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	10151			Report		CANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	Committee, Candi	date or L	obbyist:	F	RIEND	S OF	JUDGE M	ICCULL	OUG	Н						_
Street Address:	117 BRIDLE	TRAIL														
City:	VENETIA						State:	PA			Zip Cod	de: 15	5367			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	RE-	2. X	30 DA		POST-	3.		AMENDM REPORT		Yes	No	1	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY P ELECTION	RE-	5.	30 DA		POST-	6.		TERMINA REPORT		Yes	No	•	
report type)	ANNUAL REPORT	7.	Year 2021				NG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	nte:	•				DATE 0	OF ELECTION District Number					Par	ty Code	County	y
							МО	DAY	YE	AR	ituilibei	Code	REP		Couc	_
							11		2	2021		(SEE IN	STRUCTI	ONS FOR C	ODES)	
Summary of Receipts and Expenditures from: MO DAY YEAR 2 20 2021							МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
			3 30	20	21 T	0	5		3	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From Scl	hed	ule I)	\$			5,4	125.00						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$			5,4	25.00						
D. Total Expenditures (From Schedule III)						\$				0.00						
E. Ending Cash	Balance (Subtra	t Line D	From Line C)			\$			5,4	25.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sched	dule	iI)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$				0.00			1			
			AF	FI	DAVI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign here	e. If	this is	a Car	ndidate re	eport, o	candio	date sig	gn here.					
I swear (or affirm) correct and complete) that this report, inc ete.	cluding the	e attached schedu	les 1	filed on	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , true	a,
Sworn to and subs	cribed before me th day of	is	20						s	ignature	of Perso	n Submit	ting Rep	ort		•
	Signat	Ire				- -					Prin	ted Name	e			-
My Commission Ex	_										Ema	il				-
	мо	D	AY Y	/R				Are	ea Cod	e	Daytim	e Telepl	none Nu	mber		•
Part II- If this is	a report of a can	didate's	authorized Con	nmi	ittee, C	andid	ate shall	sign h	ere.							Ī
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief tl	his p	oolitical	comm	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333,	
Sworn to and subsc	ribed before me this	;								s	ignature o	of Candid	ate			۱ -
	day of					_					Dei/	d Name				.
	Signature					-					Printe	d Name				
My Commission Exp	_										Ema	il				
	МО	D	AY	YR		-		Area Code Daytime Telephone Number								

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JUDGE MCCULLOUGH	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)	\$	50.00
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)	\$	50.00		
TOTAL for the Reporting	\$	50.00		
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)			\$	5,375.00
TOTAL for the Reporting	g Period	(3)	\$	5,375.00
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			\$	5,475.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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 Candidate

Reporting Period

FRIENDS OF JUDGE MCCULLOUGH

From: 3/30/2021 To:

DATE

5/3/2021

AMOUNT

Full Name of Contributor DAVID GILL					DAY	YEAR	
Mailing	Mailing Address 126 FREEDOM LANE						\$ 50.00
City	SEWICKLY	State	Zip Code (Plus 4)	1 4	7	2021	
		PA	15143				

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

PAGE TOTAL \$ 50.00

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	me of Filing Committee or Candidate		Reporting	Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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 C	ommittee or Candidate				Repo	orting Pe	riod			
FRIENDS OF JU	DGE MCCULLOUGH				Fron	n:	3/30/2	<u>021</u> To	5/3/2021	
				•		DA	ATE		AN	OUNT
Full Name of Cor	ntributor						DAY	VEAD		
BRANDON SNYD	DER					МО	DAY	YEAR		
Mailing Address	386 KENNETH DRIVE								\$	100.00
City BELLE VI	ERNON	State	Zip Code	(Plus	4)	4	27	2021		
		PA	15012							
Employer Name	UNKNOWN					Occupat	tion (JNKNOV	VN	
Employer Mailing Address/Principal Place of City Business				l	State		Zip Code	e (Plus 4)		
business										
			l				 	<u> </u>		
Full Name of Cor						мо	DAY	YEAR		
	-								Ц	
Mailing Address	4151 HICKORY HILL I	ROAD							\$	75.00
City MURRYS	VILLE	State	Zip Code	(Plus	4)	4	26	2021		
		PA	15668							
Employer Name	UNKNOWN					Occupation UNKNOWN				
	Address/Principal Plac	e of	City	,		<u> </u>	State	I	Zip Code	e (Plus 4)
Business										
Full Name of Cor	ntributor									
JOHN A PETERS						МО	DAY	YEAR		
Mailing Address	132 SHARBOT DRIVE								\$	100.00
City PITTSBU	IRGH	State	Zip Code	(Plus	4)	4	10	2021		
		PA	15237							
Employer Name UNKNOWN				Occupation UNKNOWN						
Employer Mailing Business	Address/Principal Plac	e of	City	,			State		Zip Code (Plus 4)	
24311033										

Full Name of Contributor MICHAEL ALBERT			МО	DAY	YEAR	
Mailing 117 BRIDLE TRAIL						\$ 100.00
City VENETIA	State	Zip Code (Plus 4	4	6	2021	
	PA	15367				
Employer Name			Occupa	Occupation RETIRED		
Employer Mailing Address/Principal Plac Business	e of	City	·	State		Zip Code (Plus 4)
Full Name of Contributor KENNETH J GROVE			МО	DAY	YEAR	
Mailing 2571 ROUTE 819						\$ 5,000.00
City GREENSBURG	State	Zip Code (Plus 4	4	15	2021	
	PA	15601				
Employer Name UNKNOWN			Occupa	tion	JNKNOW	/N
Employer Mailing Address/Principal Plac Business	e of	City	·	State		Zip Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed	Summary Page, S	Section 3.			PAGE TOTAL
	·	, 5,			4	5,375.00

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 Candid	ame of Filing Committee of Candidate		Report	ing 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 on Sci	nedule T. Detailed	d Summary Page.	Section	4.			I	PAGE TOTAL
	.caa.ca, Betanet	a cammary rage,		•			\$	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						
FRIENDS OF JUDGE MCCULLOUGH	From:	3/30/2021 To:	<u>5/3/2021</u>					
L. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 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	ne of Filing Committee or Candidate				Re	porting l	Period				
					Fro	om:		To:	То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									- \$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupa	ition				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	me of Filing Committee or Candidate						
			From			То:	
				DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri				
							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item						\$	0.00