Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat	ion	2020	0462			Repor	+	CANDI	DATE	CON	IMITTEE		LOB	BYIST	
Number :		20200	0403			Filed I	3y :					•			
Name of Filing	Committee	e, Candida	ate or L	obbyist:		ELECT	CATEF	RIA R MC	CABE JI	JDGE					
Street Address:	PO B	OX 16736	5												
City:	PHILA	ADELPHIA	4					State:	PA		Zip Co	de: 19	19139-6736		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.					AY F ARY	POST-	3.		AMENDMENT REPORT?		No	· 🗸
(place X to the right of	6TH TUES PRE-ELEC		4. X	ELECTION								TERMINATION Yes REPORT?			· 🗸
report type)	ANNUAL	REPORT	7.	Year 2021				NG METHO CHECK O			PAPER		\checkmark	DISKE	TTE
Name of Office	 Sought by	Candidat	e:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
JUDGE OF THE COURT OF COMMON PLEAS - PHILADELPHIA									51						
JUDGE OF THE	COURT C		ON PLE	AS - PHILA	DELPI	1IA		11		2 202	1	(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR	2		мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY	
Expenditures	s from:			6 8	2	021 T	0	9	1	3 202	1				
A. Amount Bro	ought Forw	ard Fron	n Last R	eport			\$			5,448.6	8				
B. Total Monet	tary Contri	butions A	And Rec	eipts (Fron	1 Sche	dule I)	\$	5	0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$;		5,448.6	8				
D. Total Expen	nditures (F	rom Sche	edule II	I)			\$	5		4,175.0	D				
E. Ending Cast	n Balance ((Subtract	Line D	From Line	C)		\$			1,273.68	3				
F. Value Of In-	-Kind Cont	ributions	Receiv	ed (From S	chedu	le II)	\$	5		0.00	2				
G. Unpaid Deb	ts And Ob	ligations	(From S	Schedule IV	()		\$	\$ 47,500.00							
					AFF	IDAVI	T SE	CTION							
PART I - If this i		•	•	-					• •		-				
I swear (or affirm correct and compl		eport, incl	uding the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	dium, are to	o the best o	of my knov	vledge	and beli	ef , true
Sworn to and sub	scribed befo day of	ore me this		20						Signatu	ire of Perso	on Submitt	ing Re	oort	
	_	Signatur	re	_			_				Prir	nted Name	1		
My Commission E	xpires										Ema	ail			
		мо	D	AY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comm	nittee, C	Candid	late shall	sign he	re.					
I swear (or affirm No 320) as amend		e best of m	ıy knowle	edge and beli	ef this	political	comm	nittee has n	ot violato	ed any prov	isions of th	ne act of Ju	une 3,1	937 (P.I	1333,
Sworn to and subs	cribed befor day of	e me this		20							Signature	of Candida	ate		
							_				Print	ed Name			
		ignature					_				Ema	ail			
My Commission Ex	pires						_								
		мо	D	AY	YR				Area C	Code	D	Daytime To	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** ELECT CATERIA R MCCABE JUDGE From: <u>6/8/2021</u> **To:** <u>9/13/2021</u> 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) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidate				Reporting Period					
	From: To:								
		· · · ·		DATE			AMOUNT		
Full Name of Contributing Cor	nmittee		мо	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							
						Г	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		Rep	orting P	eriod			
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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	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		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed 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		АМС	DUNT
Full Name of Contributor					DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	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	nary Page, Secti	on 3.			PAG	GE TOTAL
							\$	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 C	Name of Filing Committee or Candidate			Reporting Period					
F						То:	:		
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section	7.			\$		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		
ELECT CATERIA R MCCABE JUDGE	From:	<u>6/8/2021</u> то:	<u>9/13/2021</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	ſ F)		
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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
Fr						То:		
				DATE		АМО	UNT	
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	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				Reporting Period						
					Fro	From: 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 Place of City State Business			State		Zip Code(Plus Descriptio			ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period			
ELECT CATERIA R MCCABE JUI	DGE		From	<u>6/8</u>	<u>8/2021</u>	То:	<u>9/13/2021</u>
				DATE			AMOUNT
To Whom Paid Lawrence M. Otter			мо	DAY	YEAR		
Mailing Address PO Box 575			6	21	2021	\$	1,050.00
CitySilverdaleStateZip Code (Plus 4)PA18962			Descrip Fees	ption of Exp	penditure		
To Whom Paid Kevin Murphy			мо	DAY	YEAR		
Mailing Address 2012 W. To	oronto Avenue		6	26	2021	\$	625.00
City Philadelphia	State PA	Zip Code (Plus 4) 19132	Descrip Signs	ption of Exp	penditure		
To Whom Paid Maurice Floyd			мо	DAY	YEAR		
Mailing Address 6801 Lincol	n Drive		7	23	2021	\$	2,500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19119	Descrip Consult	ption of Exp tation	penditure	1	
Enter Grand Total of Expend	ditures on Page 1 Re	port Cover Page Item I					PAGE TOTAL
	intures on ruge 1, ke	port cover rage, item i				\$	4,175.00

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate Report				ng Period				
ELECT CATERIA R MCCABE JUDGE			From:		<u>6/8/2021</u>	То:		<u>9/13/2021</u>
					DATE			Outstanding Balance of Debt
Name of Creditor				мо	DAY	YEAR		
Cateria McCabe					2/11			
Mailing Address PO Box 16736				5	11	2021	\$	7,500.00
City Philadelphia State Zip Code (Plus 4)			us 4)	Description of Debt				
PA 19139				Loan to campaign				
					DATE			Outstanding Balance of Debt
Name of Creditor Cateria McCabe				мо	DAY	YEAR		
Mailing Address PO Box 16736				4	2	2021	\$	15,000.00
City Philadelphia State Zip Code (Plus 4)				Description of Debt				
PA 19139				Loan to campaign				
					Outs DATE Bala			
Name of Creditor				мо	DAY	YEAR		
Cateria McCabe				MO		TLAK		
Mailing Address PO Box 16736				3	25	2021	\$	25,000.00
City Philadelphia	State Zip Code (Plus 4)			Description of Debt				
	PA 19139			Loan to campaign				
								PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	47,500.00