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	.C0128		_	Repo Filed		CANDI	IDATE	✓	СС	OMMITTEI		LOBI	BYIST	
Name of Filing	Committee, Candid	late or L	obbyist:			-	TERIA R								
Street Address:															
City:							State:				Zip Code: 19150				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST- 3. X			AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 D ELEC	AY TION	POST-	OST- 6.		TERMINATION REPORT?		Yes	No	\checkmark
report type)											PAPER		\checkmark	DISKE	TTE
Name of Office	Sought by Candida	te:					DATE C				District Number	Office Code		ty Code	Code
JUDGE OF THE	COURT OF COMM	10N PLE	AS - PHILA		HIA		мо	DAY	YEA		1	CPJP	DEN	1	51
			11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)				
Summary of Expenditure	Receipts and	мо	DAY	YEAF			мо	DAY	YEA	R	FO	R OFFIC	E USE	ONLY	
			5 4	2	021	то	6	5	7	2021					
	ought Forward From		-			\$			(47,643	,	-				
B. Total Monet	tary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5			0.00					
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$	5		(47,643	8.44)					
D. Total Exper	nditures (From Sch	edule II	I)			\$	5		7,50	0.00					
E. Ending Casl	n Balance (Subtrac	t Line D	From Line	C)		\$	5	(55,143	.44)	4				
F. Value Of In	-Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$	5			0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)		\$	5			0.00					
				AFF	IDAV	IT SE	CTION								
	is a Committee rep	-	-							-	-				
I swear (or affirm correct and comp	i) that this report, inc lete.	luding the	e attached sc	hedule	s filed o	n paper	or by elect	tronic m	edium, a	re to	the best of	my know	vledge	and beli	ef , true
Sworn to and sub	scribed before me this day of	S	20						Sig	natur	e of Person	Submitt	ing Rep	oort	
	Signatu	ire				_					Print	ed Name			
My Commission E	xpires										Email				
	мо	D	AY	YR				Ar	ea Code		Daytime	e Telepho	one Nu	mber	
	a report of a can) that to the best of r led.							-		provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subs	cribed before me this									s	ignature o	f Candida	ite		
	day of										Printeo	l Name			
My Commission Ex	Signature					_					Emai				
Try commission Ex											-				
	мо	D	AY	YR	Ł			Area	Code		Da	ytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MCCABE, CATERIA R 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 Candidate					Reporting Period					
Fro						•				
					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	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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Candidate			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)						
						Γ		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				Occupation				
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 C	Name of Filing Committee or Candidate			Reporting Period						
	From: To				1					
			I	D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	i	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description	I			1	1					
Enter Grand Total of Part E o	- Schodulo I. Dotailoc		Section	4				PAGE TOT	AL	
	i Schedule 1, Detailet	i Summaly Paye,	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		
MCCABE, CATERIA R	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	T F)		
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, 3		\$	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					
	From:			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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	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 Candidate					Reporting Period					
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion o	of Contribution
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period						
MCCABE, CATERIA R	From	<u>5/4</u>	То:	<u>6/7/2021</u>								
		AMOUNT										
To Whom Paid Elect Cateria R. McCabe Judge	мо	DAY	YEAR									
Mailing Address PO Box 16736			5	11	2021	\$	7,500.00					
City Philadelphia	Description of Expenditure Loan to campaign											
							PAGE TOTAL					
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item I.).			\$	7,500.00					