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 :	ion 2021	C0076			Repor Filed		CAN	DID	ATE	✓	СО	MMITTE		LOBE	BYIST		
Name of Filing C	Committee, Candida	ate or Lo	obbyist:		LEVIN,	-	G										
Street Address:																	
City:							State:					Zip Cod	e: 19	103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIN	DAY MARY	PO	ST-	3. X		AMENDMENT Yes No REPORT?)	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	RIDAY PRE- 5. 30 DAY POST- 6. ION ELECTION 6.						TERMINA REPORT?	Yes	No)	\checkmark			
report type)							PAPER		\checkmark	DISK	TTE						
Name of Office Sought by Candidate:						DATE	OF	ELE(CTION		District Number	Office Code	Par	ty Code	Cour		
					A T L		мо	D	AY	YEAF	ł	1	CPJP	DEN	1	51	
JUDGE OF THE COURT OF COMMON PLEAS - PHILADELPHIA								11		2 2	021		(SEE INS	TRUCTIO	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	1		мо	D	PAY	YEAF	ł	FOI	R OFFIC	e use	ONLY		
Expenditures	s from:		5 4	2	021	го		6		7 2	021						
A. Amount Bro	ught Forward Fron	n Last R	eport			:	\$		(1	51,375.	.00)						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	:	\$	0.00									
C. Total Funds	Available (Sum Of	Lines A	and B)			:	\$		(1	51,375.	.00)						
D. Total Expen	ditures (From Sche	edule II	1)			:	\$			10,000	.00						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)			\$		(16	51,375.	00)						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)		\$			0	.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	()			\$			C	.00		•				
				AFF	IDAV	IT S	ECTIO	Ν									
	s a Committee repo																
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	e attached sc	hedules	s filed or	ı pape	r or by el	ectroi	nic me	edium, ar	e to t	he best of	my know	ledge	and bel	ef, tr	ue
Sworn to and subs	cribed before me this day of	5	20					_		Sign	ature	e of Person	Submitti	ng Rep	oort		_
	Signatu	re				_						Print	ed Name				-
My Commission Ex	xpires							_				Email					_
	МО	D	AY	YR					Are	a Code		Daytime	e Telepho	one Nu	mber		
	a report of a cance that to the best of m ed.				•						rovis	ions of the	act of Ju	ne 3,19	937 (P.I	. 133	3,
Sworn to and subsc	ribed before me this day of		20					_			s	ignature of	f Candida	te			-
						_		_				Printeo	i Name				-
My Commission Exp	Signature					_		_				Email	1				-
	мо	D	AY	YR		_		_	Area (Code		Da	ytime Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LEVIN, CRAIG From: <u>5/4/2021</u> **To:** 6/7/2021 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidat	Name of Filing Committee or Candidate			porting	Period			
F			Fro	From: To:			:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

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. (Exclude contributions from political committees reported in Part A)									
Name of Filing Committee or Candidat	e		Rep	orting P	eriod				
			Fro	m:		Τα):		
					DATE			AMOUNT	
Full Name of Contributor				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									

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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00

PART D 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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

PART E **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	od				
			From:			То:	:		
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
		i Suillilai y Page,	Section	-			\$		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		
LEVIN,CRAIG	From:	<u>5/4/2021</u> то:	<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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	g Period			
	Fr					То:	
				DATE		АМО	UNT
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 Schedule II, In-Kind Contributions Detaile Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Ca	ndidate		ne of Filing Committee or Candidate				eriod			
					Fro	m:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(P	lus 4)						
Employer of Contributor	I		1			Occupat	tion			
Employer Mailing Address/Princ Business	ipal Place of	City		State		Zip 4)	Code(Plus	Descri	ption of	f Contribution
Enter Grand Total of Part G	on Schodulo II	In-Kind	Contributio		taile					PAGE TOTAL

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period							
EVIN,CRAIG				<u>5/4</u>	То:	<u>6/7/2021</u>				
				DATE AMO						
To Whom Paid Craig Levin for Judge				DAY	YEAR					
Mailing Address 1500 JFK Blvd. Suite	e 900		5	19	2021	\$	10,000.00			
City Philadelphia	State PA	Zip Code (Plus 4)	Descrip Loan	otion of Exp	penditure					
							PAGE TOTAL			
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item I).			\$	10,000.00			