### **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:	1C0117				port ed B		CAN	NDII	IDIDATE COMMITTEE LOBBYIST								
Name of Filing Committee, Candidate or Lobbyist: DUMAS, LORI A																		
Street Address:																		
City:								State	:				Zip Cod	<b>e:</b> 19	9102			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?	ENT	Yes	N	0	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. <b>X</b>	2ND FRIDA	AY PR	E	5.	30 DA		Р	OST-			TERMINA REPORT?	TERMINATION REPORT?		٨	0	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2021	L				NG ME					PAPER		<b>V</b>	DISK	ETTE	
Name of Office S	ought by Candida	ate:	•		•	•		DATI	E O	F ELE	СТІ	ON	District Number	Office Code	Pai	ty Cod	e Cour	
JUDGE OF THE COMMONWEALTH COURT								МО		DAY	١	YEAR	-1	CCI	DEI	1	51	
JODGE OF THE	COMMONWEALT	n COOR	l						11		2	2021		(SEE IN	STRUCTI	ONS FOI	CODES	5)
Summary of	•	МО	DAY	YEAF	₹		_	МО		DAY	١	YEAR	FO	R OFFI	CE USE	ONLY	7	
Expenditures	irom:		6	3 2	021	Т	0		9	:	13	2021						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					36.44						
B. Total Moneta	ary Contributions	And Rec	eipts (Fro	m Sche	dule	i)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$					36.44						
D. Total Expend	ditures (From Sch	iedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$					36.44	1					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le II	[)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule I	V)			\$					0.00			1			
				AFF	-ID/	٩VI	T SE	CTIC	N									
PART I - If this is	a Committee rep	ort, trea	surer sign	here.	If th	is is	a Car	ndidat	e re	port, o	cand	lidate si	gn here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached s	chedule	s file	d on	paper	or by e	lectr	onic m	ediu	m, are to	the best of	my kno	wledge	and be	lief , tr	rue
Sworn to and subs	cribed before me thi day of	is	20						•			Signatur	e of Person	Submit	ting Re	ort		-
	Signati	ure					- -						Print	ed Name	<b>=</b>			_
My Commission Ex	-								-				Emai	1				-
	мо	D.	AY	YR			_			Arc	ea Co	ode	Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorize	d Comr	nitte	e, C	andid	ate sh	alls	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and be	lief this	s polit	tical	comm	ittee ha	as no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me this	;								-		S	ignature o	f Candid	ate			-
	day of 						_						Printe	d Name				-
M. C	Signature						-		-				Emai	<u> </u>				_
My Commission Exp							_						Liliai					_
	МО	D	AY	YF	₹					Area	Code	e	Da	ytime T	elephor	e Num	ber	_

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
DUMAS, LORI A	From:	<u>6/8/202</u>	<u>1</u> To:	9/13/2021
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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

## 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 Candida	ite		Rep	oorting P	eriod			
			Fro	m:		To	o:	
					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.

ame of Filing Committee or Candidate Rep			Reporting	Reporting Period					
			From:			То:			
				DA	TE		Α	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 S	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				Reporting Period					
						To	То:		
				D	ATE		АМ	OUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	5 4)						
Employer Name				Occupa	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	<b>0.00</b>	

# 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	Name of Filing Committee or Candidate			Reporting Period					
			From:			To:			
				D	ATE			AMOUNT	
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 I. Detailed	d Summary Page	Section	4			F	PAGE TOTAL	
- Contract C	Journal 1, Betailet	a sammary rage,		••			\$	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		
DUMAS, LORI A	From:	6/8/2021 <b>To:</b>	9/13/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candid	ame of Filing Committee or Candidate						
	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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary 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	Reporting Period					
					Fro	om:		To:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	tion				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00	

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (	Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D	).			\$	0.00