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:	1C0253			Rep File			CAN	IDI	DATE	√	CC	OMMITTE	E	LOB	BYIS1		
Name of Filing C	Committee, Candid	late or L	obbyist:		BOY	D, ٦	ΓINA	•										
Street Address:																		
City:								State	:				Zip Cod	Zip Code: 19547-8506				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	- 2	2.	30 DA PRIMA		Р	OST-	3. X	(AMENDM REPORT?		Yes		lo	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA		Р	OST-	6.		TERMINA REPORT?	MINATION DRT?			lo	\
report type)	ANNUAL REPORT	7.	Year 2021					CHECK					PAPER		V	DIS	ETTE	
Name of Office S	Sought by Candida	ite:	•					DAT	E OI	F ELE	CTI	ON	District Number	Office Code	Pai	ty Cod	e Cou	
1110 OF OF THE	COURT OF COM	40N D E	4.0					МО		DAY	Y	'EAR	23	СРЈ	DEI	М	06	
JUDGE OF THE	COURT OF COM	10N PLE	AS						11		2	2021		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		МО	DAY	YEAR				МО		DAY	Y	/EAR	FO	R OFFI	CE USE	ONL	′	
Expenditures	s trom:		5 4	2	021	Т	0		6		7	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expend	ditures (From Sch	edule II	I)				\$				33,	351.18						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			(33,3	351.18)	_					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligations	From S	Schedule IV	')			\$					0.00						
				AFF	IDA	VI	T SE	CTIO	N									
	s a Committee rep	-	_															
correct and comple) that this report, inc ete.	luding the	e attached sc	hedules	s filed	on	paper	or by e	lectr	onic m	ediur	n, are to	the best of	my kno	wledge	and be	elief , ti	rue
Sworn to and subs	cribed before me thi day of	s	20						•			Signatur	e of Persoi	1 Submit	ting Re	ort		
	Signati	ıre					- -						Print	ted Name	•			_
My Commission Ex	cpires						_		-				Emai	i				
	МО	D	AY	YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andid	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ef this	polit	ical	comm	ittee ha	as no	ot viola	ted a	ny provis	sions of the	e act of J	une 3,1	937 (F	.L. 133	3,
Sworn to and subsc	ribed before me this day of		20									S	ignature o	of Candid	ate			_
							-						Printe	d Name				-
My Commission Exp	Signature						-		-				Emai	iI				-
							-											_
	МО	D	AY	YR						Area	Code	•	Da	ytime T	elephor	ne Nun	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
BOYD, TINA	From:	<u>5/4/202</u>	<u>1</u> To:	6/7/2021
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

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candida	Reporting	Reporting Period					
			From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

PART B 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.

Name of Filing Commi	ttee or Candidate	F	Reporting F	Period			
		F	From:		To):	
		•		DATE			AMOUNT
Full Name of Contributor	г		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.

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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d Summary 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			
			Fror	n:		To) :	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	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	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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		
BOYD, TINA	From:	<u>5/4/2021</u> To:	<u>6/7/2021</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 Candi	Reporting Period							
F						То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary 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	Name of Filing Committee or Candidate				porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

33,351.18

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period					
BOYD, TINA	BOYD, TINA				From <u>5/4/2021</u> To:				
			DATE AMOUN						
To Whom Paid			МО	DAY	YEAR				
Tina Boyd for Judge									
Mailing Address				22	2021	\$	22,500.00		
City Oley	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	19547	Loan to	Campaign					
To Whom Paid			мо	DAY	YEAR				
Tina Boyd for Judge			МО	DAI	ILAK				
Mailing Address			6	2	2021	\$	10,851.18		
City Oley	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	19547	Loan to	Campaign					
Enter Grand Total of Expen	nditures on Page 1. Re	nort Cover Page. Item [).				PAGE TOTAL		