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	2021	C0083				port		CAND	IDATE	√	CO	MMITTEE		LOBI	BYIST	
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		PAL	JLA I	PATRI	CK								
Street Address:																	
City:									State:				Zip Code	e: 19	151		
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No	~
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	\
report type)	ANNUAL	. REPORT	7.	Year 2021					NG METH CHECK (PAPER		✓	DISKE	TTE
Name of Office S	L Sought by	/ Candidat	te:						DATE (OF ELE	CTI	ON	District Number	Office Code	Par	ty Code	County
									МО	DAY	Y	'EAR	-1	SPM	REP		code
JUSTICE OF TH	E SUPRE	ME COUR	ΙΤ						1:	1	2	2021		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	Y	/EAR	FOF	OFFIC	E USE	ONLY	
Expenditures	from:			3 30	2	021	T	0		5	3	2021					
A. Amount Bro	ught For	ward Fron	ı Last R	eport				\$		•	•	0.00					
B. Total Moneta	ary Conti	ributions <i>F</i>	And Rec	eipts (From	Sche	dule	e I)	\$				0.00					
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$				0.00					
D. Total Expend	ditures (From Sche	edule II	I)				\$			10,	715.45					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00					
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$				0.00					
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV	')			\$				0.00					
					AFF	·ID	AVI	T SE	CTION								
PART I - If this is	s a Comn	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate ı	report,	cand	idate sig	jn here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elec	tronic m	ediur	n, are to t	the best of	my know	/ledge	and beli	ef , true
Sworn to and subs	cribed bef	ore me this		20								Signature	of Person	Submitt	ing Rep	ort	
	_	Signatur	re	_				-					Printe	ed Name			
My Commission Ex	cpires							_					Email				
		мо	D	AY	YR					Ar	ea Co	de	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate shal	l sign h	ere.						
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ited a	ny provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed befo day of	re me this		20								s	ignature of	Candida	te		
	——							-					Printed	Name			
		Signature						-									
My Commission Exp	ires												Email				
	-	МО	D	AY	YR	ł		-		Area	Code	1	Day	time Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
PAULA PATRICK	From:	3/30/202	<u>21</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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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		Rep Fro	oorting P m:	eriod	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 Candidate			Rep	orting Pe	riod			
			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					
PAULA PATRICK	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				
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 Candid	late		Reportin	g Period			
			From:			To:	
				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 S	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary 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				Re	eporting F	Period			
				Fr	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	ee of Ci	ity	State	•	Zip 4)	Code(Plus	Descri	ption o	of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-l	Kind (Contributions [etail	led				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
PAULA PATRICK			From	<u>3/3</u> (0/2021	То:	5/3/2021
				DATE			AMOUNT
To Whom Paid MCCLURE ASSOCIATION CON	SULTANTS		мо	DAY	YEAR		
Mailing Address 4076 MAR	KET ST SUITE 202		4	1	2021	\$	2,000.00
City CAMP HILL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
5	PA	17011	CONSU				
To Whom Paid MCCLURE ASSOCIATION CON	SULTANTS		МО	DAY	YEAR		
Mailing Address 4076 MAR	KET ST SUITE 202		4	1	2021	\$	880.94
City CAMP HILL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17011	REIMBU	JRSEMENT	•		
To Whom Paid FEDEX			мо	DAY	YEAR		
Mailing Address 292 E LAN	CASTER AVE		3	30	2021	\$	26.86
City WYNNEWOOD	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19096	SHIPPI	NG			
To Whom Paid POSTMASTER	·	·	МО	DAY	YEAR		
Mailing Address 444 E TOV	VNSHIP LINE RD		3	30	2021	\$	245.50
City HAVERTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19083	POSTA	GE			
To Whom Paid FEDEX		-	МО	DAY	YEAR		
Mailing Address 292 E LAN	CASTER AVE		3	30	2021	\$	44.94
City WYNNEWOOD	State	Zip Code (Plus 4)	Descrir	tion of Exp	enditure	<u> </u>	
VVIIVIVEVVOOD							

19096

SHIPPING

PA

						PA	GE 12
To Whom Paid CHELTENHAM PRINTING COM	IPANY		МО	DAY	YEAR		
Mailing Address 518 RYER:	S AVE BUILDING 2, FIRS	ST FLOOR	4	7	2021	\$	190.80
City CHELTENHAM	State PA	Zip Code (Plus 4) 19012	Descrip PRINTI	otion of Exp NG	penditure		
To Whom Paid CHELTENHAM PRINTING COM	IPANY		МО	DAY	YEAR		
Mailing Address 518 RYER:	S AVE BUILDING 2, FIRS	ST FLOOR	3	30	2021	\$	368.88
City CHELTENHAM	State PA	Zip Code (Plus 4) 19012	Descrip PRINTI	otion of Exp	penditure		
To Whom Paid DUBOSE PRINTING			МО	DAY	YEAR		
Mailing Address 7592 HAV	ERFORD AVE		3	30	2021	\$	117.24
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19151	Descrip PRINTI	otion of Exp	penditure		
To Whom Paid GK VISUAL			МО	DAY	YEAR		
Mailing Address 933 ROSE	ST		3	30	2021	\$	2,544.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	Descrip PRODU	otion of Exp	penditure		
To Whom Paid GK VISUAL			МО	DAY	YEAR		
Mailing Address 933 ROSE	ST		3	30	2021	\$	1,855.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17102	1	otion of Exp	penditure		
To Whom Paid FEDEX			МО	DAY	YEAR		
Mailing Address 292 E LAN	3	30	2021	\$	36.51		
			Description of Expenditure SHIPPING				

To Whom Paid CREDIT ONE BANK	МО	DAY	YEAR					
Mailing Address 6801 S CIMARRON RD				30	2021	\$	77	75.00
City LAS VEGAS	State NV	Zip Code (Plus 4) 89113	Description of Expenditure CAMPAIGN RELATED EXPENSES					
To Whom Paid FEDEX				DAY	YEAR			
Mailing Address 292 E LANCASTER AVE			3	30	2021	\$		8.01
City WYNNEWOOD	State PA	Zip Code (Plus 4) 19096	Description of Expenditure SHIPPING					
To Whom Paid CHELTENHAM PRINTING COMPANY			МО	DAY	YEAR			
Mailing Address 518 RYERS AVE BUILDING 2, FIRST FLOOR			3	30	2021	\$	23	33.20
City CHELTENHAM	State PA	Zip Code (Plus 4) 19012	Description of Expenditure PRINTING					
To Whom Paid CHELTENHAM PRINTING COMPANY	•		МО	DAY	YEAR			
CHELTENHAM PRINTING COMPANY	BUILDING 2, FIRST F	LOOR	мо 3	DAY 30	YEAR 2021	\$	23	33.20
CHELTENHAM PRINTING COMPANY	BUILDING 2, FIRST F State PA	Zip Code (Plus 4) 19012	3	30 otion of Exp	2021	\$	23	33.20
CHELTENHAM PRINTING COMPANY Mailing Address 518 RYERS AVE I	State	Zip Code (Plus 4)	3 Descrip	30 otion of Exp	2021	\$	23	33.20
CHELTENHAM PRINTING COMPANY Mailing Address 518 RYERS AVE I City CHELTENHAM To Whom Paid	State PA	Zip Code (Plus 4)	3 Descrip PRINTI	30 Otion of Exp	2021 penditure	\$		33.20 79.15
CHELTENHAM PRINTING COMPANY Mailing Address 518 RYERS AVE I City CHELTENHAM To Whom Paid DUBOSE PRINTING	State PA	Zip Code (Plus 4)	3 Descrip PRINTII MO	30 Inition of Exp NG DAY 30 Inition of Exp	2021 Denditure YEAR 2021			
CHELTENHAM PRINTING COMPANY Mailing Address 518 RYERS AVE II City CHELTENHAM To Whom Paid DUBOSE PRINTING Mailing Address 7592 HAVERFOR	State PA D AVE State	Zip Code (Plus 4) 19012 Zip Code (Plus 4)	3 Descrip PRINTII MO 3 Descrip	30 Inition of Exp NG DAY 30 Inition of Exp	2021 Denditure YEAR 2021			
CHELTENHAM PRINTING COMPANY Mailing Address 518 RYERS AVE II City CHELTENHAM To Whom Paid DUBOSE PRINTING Mailing Address 7592 HAVERFOR City PHILADELPHIA To Whom Paid CHELTENHAM PRINTING COMPANY	State PA D AVE State	Zip Code (Plus 4) 19012 Zip Code (Plus 4) 19151	3 Descrip PRINTII MO 3 Descrip PRINTII	30 DAY 30 Stion of Exp NG	2021 Penditure YEAR 2021 Penditure		7	

							PAGE 14
To Whom Paid CHELTENHAM PRINTING COMP	мо	DAY	YEAR				
Mailing Address 518 RYERS AVE BUILDING 2, FIRST FLOOR			3	30	2021	\$	127.20
City CHELTENHAM	State PA	Zip Code (Plus 4) 19012	Description of Expenditure PRINTING				
To Whom Paid FEDEX				DAY	YEAR		
Mailing Address 292 E LANCASTER AVE			3	30	2021	\$	9.65
City WYNNEWOOD	State PA	Zip Code (Plus 4) 19096	Description of Expenditure SHIPPING				
To Whom Paid CHELTENHAM PRINTING COMPANY			МО	DAY	YEAR		
Mailing Address 518 RYERS AVE BUILDING 2, FIRST FLOOR			3	31	2021	\$	450.50
City CHELTENHAM	State PA	Zip Code (Plus 4) 19012	Description of Expenditure PRINTING				
To Whom Paid FEDEX	·	·	МО	DAY	YEAR		
Mailing Address 292 E LANCASTER AVE			3	30	2021	\$	11.87
City WYNNEWOOD	State PA	Zip Code (Plus 4) 19096	Description of Expenditure SHIPPING				
To Whom Paid CHELTENHAM PRINTING COMPANY				DAY	YEAR		
Mailing Address 518 RYERS AVE BUILDING 2, FIRST FLOOR			4	17	2021	\$	190.80
City CHELTENHAM	State PA	Zip Code (Plus 4) 19012	Description of Expenditure PRINTING				
Enter Grand Total of Expend	litures on Page 1 Pe	nort Cover Page Item D					PAGE TOTAL
Enter Grand Total OF Expent	intures on Paye 1, Re	port cover rage, Item D	•			\$	10,715.45