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 201	40005				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	YIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		McG	Garri	gle fo	r Senate									
Street Address:	1400 N.Prov	idence R	oad,Suite 10	040													
City:	Media							State:	PA			Zip Cod	le: 19	9063			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	' PRE	! -	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No		
report type)	ANNUAL REPOR	T 7. X	Year 2020					IG METHO						DISKE	ΓΤΕ		
Name of Office S	ought by Candid	ate:						DATE 0	F ELE	CTIO	N	District Number	y Code	County Code			
								МО	DAY	YE	AR	Number	Number Code				
								11		3	2020		NS FOR C	ODES)			
	Receipts and	МО	DAY	YEAR	}			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	trom:		11 24	2	020	T	0	12		31	2020						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			4,6	94.42						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available (Sum (of Lines A	and B)				\$			4,6	94.42						
D. Total Expend	ditures (From Sc	hedule II	I)				\$			4,6	94.42						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C	:)			\$				0.00						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From Sc	hedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV))			\$				0.00			1			
				AFF	IDA	AVI	ΓSE	CTION									
PART I - If this is	a Committee re	port, trea	surer sign h	ere.	If th	nis is	a Can	ididate r	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	attached sch	edules	s file	ed on p	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	and belie	f , true	
Sworn to and subs	cribed before me th day of	iis	20							S	ignature	of Perso	n Submit	ting Rep	ort		
	Signat	ure					-					Prin	ted Nam	e			
My Commission Ex	rpires						_					Ema	il				
	МО	D	AY	YR					Are	ea Cod	e	Daytim	e Telepi	none Nur	nber		
Part II- If this is	a report of a car	ndidate's	authorized (Comn	nitte	ee, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and belie	f this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	37 (P.L.	1333,	
Sworn to and subsc		s									S	ignature o	of Candid	ate			
	day of ————————————————————————————————————						-					Printe	d Name				
	Signature	<u> </u>					-										
My Commission Exp	ires											Ema					
	мо	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
McGarrigle for Senate	From:	11/24/202	<u>0</u> To:	12/31/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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 Committe	e or Candidate		Reporting	Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributing	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.

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 Commi	ttee or Candidate		Rep	oorting F	eriod			
			Fro	m:		To	o :	
					DATE			AMOUNT
Full Name of Contributo	r			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 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	•			Rep	orting Pe	riod			
				Fror	n:		То):	
					D	ATE		A	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion			
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	O.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		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 Per	iod	
McGarrigle for Senate	From:	<u>11/24/2020</u> To:	<u>12/31/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candid	ate		Reportin	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 Sun	ımary Pa	ge,		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 P	Period			
					Fro	om:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor						Occupa	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	iedule II, I	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
McGarrigle for Senate			From	11/24	<u>4/2020</u>	То:	12/31/2020
				DATE			AMOUNT
To Whom Paid Kristen McCabe			МО	DAY	YEAR		
Mailing Address			12	31	2020	\$	100.00
City	State	Zip Code (Plus 4)		tion of Exp			
To Whom Paid Peter Yaffe			МО	DAY	YEAR		
Mailing Address			12	31	2020	\$	250.00
City	State	Zip Code (Plus 4)		otion of Exp			
To Whom Paid Vincent DiAngelus			мо	DAY	YEAR		
Mailing Address			12	31	2020	\$	100.00
City	State	Zip Code (Plus 4)		otion of Exp			
To Whom Paid Julian Boggs			мо	DAY	YEAR		
Mailing Address			12	31	2020	\$	25.00
City	State	Zip Code (Plus 4)		otion of Exp			
To Whom Paid Joe Lynch			МО	DAY	YEAR		
Mailing Address			12	31	2020	\$	50.00
City	State	Zip Code (Plus 4)	1	otion of Exp uncleared			

							TAGE 12
To Whom Paid Harold Atkins Mailing Address			мо	DAY	YEAR		
			12	31	2020	\$	100.00
City	State	Zip Code (Plus 4)	Description of Expenditure To void uncleared deposit				
To Whom Paid Ronald G. Henry			МО	DAY	YEAR		
Mailing Address			12	31	2020	\$	500.00
City	State	Zip Code (Plus 4)	Description of Expenditure To void uncleared deposit				
To Whom Paid Barsz Gowie Amon & Fultz LLC				DAY	YEAR		
Mailing Address 1400 N. Providence Road			11	24	2020	\$	200.00
City Media	State PA	Zip Code (Plus 4) 19063	Description of Expenditure Accounting Services				
To Whom Paid Culp for District Judge			МО	DAY	YEAR		
Mailing Address 478 Beatty Road			12	8	2020	\$	3,369.42
City Springfield	State PA	Zip Code (Plus 4) 19064	Description of Expenditure Political Contribution				
Enter Grand Total of Expe	nditures on Page 1 Po	nort Cover Page Item D					PAGE TOTAL
Linter Granu Total Of Expe	nunures on Page 1, Re	port Cover Page, Item D	•			\$	4,694.42