# **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 2021	C0128			Repor Filed E		CAND	IDATE	<b>v</b>	<b>C</b> C	OMMITTE	E	LOBI	BYIST	
Name of Filing (	Committee, Candida	ate or Lo	obbyist:		МССАВ	Е, С	ATERIA R								•
Street Address:															
City:							State:		<b>Zip Code:</b> 19150						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		DAY MARY	POST-	3.		AMENDM REPORT?		Yes	No	<ul> <li>✓</li> </ul>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				DAY CTION	POST- 6.			TERMINATION REPORT?		Yes	No	<b>~</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2021				ING METH ) CHECK (		-				$\checkmark$	DISKE	TTE
Name of Office S	Sought by Candidat	te:			₽		DATE	OF ELI	ECT	ION	District Number	Office Code	Par	ty Code	County Code
	COURT OF COMM				ATL		мо	DAY		YEAR	1	CPJP	DEN	1	51
JUDGE OF THE		ON PLE	AS - PHILA	DELPF	ПА		11 2 2021					(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	1		мо	DAY		YEAR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		9 14	20	021 <b>T</b>	0	10	D	18	2021					
A. Amount Bro	ought Forward Fron	n Last R	eport				\$		(55	,143.44)					
B. Total Monet	ary Contributions A	And Rec	eipts (Fron	1 Sche	dule I)		\$			0.00					
C. Total Funds Available (Sum Of Lines A and B) \$ (55,143.44)															
D. Total Expen	ditures (From Sche	edule II	[)				\$			0.00					
E. Ending Cash	n Balance (Subtract	t Line D	From Line	C)		_	\$		(55,	143.44)	-				
F. Value Of In-	-Kind Contributions	Receive	ed (From S	chedul	le II)	_	\$			0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$			0.00					
				AFF	IDAVI	ΤS	ECTION								
	is a Committee report, incl		-					• •			-	my know	ledge	and heli	of true
correct and compl	lete.	-	attacheu sc	lieuules	s meu on	pape	i or by elec		neur	ini, are to	the best of	IIIy KIIOW	neuge		
Sworn to and subs	scribed before me this day of 	5	20							Signature	e of Persor	n Submitti	ing Rep	oort	
	Signatu	re				_					Print	ed Name			
My Commission E	xpires					_					Emai	I			
	МО	DA	AY	YR				A	rea C	Code	Daytim	e Telepho	one Nu	mber	
	a report of a cand ) that to the best of m led.							-			ions of the	e act of Ju	ine 3,1	937 (P.I	. 1333,
Sworn to and subso	cribed before me this									s	ignature o	f Candida	te		
	day of					_					Drint-	d Name			
	Signature					_					Frinte	u Name			
My Commission Exp	-										Emai	I			
	мо	DA	AY	YR				Area	a Cod	le	Da	ytime Te	lephon	e Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate       Reporting Period         MCCABE, CATERIA R       From: 9/14/2021       To: 10/18         1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor       TOTAL for the Reporting Period       (1)	2021						
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	2021						
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						

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 Candidate				Reporting Period						
			From:		То	:				
		·		DATE			AMOUNT			
Full Name of Contributing Co	ommittee		мо	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				
			Fro	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 Schedule I, Detailed Summary Page, Section 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 Can	Name of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Comm	nittee			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:

					ATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion	-			
Employer Mailing Address/Principal Place of City Business					State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detai	led 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 Candidat	e		Report	Reporting Period					
			From:			То:			
				D	ATE			AMOUN	r
Full Name				мо	DAY	YEAR			
Mailing Address							4	\$	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description						1			
Enter Grand Total of Part E on Sche	lule T. Detailed	Summary Page	Section	4				PAGE TO	TAL
	ale 1, Detailed	Summary ruge,	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								
MCCABE, CATERIA R	From:	<u>9/14/2021</u> <b>то:</b>	<u>10/18/2021</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	riod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)								
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			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.	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					
					From: To:					
						DATE AMO				AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	Zip Code(Plus 4)								
Employer of Contributor						Occupation				
Employer Mailing Address/Principal Place of City State Business					Zip Code(Plus 4) Descri			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 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