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				port		CANI	COMMITTEE LOBBYIST					BYIST				
Name of Filing C	ommittee, C	andida	ite or L	obbyist:		MC	CAFF	ERY,	DANIE	LD)								
Street Address:																			
City:									State:					Zip Code	e:				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		Р	OST- 3.		AMENDMENT REPORT?		Yes	No		/	
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FRIDAY	/ PRE	<u>-</u>	5.	30 DA ELECT		Р	POST- 6.			TERMINATION REPORT?		Yes	No		\
report type)	ANNUAL RE	PORT	7. X						FILING METHOD () CHECK ONE				PAPER		√	DISKE	TTE		
Name of Office S	ought by Ca	ndidat	e:						DATE	OI	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YEAR	2	-1	SPR	DEN	1	51	
JUDGE OF THE	SUPERIOR (COURT	-						1	11		5 2	019		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	•	nd	МО	DAY	YEAR	2			МО		DAY	YEAF	₹	FOR	OFFIC	E USE	ONLY		
Expenditures	trom:		:	11 26	2	019	T	0	1	12	(*)	31 2	019						
A. Amount Bro	ught Forward	d From	Last R	eport				\$				C	0.00						
B. Total Moneta	ary Contribut	tions A	nd Rec	eipts (From	Sche	dule	e I)	\$				190).19						
C. Total Funds Available (Sum Of Lines A and B) \$ 190.19																			
D. Total Expend	ditures (Fron	n Sche	dule II	[)				\$				190).19						
E. Ending Cash	Balance (Su	btract	Line D	From Line C	:)			\$				0	.00						
F. Value Of In-	Kind Contrib	utions	Receive	ed (From Sc	hedu	le I	I)	\$				0	.00						
G. Unpaid Debt	s And Obliga	ations	(From S	chedule IV)			\$				C	0.00		'				
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is		•	•								•								
I swear (or affirm) correct and comple		ort, inclu	iding the	attached sch	edules	s file	ed on	paper (or by ele	ectr	onic me	edium, ar	e to t	he best of r	my know	/ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before i	me this		20								Sign	ature	of Person	Submitt	ing Rep	ort		_
		ignatur	Δ					- -		•				Printe	d Name				-
My Commission Ex		ngnatur								-				Email					-
	мо		D	λY	YR			_			Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	ıll s	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and belie	ef this	poli	itical	comm	ittee has	s no	ot violat	ted any p	rovisi	ions of the a	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		ne this											S	ignature of	Candida	te			-
-	day of							_						Printed	Name				-
	Sign	ature						-		-									_
My Commission Exp	ires													Email					
		10	D	AY	YR	1		-			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		
MCCAFFERY, DANIEL D	From:	11/26/201	9 To :	12/31/2019
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)	\$	190.19
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			\$	190.19

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				
				From:			Го:		
		<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 Fining Committee of Canadate			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	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	me of Filing Committee or Candidate			Reporting Period					
			Fror	n:		To			
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	ddress						\$	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 Candidate	Reporting Pe	riod	
MCCAFFERY, DANIEL D	From:	11/26/2019 To :	12/31/2019

			D	ATE		AMOUNT				
Full Name MCCAFFERY FOR PA SUPERIOR (COURT	МО	DAY	YEAR						
Mailing Address PO BOX 472				1	2010	\$ 190.19				
City BENSALEM	State PA	Zip Code (Plus 4) 19020	12	17	2019					
Receipt Description REIMBU	Receipt Description REIMBURSEMENT FOR CELL PHONE AND TOLLS									

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL \$ 190.19

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	od							
MCCAFFERY, DANIEL D	From:	11/26/2019 To:	12/31/2019						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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:			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 S	chedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL	
Section 2.						\$	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				
					From: To:						
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address City State Zip Code(Plus 4)							\$	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	

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	e e		Reporti	ng Period					
MCCAFFERY, DANIEL D			From	From <u>11/26/2019</u> To:			12/31/2019		
				DATE AMOU					
To Whom Paid PA TURNPIKE COMMISSION	мо	DAY	YEAR						
Mailing Address 3000 PARK DRIVE			12	1	2019	\$	135.37		
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Descrip TOLLS	otion of Exp	penditure				
To Whom Paid AT&T			МО	DAY	YEAR				
Mailing Address PO BOX 537104			12	2	2019	\$	54.82		
City ATLANTA	State GA	Zip Code (Plus 4) 30353	Descrip CELL P	otion of Exp	penditure				

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

PAGE TOTAL

190.19