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	1C0098				Repor Filed I		CAN	ANDIDATE COMMITTEE LOBBYIST										
Name of Filing C	Committee, Candi	date or L	obbyist	:	T	RUSC	ELLO,	DEBO	RAH	1									
Street Address:																			
City:								State	:				Zip Cod	Zip Code: 19063					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR		PRE-	2. X	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes		No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTI		PRE-	- 5.	30 D		Р	OST-	6.		TERMINA REPORT?		Yes		No	\	
report type)	ANNUAL REPOR	Г 7.	Year 2	021				NG ME					PAPER		V	DIS	KETTE		
Name of Office S	ought by Candid	ate:	-					DATI	E O	F ELE	CTI	ON	District Number	Office Code	Pai	rty Co	de Cou		
								МО		DAY	Y	YEAR	32	СРЈ	DEI	М	23		
JUDGE OF THE	COURT OF COM	MON PLE	AS						11		2	2021		(SEE IN	STRUCTI	ONS F	OR CODE:	S)	
,	Receipts and	МО	DAY	,	YEAR			МО		DAY)	YEAR	FO	R OFFI	CE USE	ONL	.Υ		
Expenditures	s trom:		3	30	20	21 7	О		5		3	2021							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00							
B. Total Moneta	ary Contributions	And Rec	eipts (F	rom	Sched	lule I)	\$,				0.00							
C. Total Funds Available (Sum Of Lines A and B)						\$	1				0.00								
D. Total Expend	ditures (From Sc	nedule II	I)				\$	1			15,	,656.74							
E. Ending Cash Balance (Subtract Line D From Line C)						\$					0.00	4							
F. Value Of In-Kind Contributions Received (From Schedule II					e II)	\$	i				0.00	1							
G. Unpaid Debt	s And Obligation	s (From S	Schedul	e IV))		\$	1				0.00			1				
					AFFI	[DAV]	T SE	CTIC	N										
PART I - If this is		-		_															
correct and comple) that this report, in ete.	cluaing the	e attacne	a scn	eaules	tilea on	paper	or by e	lectr	onic m	eaiui	m, are to	tne best of	г ту кпо	wieage	and t	енет , т	rue	
Sworn to and subs	cribed before me th day of	is	20						•			Signatur	e of Persor	n Submit	ting Re	port			
	Signat	ure					_						Print	ted Name	e			_	
My Commission Ex	cpires						_		-				Emai	il					
	МО	D	AY		YR					Are	ea Co	ode	Daytim	e Telepi	none Nu	mber		$\underline{}$	
Part II- If this is	a report of a car	ididate's	authori	zed (Commi	ittee, (Candid	ate sh	alls	sign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and	belie	f this p	political	comm	ittee ha	as no	ot viola	ted a	any provis	sions of the	e act of J	une 3,1	937 (P.L. 133	33,	
Sworn to and subsc	ribed before me thi	5	20									S	Signature o	f Candid	ate			_	
			 				_						Printe	d Name				-	
My Commission Exp	Signature						_		-				Emai	il				-	
•							_											_	
	МО	D	AY		YR					Area	Code	e	Da	ytime T	elephoi	ne Nu	mber		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
TRUSCELLO, DEBORAH	From:	3/30/202	<u>1</u> To:	<u>5/3/2021</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL 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
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
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) Period	(4)	\$	0.00
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 of	Name of Fining Committee of Candidate			oorting P	eriod	To):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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	ne of Filing Committee or Candidate Repo		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			Reporting Period					
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	PAGE TOTAL
							\$	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	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 Perio	od						
TRUSCELLO, DEBORAH	From:	3/30/2021 To:	<u>5/3/2021</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 PART 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				
			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 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				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 Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Co	andidate		Reporti	ng Period				
TRUSCELLO, DEBORAH			From	<u>3/3</u> (0/2021	То:	5/3/2021	
				DATE				
To Whom Paid PREMIER LEGAL MARKETING			мо	DAY	YEAR			
Mailing Address 2500 MCCL	ELLAN AVE, SUITE 420		4	20	2021	\$	1,200.00	
City PENNSAUKEN	State NJ	Zip Code (Plus 4) 08109-	Descri SOCIAI					
To Whom Paid ARCHBISHOP CARROL HIGH SO	CHOOL		мо	DAY	YEAR			
Mailing Address 211 MATSON FORD RD				21	2021	\$	500.00	
City RADNOR	1	otion of Exp						
To Whom Paid DEB TRUSCELLO FOR JUDGE	·	·	мо	DAY	YEAR			
Mailing Address 1400 N PRC	OVIDENCE ROAD, BUILD	DING 2, SUITE 1040	4	21	2021	\$	100.00	
City MEDIA	State PA	Zip Code (Plus 4) 19063-	Description of Expenditure CONTRIBUTION					
To Whom Paid GRAHAM KERRIGAN			мо	DAY	YEAR			
Mailing Address 205 SYCAMORE LANE			4	21	2021	\$	2,709.68	
City WALLINGFORD State Zip Code (Plus 4) PA 19086-				Description of Expenditure POLITICAL CONSULTANT				
To Whom Paid								

GRAHAM K	HAM KERRIGAN						
Mailing Add	Iress 205 SYCAMORE LA	NE		4	21	2021	\$ 2,709.68
City WA	PA 19086-			1 -	otion of Exp		
To Whom Paid JOSEPH WARD			МО	DAY	YEAR		
Mailing Add	Mailing Address 101 MICHIGAN AVE			4	21	2021	\$ 750.00
City SWARTHMORE State Zip Code (Plus 4) PA 19081-			1	otion of Exp			

									PAGE 12
To Whom Paid QUALIFIED JUDGES OF DELAWARE COUNTY						DAY	YEAR		
Mailing Address 323 WEST FRONT STREET					4	21	2021	\$	7,600.00
City	MEDIA		State PA	Zip Code (Plus 4) 19063-	Description of Expenditure CONTRIBUTION				
			•						PAGE TOTAL
Enter	Grand Total o	of Expenditures	on Page 1, R	eport Cover Page, Item D	•			\$	12,859.68