                            | ught Forward I              | From    | Last Re   | eport                  |           |        |              | \$             |             |          | 41,6        | 589.44     |                    |                |          |           |                |
| B. Total Monet                           | ary Contributio             | ons Aı  | nd Rece   | eipts (From            | Sche      | dule   | e I)         | \$             |             |          |             | 0.00       |                    |                |          |           |                |
| C. Total Funds                           | Available (Sun              | n Of L  | ines A    | and B)                 |           |        |              | \$             |             |          | 41,6        | 89.44      |                    |                |          |           |                |
| D. Total Expen                           | ditures (From S             | Sched   | dule III  | ()                     |           |        |              | \$             |             |          | 3           | 865.00     |                    |                |          |           |                |
| E. Ending Cash                           | Balance (Subt               | tract   | Line D    | From Line (            | <b>E)</b> |        |              | \$             |             |          | 41,3        | 24.44      |                    |                |          |           |                |
| F. Value Of In-                          | Kind Contribut              | ions    | Receive   | ed (From So            | hedu      | le II  | ()           | \$             |             |          |             | 0.00       |                    |                |          |           |                |
| G. Unpaid Debt                           | s And Obligati              | ons (   | From S    | chedule IV             | )         |        |              | \$             |             |          | 245,0       | 00.00      |                    |                | 1        |           |                |
|  |                             |         |           |                        | AFF       | IDA    | ٩VI          | T SE           | CTION       |          |             |            |                    |                |          |           |                |
| PART I - If this is                      | s a Committee               | repoi   | rt, treas | surer sign l           | nere.     | If th  | is is        | a Can          | ndidate re  | eport, o | candi       | date sig   | ın here.           |                |          |           |                |
| I swear (or affirm) correct and comple   |                             | , inclu | ding the  | attached sch           | edule     | s file | d on         | paper (        | or by elect | ronic m  | edium       | , are to t | he best o          | f my kno       | wledge   | and belie | ef , true      |
| Sworn to and subs                        | cribed before me            | this    |           | 20                     |           |        |              |                |             |          | S           | ignature   | of Perso           | n Submit       | ting Rep | ort       |                |
|  |                             |         |           | ·                      |           |        |              | -              |             |          |             |            | Prin               | ted Name       | e        |           |                |
| My Commission Ex                         | -                           | nature  | •         |                        |           |        |              |                |             |          |             |            | Ema                | il             |          |           |                |
|  | МО                          |         | DA        | Υ                      | YR        |        |              | -              |             | Are      | ea Cod      | le         |                    | e Telepi       | none Nu  | mber      |                |
| Part II- If this is                      | a report of a               | candi   | date's a  | authorized             | Comn      | nitte  | e, C         | andida         | ate shall   | sign he  | ere.        |            |                    |                |          |           |                |
| I swear (or affirm)<br>No 320) as amende |                             | of my   | knowle    | dge and beli           | ef this   | polit  | tical        | commi          | ittee has n | ot viola | ted an      | y provisi  | ions of the        | e act of J     | une 3,1  | 937 (P.L  | . 1333,        |
| Sworn to and subsc                       | ribed before me             | this    |           |                        |           |        |              |                |             |          |             | Si         | ignature o         | of Candid      | ate      |           |                |
|  | day of                      |         |           |                        |           |        |              | _              |             |          |             |            | Drinto             | d Name         |          |           |                |
|  | Signati                     | ure     |           |                        |           |        |              | -              |             |          |             |            | Printe             | d Name         |          |           |                |
| My Commission Exp                        | _                           |         |           |                        |           |        |              |                |             |          |             |            | Ema                | il             |          |           |                |
|  | мо                          |         | DA        | ΛΥ                     | YR        | ł      |              | •              |             | Area     | Code        |            | Da                 | aytime T       | elephor  | e Numb    | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period   |       |            |
|--|-----------|------------|-------|------------|
| MCGINLEY FOR JUDGE COMMITTEE   | From:     | 10/22/2019 | 9 To: | 11/25/2019 |
| 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 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

| Name of Filing Commit     | tee or Candidate |                | Re | eporting | Period |      |    |        |
|---------------------------|------------------|----------------|----|----------|--------|------|----|--------|
|                           |                  |                | Fr | om:      |        | То   | :  |        |
|                           |                  |                |    |          | DATE   |      |    | AMOUNT |
| Full Name of Contributing | g Committee      |                |    | 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.

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 of | or Candidate |                   | Rep<br>Fro | oorting P | eriod | To   | ): |        |
|-----------------------------|--------------|-------------------|------------|-----------|-------|------|----|--------|
|                             |              |                   |            |           | DATE  |      |    | AMOUNT |
| Full Name of Contributor    |              |                   |            | МО        | DAY   | YEAR |    |        |
| Mailing Address             |              |                   |            |           |       |      | \$ | 0.00   |
| City                        | State        | Zip Code (Plus 4) | ١          |           |       |      |    |        |

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   | Period |     |      |    |            |
|---------------------------------------|----------------------|----------|-------------|--------|-----|------|----|------------|
|                                       |                      |          | From:       |        |     | То:  |    |            |
|                                       |                      |          |             | DA     | TE  |      | A  | MOUNT      |
| Full Name of Contributing Committee   |                      |          |             | мо     | DAY | YEAR |    |            |
| Mailing Address                       |                      |          |             |        |     |      | \$ | 0.00       |
| City                                  | State                | Zip Code | e (Plus 4)  |        |     |      |    |            |
|                                       |                      |          |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo  | dule I, Detailed Sum | 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 |         |       |      |          |                      |
|---|---------------------|----------------|------------------|---------|-------|------|----------|----------------------|
|   |                     |                | Fror             | n:      |       | То   | То:      |                      |
|   |                     |                |                  | D/      | ATE   |      | АМ       | OUNT                 |
| Full Name of Contributor                            |                     |                |                  | МО      | DAY   | YEAR |          |                      |
| Mailing<br>Address                                  |                     |                |                  |         |       |      | \$       | 0.00                 |
| City  | State               | Zip Code (Plus | s 4)             |         |       |      |          |                      |
| Employer Name                                       |                     |                |                  | Occupat | tion  |      |          |                      |
| Employer Mailing Address/Principal Plac<br>Business | e of                | City           |                  |         | State |      | Zip Code | (Plus 4)             |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed Su | ummary Page,   | Section          | on 3.   |       |      | PA<br>\$ | <b>GE TOTAL</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 C  | andidate               |                    | Repor   | ting Perio | od  |      |     |          |
|--------------------------------|------------------------|--------------------|---------|------------|-----|------|-----|----------|
|                                |                        |                    | From:   |            |     | To:  |     |          |
|                                |                        |                    |         | D          | ATE |      | АМ  | OUNT     |
| Full Name                      |                        |                    |         | МО         | DAY | YEAR |     |          |
| Mailing Address                |                        |                    |         |            |     |      | \$  | 0.00     |
| City                           | State                  | Zip Code (         | Plus 4) |            |     |      |     |          |
| Receipt Description            |                        | ·                  |         |            |     |      | •   |          |
| Enter Grand Total of Part E or | n Schedule T. Detailed | d Summary Page     | Section | 4          |     |      | PAC | GE TOTAL |
|                                | Juliania I Detaile     | a cannual y 1 age, | 2001011 | ••         |     |      | \$  | 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 Per | iod                          |            |
|--|---------------|------------------------------|------------|
| MCGINLEY FOR JUDGE COMMITTEE   | From:         | <u>10/22/2019</u> <b>To:</b> | 11/25/2019 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTO | R                            |            |
| 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 | Period   |      |           |            |
|---|------------------|----------------------|-----------|----------|------|-----------|------------|
|   |                  |                      | From:     |          |      | To:       |            |
|   |                  |                      |           | 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 Sche<br>Section 2. | edule II, In-Kin | d Contributions Deta | iled Sum  | mary Pag | je,  |           | PAGE TOTAL |
| Section 2.  |                  |                      |           |          |      | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                          |             |        |            |         | Re     | porting               | 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                | ation     |        |       |                    |
| Employer Mailing Address/Principal Plac<br>Business            | e of        | City   |            | State   |        | Zi <sub>Į</sub><br>4) | Code(Plus | Descri | ption | of Contribution    |
| Enter Grand Total of Part G on School Summary Page, Section 3. | edule II, I | n-Kind | Contributi | ons De  | etaile | ed                    |           |        |       | PAGE TOTAL<br>0.00 |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candida       | nte                |                                   | Reporti | ng Period                 |           |     |            |
|---|--------------------|-----------------------------------|---------|---------------------------|-----------|-----|------------|
| MCGINLEY FOR JUDGE COMMITTEE              |                    |                                   | From    | 10/2                      | 2/2019    | То: | 11/25/2019 |
|   |                    |                                   | •       | DATE                      |           |     | AMOUNT     |
| To Whom Paid<br>WILLIAM SULLIVAN          |                    |                                   | МО      | DAY                       | YEAR      |     |            |
| Mailing Address 210 PENN AVENU            | IE                 |                                   | 10      | 25                        | 2019      | \$  | 200.00     |
| City WHITAKER                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15120 | Descrip | otion of Exp<br>L EXPENSE |           |     |            |
| To Whom Paid 5TH WARD DEMOCRATIC COMMITTE | E, C/O WALTER      | ANDERSON                          | МО      | DAY                       | YEAR      |     |            |
| Mailing Address 3363 REMINGTO             | N DRIVE            |                                   | 11      | 2                         | 2019      | \$  | 150.00     |
| <b>City</b> PITTSBURGH                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15221 | Descrip | otion of Exp              | penditure |     |            |
| <b>To Whom Paid</b><br>PNC BANK           |                    |                                   | МО      | DAY                       | YEAR      |     |            |
| Mailing Address 5810 FORBES AV            | ENUE               |                                   | 11      | 4                         | 2019      | \$  | 15.00      |
| City PITTSBURGH                           | State              | Zip Code (Plus 4)                 |         | otion of Exp              |           |     |            |

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

\$

**PAGE TOTAL** 

365.00

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

| Name of Filing Committee or Candi  | date                                  |   | Reporti | ng Period                              |   |                  |    |   |
|--|---------------------------------------|---|---------|--|---|------------------|----|---|
| MCGINLEY FOR JUDGE COMMITTE  | Έ                                     |   | From:   | <u>10</u>                              | )/22/2019   | То:              |    | 11/25/2019                              |
|  |                                       |   |         |  | DATE  |                  |    | Outstanding<br>Balance of Debt          |
| Name of Creditor JOHN R. MCGINLEY, JR.   |                                       |   |         | мо                                     | DAY   | YEAR             |    |   |
| Mailing Address 600 GRANT S  | STREET 44TH FLOOR                     |   |         | 12                                     | 31  | 2018             | \$ | 25,000.00                               |
| City PITTSBURGH  | State<br>PA                           | <b>Zip Code (Plu</b><br>15219                         | ıs 4)   |  | otion of Del  | ot               |    |   |
|  |                                       |   |         |  | DATE  |                  |    | Outstanding<br>Balance of Debt          |
| Name of Creditor MARY MCGINLEY   |                                       |   |         | МО                                     | DAY   | YEAR             |    |   |
| Mailing Address 535 SMITHFI  | ELD STREET SUITE 130                  | 0   |         | 12                                     | 31  | 2018             | \$ | 100,000.00                              |
| City PITTSBURGH  | State<br>PA                           | Zip Code (Plu<br>15222                                | ıs 4)   |  | otion of Del  | ot               |    |   |
|  |                                       | •   |         | •                                      |   |                  |    | Outstanding                             |
|  |                                       |   |         |  | DATE  |                  |    | Balance of Debt                         |
| Name of Creditor   |                                       |   |         | МО                                     | DATE  | YEAR             |    |   |
|  | ELD STREET SUITE 130                  | 0   |         | <b>MO</b> 4                            |   | <b>YEAR</b> 2019 | \$ | Balance of Debt                         |
|  | ELD STREET SUITE 130 State PA         | 0 <b>Zip Code (Plu</b><br>15222                       | ıs 4)   | 4<br>Descrip                           | DAY   | 2019             | \$ | Balance of Debt                         |
| Mailing Address 535 SMITHFI  | State                                 | Zip Code (Plu   | ıs 4)   | 4<br>Descrip                           | DAY 23 otion of Del   | 2019             | \$ | Balance of Debt                         |
| Mailing Address 535 SMITHFI  | State                                 | Zip Code (Plu   | us 4)   | 4<br>Descrip                           | DAY  23  Otion of Del  IGN LOAN                             | 2019             | \$ | 20,000.00  Outstanding                  |
| Mailing Address 535 SMITHFI  City PITTSBURGH  Name of Creditor JOHN R. MCGINLEY, JR.   | State                                 | Zip Code (Plu   | us 4)   | 4  Descript CAMPA                      | DAY  23  Otion of Del  IGN LOAN  DATE                       | 2019<br>ot       | \$ | 20,000.00  Outstanding Balance of Debt  |
| Mailing Address 535 SMITHFI  City PITTSBURGH  Name of Creditor JOHN R. MCGINLEY, JR.   | State<br>PA                           | Zip Code (Plu   |         | 4  Descrip CAMPA  MO  4  Descrip       | DAY  23  Otion of Del  IGN LOAN  DATE  DAY                  | 2019  YEAR  2019 | _  | 20,000.00  Outstanding Balance of Debt  |
| Mailing Address 535 SMITHFI  City PITTSBURGH  Name of Creditor JOHN R. MCGINLEY, JR.  Mailing Address 600 GRANT S  City PITTSBURGH | State PA  STREET 44TH FLOOR  State PA | <b>Zip Code (Plu</b> 15222 <b>Zip Code (Plu</b> 15219 | us 4)   | 4  Descrip CAMPA  MO  4  Descrip CAMPA | DAY  23  otion of Del IGN LOAN  DATE  DAY  26  otion of Del | 2019  YEAR  2019 | _  | 20,000.00  Outstanding Balance of Debt  |
| Mailing Address 535 SMITHFI  City PITTSBURGH  Name of Creditor JOHN R. MCGINLEY, JR.  Mailing Address 600 GRANT S                  | State PA  STREET 44TH FLOOR  State PA | <b>Zip Code (Plu</b> 15222 <b>Zip Code (Plu</b> 15219 | us 4)   | 4  Descrip CAMPA  MO  4  Descrip CAMPA | DAY  23  otion of Del IGN LOAN  DATE  DAY  26  otion of Del | 2019  YEAR  2019 | _  | Outstanding Balance of Debt  100,000.00 |