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:	1C0037				port ed B		CANI	DID	ATE	✓	СО	MMITTEE		LOB	BYIST		
Name of Filing C	ommittee, Candid	late or L	obbyist:		THC	MAS	S-SMI	TH, TIE	FFAI	NY M	CHELL	.E						
Street Address:																		
City:								State:					Zip Code	e: 19	067			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		РО	ST-	3. X		AMENDME REPORT?	NT	Yes	√ N	lo	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA		РО	ST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	١	lo	\
report type)	ANNUAL REPORT	7.	Year 2021					IG MET					PAPER		\	DISK	ETTE	
Name of Office S	ought by Candida	ate:						DATE	OF	ELEC	CTION		District Number	Office Code	Par	ty Cod	e Cou	
								МО	D	PAY	YEA	R	7	CPJ	DE	1	09	
JUDGE OF THE	COURT OF COM	10N PLE	AS					1	.1		2	2021		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of	•	МО	DAY	YEAR	ł			мо	D	DAY	YEA	R	FOF	OFFI	CE USE	ONL	7	
Expenditures	from:		5 4	2	021	Т	0		6		7	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-			(300).75)						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	e I)	\$					0.00]					
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				(300).75)						
D. Total Expend	ditures (From Sch	edule II	I)				\$				3	8.76						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				(339	.51)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	[)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$					0.00						
				AFF	IDA	٩VI	T SE	CTIO	V									
PART I - If this is	a Committee rep	ort, trea	surer sign	here.	If th	is is	a Car	ndidate	rep	ort, c	andida	te sig	jn here.					
I swear (or affirm) correct and comple	that this report, incete.	luding the	attached sc	hedule	s file	d on	paper	or by ele	ctro	nic me	edium, a	re to t	the best of	my knov	wledge	and be	lief , tr	rue
Sworn to and subs	cribed before me thi day of	S	20						_		Sig	nature	of Person	Submit	ting Re	ort		_
	Signati		_				- -		_				Printe	ed Name	•			_
My Commission Ex	-												Email					-
	мо	D.	AY	YR						Are	a Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andid	ate sha	II si	gn he	re.							
I swear (or affirm) No 320) as amende	that to the best of	my knowle	edge and beli	ief this	polit	tical	comm	ittee has	not	violat	ed any	provis	ions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me this	ı							_			s	ignature of	Candid	ate			-
	day of						-		_				Printed	Name				- $ $
	Signature						-		_				Email					_
My Commission Exp	ires						_						Email					_
	МО	D.	AY	YR	l		-			Area	Code		Day	ytime T	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
THOMAS-SMITH, TIFFANY MICHELLE	From:	<u>5/4/202</u>	<u>1</u> To:	6/7/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) 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	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) Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) 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

	this Part to itemize onl with an aggregate valu	-			-				
Name of Filing Comm	nittee or Candidate		Reporting Period						
			From:			То	:		
		L			DATE			AMOUNT	
Full Name of Contribut	ing Committee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	•	•				-		DAGE TOTAL	

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

0.00

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 Fining Committee of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL \$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		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary Pa	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 Candid	ame of Filing Committee or Candidate			Rep	orting Pe	eriod			
				Fror	n:		To):	
					D	ATE		АМ	OUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address	ddress							\$	0.00
City	State	Zi	p Code (Plus	i 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal Business	Place of		City		•	State		Zip Code	(Plus 4)
Enter Grand Total of Part C on S	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			PA \$	GE 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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 Per	iod						
THOMAS-SMITH, TIFFANY MICHELLE	From:	<u>5/4/2021</u> To:	<u>6/7/2021</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
THOMAS-SMITH, TIFFANY MICHELLE	From	5/4/2021	To:	<u>6/7/2021</u>		
		DATE		AMOUNT		

				DATE			AMOUNT	
To Whom Paid Tiffany Thomas-Smith			МО	DAY	YEAR			
Mailing Address 8 Greenridge Rd		5	26	2021	\$	38.76		
City Yardley	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	19067	Postage	е				
Enter Grand Total of Expenditures	er Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							