Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	ion 2021	C0076			Repor Filed I		CAND	IDATE	~	CC	OMMITTE	E	LOB	BYIS	т	
Name of Filing	Committee, Candida	ate or Lo	obbyist:		LEVIN,	CRAI	G									
Street Address:																
City:							State:				Zip Code: 19103					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X	30 D PRIM	AY 1ARY	POST-	- 3. AMENDMENT Yes REPORT?				\checkmark	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	AY CTION	POST-	6.		TERMINA REPORT?	Yes		No	\checkmark	
report type)	eport type) ANNUAL REPORT 7. Year 2021 FILING METHOD PAR () CHECK ONE							PAPER		\checkmark	DIS	KETTE				
Name of Office	Sought by Candidat	te:					DATE (OF ELE	CTIO	N	District Number	Office Code	Pa	rty Co	de Co	 unty de
							мо	DAY	YE	AR	1	CPJP	DE	М	51	_
JUDGE OF THE	COURT OF COMM	ON PLE	AS - PHILA	DELPI	AIA		11	L	2	2021]	(SEE INS	TRUCTI	ONS F	OR CODE	S)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FO	R OFFIC	e use	ONI	Y	
Expenditures	s from:		3 30	2	021 1	0		5	3	2021						
A. Amount Bro	ought Forward Fron	n Last R	eport			4	5		(31,3	75.00)						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	5	\$			0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			S	\$		(31,3	75.00)						
D. Total Expen	ditures (From Sche	edule II	I)			5	\$		120,0	00.00						
E. Ending Cash	n Balance (Subtract	t Line D	From Line	C)			5	(1	.51,37	'5.00)	-					
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	5	5			0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()		9	\$ 0.00									
				AFF	IDAVI	T SI	ECTION									
	s a Committee report, incl	•	-					• •			-	my know	ladaa	and k	aliaf	true
correct and compl		uaing the	e attached sc	neaules	s filed on	раре	or by elec	tronic n	ieaium	, are to	the best of	ту кпом	leage	and t	beller ,	true
Sworn to and sub	scribed before me this day of 	6	20			_			S	ignatur	e of Person	Submitt	ing Re	port		
	Signatu	re				_					Print	ed Name				_
My Commission E	xpires					_					Emai	I				
	МО	DA	AY	YR				Α	rea Cod	e	Daytime	e Telepho	one Nu	mber		
	a report of a cance) that to the best of m ed.							-		y provis	sions of the	act of Ju	ne 3,1	937 (P.L. 13	33,
Sworn to and subs	cribed before me this day of		20							S	ignature o	f Candida	te			—
						_					Printe	d Name				-
My Commission Ex	Signature					_		Email								
						_										_
	мо	D	AY	YR	1			Area	Code		Da	ytime Te	lepho	ne Nu	mber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LEVIN, CRAIG From: <u>3/30/2021</u> To: <u>5/3/2021</u> 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.)

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.

PART A

Name of Filing Committee or Candida	Name of Filing Committee or Candidate				Period			
Fr				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				
From: To:									
					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 Cand	lidate		Reporting Period						
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Commit	ttee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C on	Schedule I, Detail	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: To						
				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
Linter Granu Total of Part E		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>3/30/2021</u> 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	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 Period						
	F					То:			
				DATE		АМС	DUNT		
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 Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL		
					4	5	0.00		

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

Name of Filing Committee or Candidate					Reporting Period						
					From: To:						
							DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								\$	0.00		
City	State		Zip Code(F	Plus 4)							
Employer of Contributor					Occupation						
Employer Mailing Address/Principal Place of City State			Zip Code(Plus Description of 4)			f Contribution					

		1		
Enter Grand Total of Part G on Schedule I	I. In-Kind Contril	butions Detail	ed	PAGE TOTAL
Summary Page, Section 3.	_,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Car	ndidate		Reporti	ng Period			
LEVIN,CRAIG			From	<u>3/3(</u>	0/2021	То:	<u>5/3/2021</u>
				DATE			AMOUNT
To Whom Paid Craig Levin for Judge			мо	DAY	YEAR		
Mailing Address 1919 Chestn	ut Street		4	2	2021	\$	20,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Descrip Loan	otion of Exp	penditure		
To Whom Paid Craig Levin for Judge			мо	DAY	YEAR		
Mailing Address 1919 Chestn	ut Street		4	13	2021	\$	10,000.00
CityPhiladelphiaStateZip Code (Plus 4)PA19103			Descrip Loan	otion of Exp	penditure	1	
To Whom Paid Craig Levin for Judge			мо	DAY	YEAR		
Mailing Address 1919 Chestn	ut Street		4	19	2021	\$	50,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Descrip loan	tion of Exp) Denditure	1	
To Whom Paid Craig Levin for Judge			мо	DAY	YEAR		
Mailing Address 1919 Chestn	ut Street		4	29	2021	\$	20,000.00
City Philadelphia	State PA	Zip Code (Plus 4) 19103	Descrip Loan	tion of Exp	penditure	1	
To Whom Paid Craig Levin for Judge			мо	DAY	YEAR		
Mailing Address 1919 Chestnut Street			4	22	2021	\$	20,000.00
CityPhiladelphiaStateZip Code (Plus 4)PA19103			Descrip Loan	tion of Exp	penditure	1	
Enter Grand Total of Expendi	inter Grand Total of Exponditures on Page 1. Penert Cover Page. Item D						PAGE TOTAL
	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	120,000.00