Campaign Finance Report

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

Filer Identificat Number :	ion 20210	C0336			Report Filed E		CANDI	DATE	✓ [CO	MMITTEE		LOBI	BYIST	Γ	
Name of Filing	Committee, Candida	ate or Lo	obbyist:			-	BLE MAR	RY JANE	BOWES	5						
Street Address:																
City:							State:				Zip Cod	e: 15	15241			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIM		POST-	3.		AMENDMENT REPORT?		Yes	N	C	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. X	2ND FRIDA ELECTION				AY F FION	POST-	POST- 6.		TERMINATION REPORT?		Yes	N	D	\checkmark
report type)	ANNUAL REPORT	7.	Year 2021				NG METHO				PAPER		\checkmark	DISK	ETTE	
Name of Office	Sought by Candidat	:e:					DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	Cour	
		-					мо	DAY	YEAR	ľ	-1	SPR				
JUDGE OF THE SUPERIOR COURT							11		2 20)21		(SEE INS	TRUCTI	ONS FOR	CODES	<i>.</i>)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEAR		FOF	ROFFIC	e use	ONLY		
Expenditures	s from:		6 8	2	021 T	0	9	1	3 20)21						
A. Amount Bro	ught Forward From	n Last Re	eport			\$			0.	.00						
B. Total Monet	B. Total Monetary Contributions And Receipts (From Schedule I)							\$ 0.00								
C. Total Funds	C. Total Funds Available (Sum Of Lines A and B)								0	.00						
D. Total Expen	D. Total Expenditures (From Schedule III)								0.	00						
E. Ending Cash	Balance (Subtract	Line D	From Line (C)		\$			0.	00						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedu	le II)	\$			0.	00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		\$			0.	00						
				AFF	IDAVI	T SE	CTION									
	s a Committee repo	•	-					• •		-						
I swear (or affirm correct and compl) that this report, incluete.	uding the	attached sci	hedule	s filed on	paper	or by elect	ronic me	dium, are	e to ti	he best of	my know	ledge	and bel	ief , tr	ue
Sworn to and sub	scribed before me this day of		20						Signa	ture	of Person	Submitt	ng Rep	oort		_
	Signatur	e				_					Printe	ed Name				-
My Commission E	xpires					_					Email					_
	МО	DA	Y	YR				Are	a Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a cand	lidate's a	authorized	Comn	nittee, C	andid	ate shall	sign he	re.							
I swear (or affirm) No 320) as amend) that to the best of m ed.	iy knowle	dge and beli	ef this	o political	comm	ittee has n	ot violat	ed any pr	ovisi	ons of the	act of Ju	ne 3,1	937 (P.	L. 133	з,
Sworn to and subse	cribed before me this day of		20							Si	gnature of	Candida	te			-
						_					Printed	Name				-
My Commission Ex	Signature					-					Email					-
	мо	DA	\Y	YR	1	-		Area C	Code		Day	ytime Te	lephor	e Numl	per	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Pag	•			
Name of Filing Committee or Candidate	Reporting	g Period		
THE HONORABLE MARY JANE BOWES	<u>1</u> To:	<u>9/13/2021</u>		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	g 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 Reportin	\$	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 Reportin	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E				
TOTAL for the Reportin	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover P			\$	0.00

PAGE 3

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 Can	Reporting Period						
			From:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committe	e		мс	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus	4)				
			-			Γ	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			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	2.		\$	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			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	·····	-	, , , , , , , , , , , , , , , , , , , ,				\$		0.00

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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 Candidate	Name of Filing Committee or Candidate				od				
From:					m: 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 Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ſAL
		iiai y i uge,	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		
THE HONORABLE MARY JANE BOWES	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	ΓF)		
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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Ro				Reporting Period					
	From:			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		

0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					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			1			Occupat	tion		1	
Employer Mailing Address/Principal Pl Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sc	hedule II,]	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL

Summary Page, Section 3.	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00