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	20210	0154				port ed B		CANI	DID	ATE		COMN	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee,	Candida	ite or Lo	obbyist:		DEB	3 TR	JSCE	LLO FO	R JI	UDGE			_					
Street Address:	1400	N. PROV	IDENCE	ROAD,B	UILDIN	IG 2,	, SU	ITE 1	040										
City:	MEDIA	١							State:	F	PA			Zip Cod	l e: 19	063			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRID PRIMARY	AY PRE	-	2. X	30 DA		PO	ST-	3.		AMENDM REPORT?		Yes		10	/
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRID ELECTION		≣-	5.	30 DA		PO	ST-	6.		TERMINA REPORT?		Yes		Ю	\
report type)	ANNUAL I	REPORT	7.	Year 202	1				NG MET					PAPER	\	DIS	ETTE		
Name of Office S	- Sought by (Candidat	e:						DATE	OF	ELE	CTIO	N	District Number	Office Code	Pa	rty Cod	e Cou	
									МО	[DAY	YE	AR			ОТ	Н	23	
									1	1		2	2021		(SEE IN	STRUCT	ONS FO	R CODES	5)
Summary of		and	МО	DAY	YEAR	₹			МО	[DAY	YE	AR	FO	R OFFIC	E USE	ONL	′	
Expenditures	from:			3 3	0 2	021	Т	0		5		3	2021						
A. Amount Bro	ught Forw	ard From	Last R	eport				\$					0.00						
B. Total Moneta	ary Contrib	outions A	nd Rec	eipts (Fro	m Sche	dule	ı)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$										0.00									
D. Total Expend	ditures (Fr	om Sche	dule II	[)				\$				15,6	56.74						
E. Ending Cash	Balance (Subtract	Line D	From Line	: C)			\$			(:	15,65	6.74)						
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From	Schedu	le II	()	\$					0.00						
G. Unpaid Debt	s And Obli	gations ((From S	chedule I	V)			\$					0.00			'			
					AFF	ID/	٩VI	ΓSE	CTIOI	V									
PART I - If this is		•	•	_						-	•								
I swear (or affirm) correct and comple		eport, inclu	iding the	attached s	chedule	s file	d on	paper	or by ele	ctro	nic me	edium	, are to t	he best o	f my knov	vledge	and be	elief , tr	ue
Sworn to and subs	cribed before	e me this		20						_		s	ignature	of Perso	1 Submitt	ing Re	port		_
		Signatur	•					-		-				Prin	ted Name	1			-
My Commission Ex	cpires	oigilatai	-							_				Emai	i I				-
	<u>~</u>	10	D/	λΥ	YR			_			Are	a Cod	e	Daytim	e Teleph	one Nu	ımber		
Part II- If this is	a report o	of a cand	idate's	authorize	d Comn	nitte	e, C	andid	ate sha	II si	gn he	re.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and be	lief this	polit	tical	comm	ittee has	s not	violat	ed an	y provisi	ions of the	e act of Ju	ıne 3,1	937 (F	.L. 133	з,
Sworn to and subsc		me this								-			Si	ignature o	of Candida	ate			-
	day of — –							_		-				Printe	d Name				_
	Si	gnature						-											_
My Commission Exp														Ema	il				
		мо	D	ΑY	YR	1		•		_	Area	Code		Da	ytime To	elepho	ne Nun	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DEB TRUSCELLO FOR JUDGE	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	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
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

	this Part to itemize onl with an aggregate value		\$2) in the			
Nume of Fining Comm		From:			То	:		
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE TOTAL

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

PAGE TOTAL
\$ 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 o	Name of Fining Committee of Candidate				Reporting Period From: To:				
			l		DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							

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.)

			Rep	orting Pe	riod				
			Fror	n:		1	Го:		
				D	ATE			AMOUN	IT
				МО	DAY	YEAR	2		
								\$	0.00
State	Zip (Code (Plus	5 4)						
				Occupa	tion				
e of		City			State		Zip	Code (Plu	us 4)
dule I, Detailed Su	umma	ry Page,	Section	on 3.			\$	PAGE T	0.00
	e of	e of	e of City	State Zip Code (Plus 4)	From: MO State Zip Code (Plus 4) Occupation	State Zip Code (Plus 4) Occupation October State	State Zip Code (Plus 4) Occupation City State	State Zip Code (Plus 4) Occupation Occupation City State Zip Odule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4) Occupation Occupation Occupation Occupation PAGE 1

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		Repor	ting Perio	od			
			From:			To:		
				D	ATE		АМС	DUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description		•		•	•	•	•	
Enter Grand Total of Part E	on Schedule T. Detailer	d Summary Page	Section	4			PAG	E TOTAL
	on concadio 1, betanet	a cammur, ruge,	200.011	••			\$	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	
DEB TRUSCELLO FOR JUDGE	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 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						\$	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					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporting Period							
DEB TRUSCELLO FOR JUDGE			From	<u>3/30</u>	То:	5/3/2021				
					DATE AF					
To Whom Paid PREMIER LEGAL MARKETING	мо	DAY	YEAR							
Mailing Address 2500 MCCLE	ELLAN AVE. SUITE 420		4	20	2021	\$	1,200.00			
City PENNSAUKEN	State NJ	Zip Code (Plus 4) 08109	1	otion of Exp						
To Whom Paid ARCHBISHOP CARROL HIGH SC	мо	DAY	YEAR							
Mailing Address 211 MATSON	N FORD RD		4	21	2021	\$	500.00			

	PA	19087	ADVERTISEMENT				
To Whom Paid DEB TRUSCELLO FOR JUDGE			МО	DAY	YEAR		
Mailing Address 1400 N. PROVIDENCE ROAD BUILDING 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)	Description of Expenditure				

Zip Code (Plus 4)

Description of Expenditure

POLITICAL CONSULTANT

State

PA

City

RADNOR

To Whom Paid JOSEPH WARD			мо	DAY	YEAR		
Mailing Address 101 MICHIGAN AVE.		4	21	2021	\$	750.00	
City SWARTHMORE	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19081	WEBSITE DESIGN				

19086

5/7	/2024	6:59:44	DM
J//	/ 2024	0.33.44	ГП

To Whom Paid QUALIFIED JUDGES OF DELAWARE COUNTY			мо	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				
To Whom Paid VISTA PRINT NORTH AMERICA			МО	DAY	YEAR		
Mailing Address 95 HAYDEN AVENUE			4	21	2021	\$	557.06
City LEXINGTON	State MA	Zip Code (Plus 4) 02421	Description of Expenditure PRINTING				
To Whom Paid VLB CONSULTING GROUP, LLC			МО	DAY	YEAR		
Mailing Address 932 N. FALLON STREET			4	21	2021	\$	1,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19131	Description of Expenditure POLITICAL CONSULTANT				
To Whom Paid VLB CONSULTING GROUP, LLC	·		МО	DAY	YEAR		
Mailing Address 932 N. FALLON STREET			4	21	2021	\$	1,240.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19131	Description of Expenditure POLITICAL CONSULTANT				
Enter County Tatal of Early	likuwa an Para 4 P	unant Caucu Para Ita					PAGE TOTAL
Enter Grand Total of Expend	iitures on Page 1, Re	port Cover Page, Item D	٠.			\$	15,656.74