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 :	tion 2021	C0117			Rep File			CANE	DIDA	\TE	✓	СС	OMMITTE		LOBI	BYIST	Γ	
Name of Filing	Committee, Candid	late or L	obbyist:		DUM	AS	, LOR	I A										
Street Address:																		
City:								State:					Zip Cod	e: 19	102			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	:- 2	2.	30 DA PRIMA		POS	ST-	3. X		AMENDMENT REPORT?		Yes	N	D	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PR	E- 5	5.	30 DA ELECT		POS	ST-	6.	TERMINATION REPORT?		TION	Yes	N	0	$\mathbf{>}$
report type)	ANNUAL REPORT	7.	Year 2021					FILING METHOD () CHECK ONE					PAPER	\checkmark	DISK	ETTE		
Name of Office	 Sought by Candida	te:						DATE	OF	ELE(CTION		District Number	Office Code	Par	ty Code	Cour Code	
	E COMMONWEALTH		г					мо	D	AY	YEA	R	-1	CCJ	DEN	1	51	
JUDGE OF THE		1 COOR	I					1	1		2	2021]	(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Receipts and MO DAY YEAR								мо	D	ΑΥ	YEA	R	FO	R OFFIC	E USE	ONLY		
Expenditure	s from:		5 4	2	2021	Т	0		6		7	2021						
A. Amount Brought Forward From Last Report							\$				(4,25	-						
B. Total Monetary Contributions And Receipts (From Schedule 1							\$	4,287.61										
C. Total Funds Available (Sum Of Lines A and B)											3	6.44						
D. Total Exper	nditures (From Sch	edule II	I)				\$					0.00						
E. Ending Casl	h Balance (Subtrac	t Line D	From Line	C)			\$				3	6.44						
F. Value Of In	-Kind Contribution	s Receiv	ed (From S	chedu	le II))	\$		0.00									
G. Unpaid Deb	ots And Obligations	(From S	Schedule I\	/)			\$					0.00						
				AFF	FIDA	VI	T SE	CTION	١									
	is a Committee rep																	
I swear (or affirm correct and comp	1) that this report, inc lete.	luding the	e attached so	hedule	s filed	on	paper	or by ele	ctror	nic me	edium, a	are to	the best of	my know	ledge	and bel	ief , tr	ue
Sworn to and sub	scribed before me thi day of	S	20								Sig	natur	e of Person	Submitt	ng Rep	oort		
	Signatu	ire					_						Print	ed Name				_
My Commission E	Expires						_		_				Emai					
	мо	D	AY	YR	1					Are	a Code		Daytime	e Telepho	one Nu	mber		
	s a report of a can) that to the best of r led.								-			provis	ions of the	act of Ju	ne 3,1	937 (P.	L. 133	3,
Sworn to and subscribed before me this									_			s	ignature o	f Candida	te			-
	day of						_		_				Printee	i Name				-
My Commission Ex	Signature						-		Email						_			
							_							_				
	МО	D	AY	YF	ર				4	Area (Code		Da	ytime Te	lephon	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DUMAS, LORI A 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) 4,287.61 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 4,287.61 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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	e		Re					
	F				From: To:			
					DATE			AMOUNT
Full Name of Contributing Committee					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

\$

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			orting P	eriod				
From:					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 Candid	ate		Reporting	Period				
			From:					
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led 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	Address						\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Place of City Business				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 Candidat	e		Report	ing Perio	d				
DUMAS, LORI A			From:		<u>5/4/202</u>	<u>1</u> To:	6 /7/202		
				D	ATE			AMOUNT	
Full Name FRIENDS OF JUDGE DUMAS FOR COM	1MONWEALTH CO	DURT		мо	DAY	YEAR			
Mailing Address PO BOX 40606							\$	4,287.61	
City PHILADELHIA	State PA	Zip Code (19107	Plus 4)	6	3	202	1		
Receipt Description REIMBURSEN	Receipt Description REIMBURSEMENT OF CAMPAING EXPENSES								
Enter Grand Total of Part E on Sche	dule T. Detailed	Summary Page	Section	4				PAGE TOTAL	
	aute 1, Detaileu	Sammary Page,	Section				\$	4,287.61	

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		
DUMAS, LORI A	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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
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			
			From:			То:	
				DATE		AMOUNT	
Full Name of Contributor				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	6	0.00

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

Name of Filing Committee or Candidate					Rej	porting P	eriod			
					From: To:					
					DATE AMOL					AMOUNT
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City Sta Business			State		Zip 4)	Code(Plus	Descri	ption o	f Contribution	

Enter Grand Total of Part G on Schedule II	, In-Kind Cor	ntributions Deta	iled	PAGE TOTAL
Summary Page, Section 3.				0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
						То:		
		AMOUNT						
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City State Zip Code (Plus 4)				otion of Ex	penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL	
	on Page 1, Report C	over Page, Item L				\$	0.00	