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 :	i on 2021	C0063			Report Filed E		CANDI	DATE	✓	CC	OMMITTEE		LOBE	BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:			-	I, MARIA									
Street Address:																
City:							State:				Zip Cod	Zip Code: 19103				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	30 D/ PRIM		POST- 3.			AMENDMENT REPORT?		Yes	No	\checkmark			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY F TION	POST-	6.		TERMINA REPORT?	TION	Yes	No	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2021				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office Sought by Candidate:							DATE O	FELE			District Number	Office Code	Par	ty Code	County Code	
JUSTICE OF TH			мо	DAY	YE/	R	-1	SPM	DEM	1	51					
							11		2	2021		(SEE INS	TRUCTIO	ONS FOR (CODES)	
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE/	AR	FOI	ROFFIC	E USE	ONLY		
Expenditures	s from:		1 1	2	021 T	0	3	2	29	2021						
A. Amount Bro	ught Forward From	n Last R	eport			\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$	\$ 0.00									
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				0.00						
D. Total Expen	ditures (From Sch	edule II	I)			\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				0.00	_					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$	•			0.00	_					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		\$				0.00						
				AFF	IDAVI	T SE	CTION									
	s a Committee rep) that this report, incl		-					• •			-	my know	lodgo	and holi	of true	
correct and compl		uunig the	e attached sc	neuules	s meu on	рареі	or by elect	ionic me	arum, s		the best of	IIIY KIIOW	leuge		er, true	
Sworn to and subs	cribed before me this day of	5	20						Sig	gnatur	e of Person	Submitti	ing Rep	ort		
	Signatu	re				_					Print	ed Name				
My Commission E	xpires					_					Email					
	мо	D/	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	mber		
	a report of a cano							-				6 7			4222	
No 320) as amend		ny knowle	edge and ben	er this	pontical	comm	intee nas n	ot violat	eu any	provis	ions of the	act of Ju	ne 5,1	937 (P.L	. 1355,	
Sworn to and subscribed before me this day of 20 Signature of Candidate																
						-					Printed	Name				
My Commission Exp	Signature					-					Email					
						-										
	мо	D	AY	YR				Area	Code		Da	ytime Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MCLAUGHLIN, MARIA From: <u>1/1/2021</u> **To:** <u>3/29/2021</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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			Repor	ting F	Period			
Fro				1		То	:	
		·			DATE			AMOUNT
Full Name of Contributing Committee			м	10	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	•)					
							Γ	PAGE TOTAL

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

0.00

\$

Use this Part to ite	¢ mize all 0.01 to \$	50.01 other 5250.0	00 in the repo	s wi ortin	ith an 1g peri	aggrega od.			rom
Name of Filing Committee or Candidat	e			Rep	orting Po	eriod			
MCLAUGHLIN, MARIA					m:	<u>1/1/2</u>	2 <u>021</u> To	:	<u>3/29/2021</u>
			-			DATE			AMOUNT
Full Name of Contributor 00000					мо	DAY	YEAR		
Mailing Address 00000								\$	0.00
City 00000	State		Zip Code (Plus 4)		3	29	2021		
	РА		00000						
									PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I,	Detail	ed Summary Pag	e, Se	ection 2			\$	0.00

5/2/2024 9:41:59 AM

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 Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary 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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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	ting Perio	od				
				From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
		i Suillilai y Page,	Section	-			\$		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		
MCLAUGHLIN, MARIA	From:	<u>1/1/2021</u> To:	<u>3/29/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 Ro			Reporting	g Period			
	From:						
				DATE		АМО	UNT
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 Schedule II, In-Kind Contributions Details Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate				Rep	oorting P	eriod				
					From: To:					
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	ion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption	of Contribution	
<u> </u>		•				-				

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period					
MCLAUGHLIN, MARIA				<u>1/</u>	То:	<u>3/29/2021</u>				
	DATE AMOU									
To Whom Paid 00000				DAY	YEAR					
Mailing Address 00000			3	29	2021	\$	0.00			
City 00000	State PA	Zip Code (Plus 4) 00000	Descriț 000	otion of Exp	penditure					
Enter Crond Tatal of Ermanditures	n Daga 1. Dagart C						PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	0.00			