Campaign Finance Report

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

Filer Identification 20200453 Report Filed By: CANDIDATE COMMITTEE LOBBYIS								BYIST									
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		FRIE	NDS	OF	TAMIKA	WASH:	INGT	ON FOR	JUDGE					
Street Address:	PO BOX 2733	6															
City:	PHILADELPHI <i>i</i>	4						State:	PA			Zip Cod	ie: 19	9118-9	998		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2		30 DA PRIM <i>A</i>		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 REPORT	7. X	Year 2020			ľ		IG METH				PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	y
								МО	DAY	YE	AR		1	DEN	1	51	
								11		3	2020		(SEE IN	STRUCTI	ONS FOR	CODES)	
	Receipts and	МО	DAY	YEAR	R .			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:	1	11 24	2	020	T)	12		31	2020						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule :	I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00						
D. Total Expenditures (From Schedule III) \$ 0.00																	
E. Ending Cash	Balance (Subtract	t Line D	From Line (E)			\$				0.00]					
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II))	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00						
				AFF	'IDA'	VIT	SE	CTION									
	s a Committee rep		_														ı
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edule	s filed	on p	aper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and beli	ef , true	≥,
Sworn to and subs	cribed before me this day of	i	20							S	ignature	of Perso	n Submit	ting Rep	oort		•
	Signatu	re										Prin	ted Name	•			-
My Commission Ex	_											Ema	il				-
	мо	D/	AY	YR					Ar	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	e, Ca	ndida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	cal o	commi	ittee has r	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333,	
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate			٠
	day of											Printa	d Name				.
	Signature																
My Commission Exp	_											Ema	il				
	МО	D/	AY	YR					Area	Code		Da	aytime T	elephor	ie Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Reporting Period								
FRIENDS OF TAMIKA WASHINGTON FOR JUDGE	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	TOTAL for the Reporting Period (1)							
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	\$	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	J Period	(4)	\$	0.00				
			1					
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

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 Candidate			Reporting Period					
		F	rom:		То	:		
				DATE			AMOUNT	
Full Name of Contributing Committee			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						

PAGE TOTAL

0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 or	· Candidate		Rep	orting P	eriod			
					From: To:			
					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, Detailed Summary Page, Section 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		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule 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				Reporting Period					
Fro					om: To:				
	D	ATE		AMOUNT					
Full Name of Contributor				МО	DAY	YEAR	\$	0.00	
Mailing Address							7		
City	State	Zip Code (Pl	ıs 4)						
Employer Name		•		Occupation					
Employer Mailing Address/Principal Pla	ice of Business	City		•	State		Zip Cod	le (Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Pag	e, Secti	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 Peri	od			
			From:			To:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						\neg	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	•	
			. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary 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 Perio	od	
FRIENDS OF TAMIKA WASHINGTON FOR JUDGE	From:	<u>11/24/2020</u> To:	12/31/2020
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re				g Period				
F						То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led 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 Candidate				Rep	orting	Period				
Fi					From:			То:		
DATE									AMOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address]	\$ 0.0	0
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Place of Business						p Code(Plus 4)	Descr	iptio	on of Contribution	
Enter Grand Total of Part G on Scho	edule II. In-Kir	nd (Contributions D	etaile	ed				PAGE TOTAL	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								0.0	0	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
	DATE						AMOUNT		
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)				tion of Exp	enditure				
Enter Grand Total of Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL		
Lines Grand Total Of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00		