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 20	021C	0192				Rep File			CA	NDI	DATE	√	CC	MMITTE	E	LOBI	BYIST		
Name of Filing C	Committee, Can	didat	e or Lo	bbyist:		-	TAM	IKA	WAS	HINC	STON	1								
Street Address:																				
City:										Stat	e:				Zip Cod	ie: 19	9150			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1		2ND FRI PRIMARY		/ PRE-	. 2	2.	30 DA		Р	OST-	3. >	(AMENDM REPORT?		Yes	No)	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4	ł.	2ND FRI ELECTIO		/ PRE-	- 5	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	No)	√
report type)	ANNUAL REPO	ORT 7	' .	Year 20	21					NG M CHEC					PAPER		/	DISK	TTE	
Name of Office S	- Sought by Cand	lidate	:							DAT	E O	F ELE	CTI	ON	District Office Party Code Number Code					ity
										МО		DAY	Y	/EAR	1	СРЈ	DEN	1		-
JUDGE OF THE	COURT OF CO	OMMO	N PLE	AS							11		2	2021	┢─	(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of		t	МО	DAY		YEAR				МО		DAY	Y	/EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:			5	4	20)21	T	0		6		7	2021						
A. Amount Bro	ught Forward F	From	Last R	eport					\$			•	(4	430.65)						
B. Total Moneta	ary Contributio	ns An	nd Reco	eipts (Fr	om	Sched	dule	I)	\$					0.00						
C. Total Funds	Available (Sum	n Of L	ines A	and B)					\$				(4	430.65)						
D. Total Expend	ditures (From S	Sched	lule III	[)					\$					275.00						
E. Ending Cash	Balance (Subt	ract L	ine D	From Lir	e C	:)			\$				(7	705.75)						
F. Value Of In-	Kind Contribut	ions F	Receive	ed (From	Sc	hedul	e II)	\$					0.00						
G. Unpaid Debt	s And Obligation	ons (I	From S	chedule	IV))			\$					0.00			1			
						AFF:	IDA	١VI	T SE	CTI	ON									
PART I - If this is	s a Committee	repor	t, trea	surer sig	ın h	nere. I	f thi	is is	a Car	ndida	te re	port, o	cand	lidate sig	gn here.					
I swear (or affirm) correct and comple		includ	ding the	attached	sch	edules	filed	l on	paper	or by	electi	ronic m	ediur	m, are to	the best o	f my kno	wledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me day of	this		20										Signature	e of Perso	n Submit	ting Rep	oort		_
	Siar	nature							-						Prin	ted Name	e			_
My Commission Ex	_										•				Ema	il				-
	мо		DA	ΛΥ		YR						Ar	ea Co	ode	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a	candic	date's	authoriz	ed (Comm	itte	e, C	andid	ate s	hall	sign h	ere.							
I swear (or affirm) No 320) as amende		of my	knowle	dge and b	elie	ef this	politi	ical	comm	ittee	has n	ot viola	ted a	ny provis	ions of the	e act of J	une 3,1	937 (P.I	L. 133	3,
Sworn to and subsc		this												s	ignature o	of Candid	ate			-
	day of 								-						Printe	d Name				-
	Signati	ure							-											_
My Commission Exp	_														Ema	il				
	МО		DA	ΛΥ		YR			•			Area	Code	•	Da	aytime T	elephor	ne Numb	er	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
TAMIKA WASHINGTON	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 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

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	R	eporting	Period			
		F	rom:		То	I	
		•		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

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.

Name of Filing Commit	ttee or Candidate		Repo	orting P	eriod			
			Fron	n:		To	o:	
		1			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)				Ĭ		

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

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	ne of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	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 Candidate			Rep	orting Pe	riod			
			Fron	n:		т	o:	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
							т	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 Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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		
TAMIKA WASHINGTON	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	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	T 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 Car	ndidate		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	portin	ng Pe	riod				
				Fro	m:			To:			
							DATE			АМО	UNT
Full Name of Contributor					мо		DAY	YEAR			
Mailing Address										\$	0.00
City	State		Zip Code(Plus 4)								
Employer of Contributor					Оссі	upati	ion				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	Stat	e Z	Zip Co	ode(Plus 4)	Descr	ipt	tion of Contr	ribution
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd (Contributions D	etaile	ed		-			PAG	E TOTAL
Summary Page, Section 3.	,										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
TAMIKA WASHINGTON	From	5/4/2021	То:	6/7/2021			

					DATE			AMOUNT
To Whom F	Paid			мо	DAY	YEAR		
STAPLES I	NC. CORPORATE			МО		ILAK		
Mailing Address 500 STAPLES DR.				5	18	2021	\$	275.00
City FR	AMINGHAM	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		MA	01702	CAMPAI	GN SUPLI	ES .		
								PAGE TOTAL
Enter Gra	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							