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	1C0263				port ed B		CAND	IDATE	~	C	OMMITTE		LOB	BYIST		
Name of Filing C	ommittee, Candi	late or L	obbyist:		PAT	RICI	A MC	CULLOU	IGH	_							
Street Address:																	
City:								State:				Zip Cod	e: 15	5241			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMAR	IDAY PRE Y	! -	2. X	30 DA PRIMA		POST-	3.		AMENDMI REPORT?	ENT	Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIO	IDAY PR DN	E-	5.	30 DA		POST-	6.		TERMINA' REPORT?	TION	Yes	N	0	\
report type)	ANNUAL REPORT	7.	Year 20)21				IG METH CHECK C				PAPER		V	DISK	ETTE	
Name of Office S	ought by Candida	ate:	-		•			DATE (OF ELE	СТ	ION	District Number	Office Code	Pai	ty Code	Cour	
								МО	DAY		YEAR	-1	SPM	REF)	10000	
JUSTICE OF TH	E SUPREME COU	RT						11	L	2	2021	<u> </u>	(SEE IN	STRUCTI	ONS FOR	CODES	5)
Summary of		МО	DAY	YEAI	R			МО	DAY		YEAR	FOI	ROFFI	CE USE	ONLY		
Expenditures	from:		3	30 2	2021	T	0	1	5	3	2021	L					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			((768.23)						
B. Total Monet	ary Contributions	And Rec	eipts (Fr	rom Sche	edule	e I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			((768.23)						
D. Total Expend	ditures (From Sch	edule II	I)				\$				880.29						
E. Ending Cash	Balance (Subtrac	t Line D	From Li	ne C)			\$			(1,	648.52)						
F. Value Of In-	Kind Contribution	s Receiv	ed (Fron	n Schedu	ıle II	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	From S	Schedule	· IV)			\$				0.00			•			
				AF	FIDA	AVI	ΓSE	CTION									
	a Committee rep	•										_					
I swear (or affirm)	that this report, incete.	luding the	e attached	l schedule	s file	ed on p	paper	or by elec	tronic m	ıediu	ım, are to	the best of	my kno	wledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me th	s	20								Signatui	e of Person	Submit	ting Re	oort		
	Signate	ure					-					Print	ed Name	9			_
My Commission Ex	rpires						_					Email					
	МО	D	AY	YR	l				Ar	rea C	Code	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authoriz	ed Comi	mitte	ee, Ca	andid	ate shall	sign h	ere							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and l	belief this	s poli	itical	comm	ittee has	not viola	ated	any provi	sions of the	act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me this day of	i	20								:	Signature of	Candid	ate			- J
	— — — — — — — — — — — — — — — — — — —						-					Printed	l Name				-
My Commission Exp	Signature						-					Email					-
, солинавіон ехр							_										_
	МО	D.	AY	YI	2				Area	Cod	le	Da	ytime T	elephor	ne Numi	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PATRICIA 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)	\$	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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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	te		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.

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 Comn	nittee or Candidate		Repo	orting P	eriod			
			Fron	n:		To	o:	
		I			DATE			AMOUNT
Full Name of Contribut	or			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
	•					•		PAGE TOTAL
								TAGE TOTAL

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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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	eriod			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		I		Occupa	tion	•		
Employer Mailing Address/Principal Place	e of Business	City		•	State		Zip Cod	ie (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Si	ummary Page	, Sectio	on 3.			P	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:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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 Perio	od	
PATRICIA MCCULLOUGH	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 Car	ndidate		Reportin	g Period				
			From:			To	:	
				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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	ımary Pa	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	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
PATRICIA MCCULLOUGH	From	3/30/2021	То:	<u>5/3/2021</u>

					DATE			AMOUNT
To Wh	om Paid			МО	DAY	YEAR		
OFFIC	E DEPOT/MAX			140				
Mailing	g Address			4	6	2021	\$	4.50
City	BETHEL PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	15102	SCANNI	ING FEE			
To Wh	om Paid			мо	DAY	YEAR		
GETGO	D #3116			140		ILAK		
Mailing	g Address			4	26	2021	\$	26.21
City	MCMURRAY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	15317	FUEL/W	'ASH			
To Wh	om Paid			мо	DAY	YEAR		
OFFIC	E DEPOT/MAX			1.0				
Mailing	g Address			4	23	2021	\$	195.84
City	BETHEL PARK	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
	PA 15102				/FLYERS			
To Wh	om Paid			мо	DAY	YEAR		
RADIS	SON HOTEL			140		ILAK		
Mailing	g Address			3	30	2021	\$	53.06
City	CAMP HILL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17011	HOTEL	ROOM			
To Wh	om Paid			мо	DAY	YEAR		
RADIS	SON HOTEL			140		ILAK		
Mailing	g Address			4	2	2021	\$	65.40
City	CAMP HILL	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	17011	HOTEL	ROOM			
To Wh	om Paid			МО	DAY	YEAR		
	OFFICE			140				
FEDEX	OTTICL	Mailing Address					1	
FEDEX Mailing				3	28	2021	\$	1.05
		State	Zip Code (Plus 4)		28 tion of Exp		\$	1.05

To Wh	om Paid								
REDMOMENTUM STRATEGIES				МО	DAY	YEAR			
Mailing Address					31	2021	 \$	350.00	
					31	2021	'		
City	BUTLER State Zip Code (Plus 4) Desc				Description of Expenditure				
		PA	PA 16001 CONSULTING						
To Whom Paid				мо	DAY	YEAR			
HAMPTON INN WILLIAMSPORT-DOWNTOWN									
Mailing Address				4	30	2021	\$	120.75	
City	WILLIAMSPORT	State	Zip Code (Plus 4)) Description of Expenditure					
		PA	4 17701 L			LODGING			
To Whom Paid				МО	DAY	YEAR			
GETGO #3670				MO	DAT	TEAR			
Mailing Address				5	1	2021	\$	10.86	
City	EBENSBURG	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	15931	SUPPLIES					
To Whom Paid				МО	DAY	YEAR			
GETGO #3116				MO	DAI	ILAK			
Mailing Address				5	2	2021	\$	42.62	
City	MCMURRAY State Zip Code (Plus 4)				Description of Expenditure				
			1	FUEL/WASH					
		PA	15317	FUEL/W	ASH				
		•	15317 eport Cover Page, Item D	•	ASH			PAGE TOTAL	