### **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	2021	C0134				port		CAND	IDATE	<b>√</b>	cc	OMMITTEE		LOBI	BYIST		
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:		SIE	RRA	STRE	ET									
Street Address:																		
City:									State:				Zip Code	e: 19	129			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3. <b>X</b>		AMENDME REPORT?	ENT	Yes	No	<b>\</b>	
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	Ē-	5.	30 DA		POST-	6.		TERMINAT REPORT?	TION	Yes	No	<b>\</b>	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2021					IG METH CHECK C				PAPER		✓	DISKE	TTE	
Name of Office S	ought by	Candidat	:e:						DATE (	OF ELE	CTIO	١	District Number	Office Code	Par	ty Code	County Code	
									МО	DAY	YE	AR	-1	CCJ	DEN	1	code	
JUDGE OF THE	COMMON	NWEALTH	COURT	_					11	1	2	2021	<b>-</b>	CODES)				
Summary of	Receipts	and	МО	DAY	YEAR	2			МО	DAY	YE	AR	FOF	ROFFIC	E USE	ONLY		
Expenditures	from:			5 4	2	021	Т	0	(	5	7	2021		100 011122 032 0021				
A. Amount Bro	ught Forv	vard Fron	ı Last R	eport	•		1	\$				0.00						
B. Total Moneta	ary Contri	ibutions A	and Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$			21,82	23.02						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	')			\$			10,00	00.00						
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport,	candid	ate si	gn here.					
I swear (or affirm) correct and comple		eport, incl	uding the	attached sc	hedule	s file	ed on	paper	or by elec	tronic m	edium,	are to	the best of	my know	/ledge	and belie	ef , true	
Sworn to and subs	cribed befo	ore me this		20							Si	gnatur	e of Person	Submitt	ing Rep	ort		
		Signatur	·е					<b>-</b> -					Printe	ed Name				
My Commission Ex	cpires							_					Email					
		мо	D/	AY	YR					Ar	ea Code	1	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate shall	l sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has	not viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subsc	ribed befor	re me this		20								s	ignature of	Candida	te			
								_					Printed	Name				
		Signature						-										
My Commission Exp	ires												Email					
	_	МО	D/	AY	YR	ł		_		Area	Code		Day	ytime Te	lephon	e Numb	er	

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
SIERRA STREET	From:	5/4/202	<u>1</u> To:	<u>6/7/2021</u>
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 an 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

Name of Filing Comm	nittee or Candidate		Reporti	ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing Committee		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	

### 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 Candi	date			Rep	orting P	eriod			
				Fro	m:		To	):	
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	tee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary 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 Candidate			Rep	orting Pe	riod			
			Fror	n:		To	<b>)</b> :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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	I	
SIERRA STREET	From:	<u>5/4/2021</u> <b>To:</b>	6/7/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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						<b>\$</b>	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				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (	Contributions De	etaile	ed				PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candi	idate		Reporti	ng Period			
SIERRA STREET			From	<u>5/4</u>	4/2021	То:	6/7/2021
				DATE			AMOUNT
To Whom Paid COMMITTEE TO ELECT JUDGE SIE	RRA STREET		МО	DAY	YEAR		
Mailing Address 1198 CHESER I	PIKE PO BOX 54					<b>\$</b>	10,000.00
City SHARON HILL	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19079	<b>Descrip</b> LOAN	l otion of Exp	enditure	2	
To Whom Paid PA DEM LATINO CAUCUS			МО	DAY	YEAR		
Mailing Address PO BOX 4195			5	5	2021	\$	100.00
City ALLENTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18101	1	otion of Exp		2	
To Whom Paid CHELTENHAM PRINTING CO			мо	DAY	YEAR		
Mailing Address 518 RYERS AVE	ENUE BUILDING 2		5	6	2021	\$	2,204.80
City CHELTENHAM	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19012	Descrip	otion of Exp	penditure	•	
To Whom Paid IN CAPITOL PROMOTIONS	<u>'</u>		МО	DAY	YEAR		
Mailing Address PO BOX 231			5	8	2021	\$	3,632.62
City GLENSIDE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19038	<b>Descrip</b> YARD S	otion of Exp SIGNS	penditure	2	
To Whom Paid GANGRUN PRINTING COMPANY			МО	DAY	YEAR		
Mailing Address			5	11	2021	\$	1,449.40
City	State	Zip Code (Plus 4)	<b>Descrip</b> PRINTI	otion of Exp NG	penditure	2	

							PAGE 12
To Whom Paid WILL ANDERSON				DAY	YEAR		
Mailing Address 7618 FINANCE STREET			6	12	2021	\$	14,000.00
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	l	
	PA	15208	E DAY OPERATIONS				
To Whom Paid PA DEM LATINO CAUCUS			МО	DAY	YEAR		
Mailing Address PO BOX 4195			6	5	2021	\$	125.00
City ALLENTOWN	State	Zip Code (Plus 4)	Descrip	Description of Expenditure			
	PA	18101	PURCHASE/FUNDRAISER				
To Whom Paid ENTERPRISE RENTAL CAR CO			МО	DAY	YEAR		
Mailing Address 110 LEVERINGTON AVE			5	20	2021	\$	2,461.20
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19127	Description of Expenditure  CAR RENTAL				
To Whom Paid 9TH WARD DEMOCRATIC COMMITTEE			МО	DAY	YEAR		
Mailing Address 51 REX AVE			5	6	2021	\$	250.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	Description of Expenditure			
	PA	19118	E-DAY OPERATIONS				
To Whom Paid LOUIS EGRE/21ST WARD DEMOCRATIC COMMITTEE			МО	DAY	YEAR		
Mailing Address 219 SPRING GARDEN STREET			5	8	2021	\$	200.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19123	MAILER	₹			
Enter Grand Total of Expendi	tures on Page 1 De	nort Cover Page Item D					PAGE TOTAL
Linci Grand Total of Expendi	tures on Page 1, Re	port cover rage, Itelli D	•			\$	34,423.02