Campaign Finance Report

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

Filer Identificat Number :	tion	20190	0166			Repor Filed			CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIST		
Name of Filing	Committee, Ca	andida	ate or L	obbyist:			-		A JUSTI	CE & P	UBLI	L C SAFE	TY PAC					
Street Address																		
City:	WASHIN	GTON							State:	DC			Zip Co	le: 20	005-5	998		
TYPE OF REPORT	6TH TUESDAN PRE-PRIMARY		1.	2ND FRII PRIMARY		- 2.		DA) IMA		POST-	3.		AMENDMEN REPORT?		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTIO		4.	2ND FRII ELECTIO		E- 5.		DA) ECTI		POST- 6.		TERMIN/ REPORT		Yes	N	0	\checkmark	
report type)	ANNUAL REI	PORT	7. X	Year 202	20				G METHO				PAPER		\checkmark	DISK	ETTE	
Name of Office	Sought by Ca	ndidat	e:						DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Cour Code	
								I	мо	DAY	YE	AR						
									11		3	2020		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		nd	мо	DAY	YEAF	2			мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY		
Expenditure	s from:			1	1 2	020	го		12	3	31	2020						
A. Amount Bro	ought Forward	d From	n Last R	eport				\$			17,5	522.94						
B. Total Monetary Contributions And Receipts (From Schedule I					edule I)		\$				0.00							
C. Total Funds Available (Sum Of Lines A and B)						\$			17,5	522.94								
D. Total Exper	D. Total Expenditures (From Schedule III)						\$			1	.20.00							
E. Ending Casl	h Balance (Su	btract	Line D	From Lin	e C)			\$			17,4	02.94	-					
F. Value Of In	-Kind Contrib	utions	Receiv	ed (From	Schedu	le II)		\$				0.00						
G. Unpaid Deb	ots And Obliga	tions	(From S	Schedule	IV)			\$				0.00						
					AFF	IDAV	IT S	SEC	CTION									
PART I - If this		•	•	_									-					
I swear (or affirm correct and comp		ort, inclu	uding the	e attached	schedule	s filed or	1 рар	er o	r by elect	ronic me	dium	, are to 1	the best o	f my knov	vledge	and bel	ief , tr	ue
Sworn to and sub	scribed before r day of	me this		20							s	ignature	e of Perso	n Submitt	ing Rep	oort		-
		ignatur	e				_						Prin	ted Name				-
My Commission E		J	-										Ema	il				-
	мо		D	AY	YR					Are	a Cod	le	Daytim	e Teleph	one Nu	mber		_
Part II- If this is	s a report of a	a cand	idate's	authoriz	ed Comr	nittee, (Cand	dida	te shall	sign he	ere.							
I swear (or affirm No 320) as amend		est of m	y knowl	edge and b	elief this	s politica	l con	nmit	tee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subs		e this										s	ignature o	of Candida	ite			-
	day of												Printe	d Name				-
	Signa	ature					_											_
My Commission Ex	pires												Ema	11				
	м	10	D	AY	YF	ł				Area	Code		D	aytime Te	elephor	ne Num	ber	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed	a Summary Page				
Name of Filing Committee or Candidate		Reporting	Period		
PENNSYLVANIA JUSTICE & PUBLIC SAFETY PAC		From:	<u>1/1/202</u>	<u>0</u> To:	<u>12/31/2020</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per C	Contributor				
Т	OTAL 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
Т	OTAL for the Reporting	Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Pa	nrt D)			•	
Contributions Received From Political Committees (Part C))			\$	0.00
All Other Contributions (Part D)				\$	0.00
Т	OTAL for the Reporting	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Check	ks, Etc.(From Part E)				
Т	OTAL for the Reporting	Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Re totals from Boxes 1,2,3 and 4; also enter this amount on P				\$	0.00

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candio	late		Reporting Period					
			Fro	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee	1			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
								PAGE TOTAL
Enter Grand Total of Part A on Sc	nequie I, Detai	ied Summary Page, S	ectio	n 2.			\$	0.00

Use this Part to it	emize all othei 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s wi ortin	ith an Ig per	aggreg iod.			rom
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address		_					\$	0.00
City	State	Zip Code (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part A on	Schedule I, Detail	ed Summary Pag	je, Se	ection 2			\$	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	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

PART D 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			
			Froi	n:		Т):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00

PART E **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	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	r
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	4.			\$		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 Period		
PENNSYLVANIA JUSTICE & PUBLIC SAFETY PAC	From:	<u>1/1/2020</u> То:	<u>12/31/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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, 3		\$	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:			То:	
				DATE		A	MOUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						1 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P/	AGE TOTAL
					:	\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Rep	porting F	Period		
			Fro	m:		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 Plac	e of Business C	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	te		Reporti	ng Period			
PENNSYLVANIA JUSTICE & PUBLIC S	AFETY PAC		From	<u>1/</u>	<u>1/2020</u>	То:	<u>12/31/2020</u>
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Amalgamated Bank			МО		I LAK		
Mailing Address			1	24	2020	\$	10.00
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	DC	20006	Bank Fe	e			
To Whom Paid			мо	DAY	YEAR		
Amalgamated Bank							
Mailing Address			2	21	2020	\$	10.00
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	DC	20006	Bank Fee				
To Whom Paid			мо	DAY	YEAR		
Amalgamated Bank							
Mailing Address			3	24	2020	\$	10.00
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	DC	20006	Bank Fe	e			
To Whom Paid			мо	DAY	YEAR		
Amalgamated Bank							
Mailing Address			4	28	2020	\$	10.00
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	-	
	DC	20006	Bank Fe	e			
To Whom Paid			мо	DAY	YEAR		
Amalgamated Bank							
Mailing Address			5	22	2020	\$	10.00
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	DC	20006	Bank Fe	e			
To Whom Paid			мо	DAY	YEAR		
Amalgamated Bank							
Mailing Address			6	26	2020	\$	10.00
City Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	DC	20006	Bank Fee				

								PAGL 12
To W	hom Paid			мо	DAY	YEAR		
Amal	gamated Bank			110				
Mailir	ng Address			7	24	2020	\$	10.00
City	Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
		DC	20006	Bank Fe	ee			
To W	hom Paid			мо	DAY	YEAR		
Amal	gamated Bank			110				
Mailir	ng Address			8	28	2020	\$	10.00
City	Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		DC	20006	Bank Fe	ee			
To W	hom Paid			мо	DAY	YEAR		
Amal	gamated Bank			110				
Mailir	ng Address			9	28	2020	\$	10.00
City	Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	DC 20006 Bank Fee							
To W	hom Paid			мо	DAY	YEAR		
Amal	gamated Bank			140				
Mailir	ng Address			10	29	2020	\$	10.00
City	Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1	
		DC	20006	Bank Fe	ee			
To W	hom Paid			мо	DAY	YEAR		
Amal	gamated Bank			MO				
Mailir	ng Address			11	27	2020	\$	10.00
City	Washington	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1	
		DC	20006	Bank Fe	ee			
To W	hom Paid				DAY	VEAD		
Amal	gamated Bank			мо	DAY	YEAR		
Mailir	ng Address			12	21	2020	\$	10.00
City	Washington	State	Zip Code (Plus 4)	Descrip	l tion of Exp	enditure	1	
		DC	20006	Bank Fe	ee			
								PAGE TOTAL
Ente	r Grand Total of Expen	ditures on Page 1, Re	port Cover Page, Item D).			\$	120.00
								0