### **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 202	1C0263			Rep File			CAN	DII	DATE	<b>\</b>	C	OMMITTE		LOB	BYIST		
Name of Filing C	Committee, Candi	date or L	obbyist:		PATE	RICI	A MC	CULLC	OUG	SH								
Street Address:																		
City:								State:	ł				Zip Cod	e: 15	5241			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE	- 2		30 DA		Р	OST-	3.		AMENDMI REPORT?	ENT	Yes	N	lo	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes	١	lo	<b>\</b>
report type)	ANNUAL REPORT	Г 7.	<b>Year</b> 2021					NG MET					PAPER		<b>V</b>	DISK	ETTE	
Name of Office S	Sought by Candida	ate:						DATE	0	F ELE	СТІ	ON	District Number	Office Code	Pai	rty Cod	e Cou	
								МО		DAY	1	YEAR	-1	SPM	REF	)	1000	
JUSTICE OF TH	IE SUPREME COU	RT							11		2	2021	<b> </b>	(SEE IN	STRUCTI	ONS FO	R CODES	5)
	Receipts and	МО	DAY	YEAR	1			МО		DAY	,	YEAR	FOI	R OFFI	CE USE	ONL	7	
Expenditures	from:		1 1	. 2	021	T	0		3		29	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Scl	nedule II	I)				\$					768.23						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				(	768.23)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	)	\$					0.00						
G. Unpaid Debt	ts And Obligation	s (From S	Schedule I\	/)			\$					0.00						
				AFF	IDA	VI	ΓSE	CTIO	N									
	s a Committee rep		_															
I swear (or affirm)	) that this report, inc ete.	cluding the	e attached sc	hedules	filed	on [	paper	or by el	ectr	onic m	ediu	m, are to	the best of	my kno	wledge	and be	lief , tı	rue
Sworn to and subs	cribed before me th day of	is	20						-			Signatur	e of Person	Submit	ting Re	port		_
	Signat	ure					-						Print	ed Name	•			_
My Commission Ex	cpires						_		-				Email					
	мо	D	AY	YR						Are	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorized	Comn	nittee	e, Ca	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and bel	ief this	politi	ical	comm	ittee ha	s no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me this	;	20									S	ignature o	f Candid	ate			_
							-						Printed	l Name				-
My Commission Exp	Signature						-		-				Email	<u> </u>				-
, ссолоп Ехр																		_
	мо	D	AY	YR						Area	Code	e	Da	ytime T	elephor	ne Num	ber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
PATRICIA MCCULLOUGH	From:	1/1/202	<u>1</u> To:	3/29/2021
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
			I	
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

Full Name of Contributing Committee		Fron	m:	DATE	То	:	AMOUNT
Full Name of Contributing Committee				DATE			AMOUNT
Full Name of Contributing Committee							
			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	Zip Code (Plus 4	+)					

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

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 Committee or C	andidate		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 Ca	ndidate			Rep	orting Pe	eriod			
				Fron	m:		To	):	
					D	ATE		АМ	IOUNT
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/Princ Business	ipal Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C o	on Schedule I, Detai	led Sumr	mary Page,	Section	on 3.			P <i>#</i>	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		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
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			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z 5</i> 4a. <b>y</b> 1 4 <b>9</b> 0,	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		
PATRICIA MCCULLOUGH	From:	<u>1/1/2021</u> <b>To:</b>	<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	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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	1		•			Occupa	ation			
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	etaile	ed				<b>PAGE TOTAL</b> 0.00

### **SCHEDULE III STATEMENT OF EXPENDITURES**

Name of Filing Committee or Ca			Reportir	ng Period			
					. /2021	<b>T</b>	2/20/2021
PATRICIA MCCULLOUGH			From	<u>1/1</u>	1/2021	То:	<u>3/29/2021</u>
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
USPS							
Mailing Address 2211 LESNE	TT ROAD		2	19	2021	\$	39.75
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	l enditure		
	PA	15241	SHIPPI	NG			
To Whom Paid	<u> </u>	<u> </u>	мо	DAY	YEAR		
OFFICEDEPOT/MAX							
Mailing Address 4000 OXFOR	RD DRIVE		2	13	2021	\$	41.19
City BETHEL PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15102	COPIES	COPIES			
To Whom Paid			мо	DAY	YEAR		
OFFICEDEPOT/MAX							
Mailing Address 4000 OXFOR	RD DRIVE		3	25	2021	\$	35.96
City BETHEL PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15102	SCANN	ING			
To Whom Paid			МО	DAY	YEAR		
AAA EAST CENTRAL							
Mailing Address 160 FORT C	OUCH ROAD		3	4	2021	\$	5.00
	State	Zip Code (Plus 4)	Descrip	tion of Exp	l enditure		
City PITTSBURGH	Jource	1 ' '	I DESCIIL				
City PITTSBURGH	PA	15241	NOTAR	Υ			
City PITTSBURGH  To Whom Paid			NOTAR		YEAR		
111135011011			1	DAY	YEAR		
To Whom Paid RADISON			NOTAR		<b>YEAR</b> 2021	. \$	63.06

17011

PΑ

LODGING

To Whom Paid   AAA EAST CENTRAL   Mailing Address   160 FORT COUCH ROAD   3   16   2021   \$	FAGL 12							
Mailing Address   160 FORT COUCH ROAD   State   PA   State   15241   Secription of Expenditure   NOTARY	AR	YEAR	DAY	мо				
State   PA							AL	AAA EAST CENTRAL
PA	021 \$ 5.00	2021	16	3		OAD	160 FORT COUCH RO	Mailing Address
To Whom Paid OFFICE DEPOT/MAX   State PAA   15241   Description of Expenditure COPFICE DEPOT/MAX   PAA   15241   Description of Expenditure PAA   15241   Description of Expenditure PAA   15241   Description of Expenditure PAA	liture	enditure	otion of Exp	Descrip	Zip Code (Plus 4)	State	GH	City PITTSBURGH
Mailing   Address   A000   OXFORD DRIVE   State   PA   State   15241   PA   PA   PA   PA   PA   PA   PA   P			.Υ	NOTAR	15241	РА		
State   PA	AR	YEAR	DAY	мо			ΑX	
PA	021 <b>\$</b> 31.80	2021	19	3		E	4000 OXFORD DRIV	Mailing Address
PA	l liture	enditure	tion of Exp	Descrip	Zip Code (Plus 4)	State	GH	City PITTSBURGH
OFFICE DEPOT/MAX       Mo DAY VEAR         Mailing Address   4000 OXFORD DRIVE       Zip Code (Plus 4)   15241       Description of Expenditure COPIES         To Whom Paid USPS       2211 LESNETT ROAD       3 25 2021			NG	PRINTI	15241	PA		
State   PA	AR	YEAR	DAY	МО			ΑX	
PA	021 <b>\$</b> 48.76	2021	21	3		E	4000 OXFORD DRIV	Mailing Address
TO Whom Paid USPS	liture	enditure	otion of Exp	Descrip	Zip Code (Plus 4)	State	GH	City PITTSBURGH
Mo DAY YEAR  Mailing Address 2211 LESNETT ROAD 3 25 2021 \$  City PITTSBURGH State PARK State PARK State PA 2ip Code (Plus 4) 15241 Description of Expenditure SHIPPING  To Whom Paid OFFICE DEPOT/MAX  Mo DAY YEAR PA 2ip Code (Plus 4) 15102 PAR PA 2ip Code (Plus 4) 15102  To Whom Paid OFFICE DEPOT/MAX  Mo DAY YEAR PA 2ip Code (Plus 4) 15102 PAR PA 2ip Code (Plus 4) 2ip Cod			3	COPIES	15241	РА		
City PITTSBURGH  State PA  State PA  15241  To Whom Paid OFFICEDEPOT/MAX  Mailing Address 4000 OXFORD DRIVE  City BETHEL PARK  Mo DAY  YEAR  Zip Code (Plus 4) 15241  Mo DAY  YEAR  Zip Code (Plus 4) 15102  PA  Description of Expenditure COPIES  To Whom Paid OFFICE DEPOT/MAX  Mo DAY  YEAR  Zip Code (Plus 4) 15102  To Whom Paid OFFICE DEPOT/MAX  Mo DAY  YEAR  Mo DAY  Mo DAY  Mo DAY  YEAR  Mo DAY  Mo DAY  Mo DAY  Mo DAY  YEAR  Mo DAY  Mo	AR	YEAR	DAY	мо				
To Whom Paid OFFICEDEPOT/MAX  Mailing Address 4000 OXFORD DRIVE  City BETHEL PARK  To Whom Paid OFFICE DEPOT/MAX  MO DAY  YEAR  2 12 2021 \$  City BETHEL PARK  To Whom Paid OFFICE DEPOT/MAX  MO DAY  YEAR  Zip Code (Plus 4) 15102  Description of Expenditure COPIES  To Whom Paid OFFICE DEPOT/MAX  Mo DAY  YEAR  City BETHEL PARK  State  Zip Code (Plus 4) Description of Expenditure COPIES	021 \$ 26.35	2021	25	3		)	2211 LESNETT ROAL	Mailing Address
To Whom Paid OFFICEDEPOT/MAX  Mailing Address 4000 OXFORD DRIVE  City BETHEL PARK  State PAR State PARK  PA  To Whom Paid OFFICE DEPOT/MAX  Mo DAY  PA  Description of Expenditure COPIES  To Whom Paid OFFICE DEPOT/MAX  Mo DAY  YEAR  YEAR  2 12 2021  \$  To Whom Paid OFFICE DEPOT/MAX  Mo DAY  YEAR  YEAR  YEAR  State COPIES  To Whom Paid OFFICE DEPOT/MAX  Mo DAY  YEAR  YEAR  YEAR  PA  State Zip Code (Plus 4)  Description of Expenditure	liture	enditure	otion of Exp	Descrip	Zip Code (Plus 4)	State	GH	City PITTSBURGH
OFFICEDEPOT/MAX  Mailing Address 4000 OXFORD DRIVE  City BETHEL PARK  State PA 15102  To Whom Paid OFFICE DEPOT/MAX  Mailing Address 4000 OXFORD DRIVE  City BETHEL PARK  State PA 15102  To Whom Paid OFFICE DEPOT/MAX  Mo DAY YEAR  City BETHEL PARK  State Zip Code (Plus 4)  2 13 2021 \$  City BETHEL PARK  State Zip Code (Plus 4)  Description of Expenditure			NG	SHIPPIN	15241	PA		
City BETHEL PARK  State PA	AR	YEAR	DAY	МО			×	
To Whom Paid OFFICE DEPOT/MAX  Mailing Address 4000 OXFORD DRIVE  City BETHEL PARK  PA 15102  Description of Expenditure  COPIES  To Whom Paid OFFICE DEPOT/MAX  And DAY OFFICE DEPOT/MAX  2 13 2021 \$  City BETHEL PARK  State  Zip Code (Plus 4)  Description of Expenditure	021 \$ 42.59	2021	12	2		E	4000 OXFORD DRIV	Mailing Address
To Whom Paid OFFICE DEPOT/MAX  Mo DAY YEAR  Mailing Address 4000 OXFORD DRIVE  2 13 2021 \$  City BETHEL PARK  State Zip Code (Plus 4) Description of Expenditure	liture	enditure	otion of Exp	Descrip	Zip Code (Plus 4)	State	\RK	City BETHEL PAR
OFFICE DEPOT/MAX  Mo DAY YEAR  Mailing Address 4000 OXFORD DRIVE  2 13 2021 \$  City BETHEL PARK  State Zip Code (Plus 4) Description of Expenditure			3	COPIES	15102	PA		
City BETHEL PARK  State  Zip Code (Plus 4)  Description of Expenditure	AR	YEAR	DAY	МО			AX	
BETHEL PARK Description of Expenditure	021 <b>\$</b> 24.40	2021	13	2		E	4000 OXFORD DRIV	Mailing Address
PA 15102 COPIES	liture	penditure	otion of Exp	Descrip	Zip Code (Plus 4)	State	ARK	City BETHEL PAR
			3	COPIES	15102	PA		

To Whom Paid			мо	DAY	YEAR		
USPS							
Mailing Address 2211 LESNETT ROAD			2	13	2021	\$	47.70
<b>City</b> PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	15241	SHIPING				
To Whom Paid OFFICE DEPOT/MAX			МО	DAY	YEAR		
Mailing Address 4000 OXFORD DRIVE			2	14	2021	\$	28.78
City BETHEL PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	l penditure	<u> </u>	
	PA	15102	PRINTING				
To Whom Paid FEDEX OFFICE			МО	DAY	YEAR		
Mailing Address 1720 WASHINGTON ROAD			2	15	2021	\$	22.47
<b>City</b> PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	l penditure	<u> </u>	
	PA	15241	SHIPPING				
To Whom Paid OFFICE DEPOT/MAX			МО	DAY	YEAR		
Mailing Address 4000 OXFORD DRIVE			2	19	2021	\$	60.78
City PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	15241	PRINTING				
To Whom Paid DOS PA			МО	DAY	YEAR		
Mailing Address			1	3	2021	\$	200.00
<b>City</b> HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	l penditure	<u> </u>	
	PA	17120	FILING FEE				
To Whom Paid			мо	DAY	YEAR		
FEDEX OFFICE							
Mailing Address 1720 WASHINGTON ROAD			2	12	2021	\$	44.64
City PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	15241	COPIES				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	768.23
		·					