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 2	021C	0402					port ed B		CA	NDIDATE COMMITTEE LOBBYIST										
Name of Filing C	ommittee, Car	ndidat	te or Lo	obbyi	ist:		CRA	IG I	4. WA	SHIN	NGTO	ON .									
Street Address:																					
City:										State	e:				Zip Code: 19107						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1	1.		FRIDAY 1ARY	PRE-	. [2.	30 DA		Р	OST-	3.		AMEND! REPORT		Yes	3	No)	\
(place X to the right of	6TH TUESDAY PRE-ELECTION		1.		FRIDAY	/ PRE	- !	5. X	30 DA		Р	POST- 6. TERMINATION REPORT?					Yes	,	No	,	√
report type)	ANNUAL REPO	DRT 7	7.	Yea	r 2021					IG ME					PAPER		Y		DISKE	TTE	
Name of Office S	ought by Cand	lidate								DAT	ΈΟ	F ELE	СТІ	ON	District Number			art	y Code	Cour	
1110 OF OF THE	MUNICIPAL C	01107	=							МО		DAY	,	YEAR	1	MCJ					
JUDGE OF THE	MUNICIPAL C	OURI									11		2	2021		(SEE 1	NSTRUC	TIO	NS FOR	CODES)
Summary of		d	МО	D	AY	YEAR				МО		DAY	,	YEAR	F	OR OFF	ICE U	SE (ONLY		
Expenditures	Trom:			9	14	20	021	Т	<u> </u>		10	:	18	2021	.]						
A. Amount Bro	ught Forward I	From	Last R	eport	t				\$					0.00							
B. Total Moneta	ary Contribution	ns Ar	nd Rec	eipts	(From	Sche	dule	: I)	\$					0.00	<u>'</u>						
C. Total Funds Available (Sum Of Lines A and B)						\$					0.00										
D. Total Expenditures (From Schedule III)						\$				3	,000.00										
E. Ending Cash	Balance (Subt	tract I	Line D	From	Line C	:)			\$				(3,	000.00)							
F. Value Of In-	Kind Contribut	ions I	Receive	ed (F	rom Sc	hedul	e II	()	\$					0.00							
G. Unpaid Debt	s And Obligati	ons (From S	Sched	lule IV)			\$					0.00			'				
						AFF	IDA	\VI	ΓSE	CTI	NC										
PART I - If this is		-	•									•			=						
I swear (or affirm) correct and comple		, includ	ding the	attac	ched sch	edules	filed	d on	paper	or by (electr	onic m	ediu	ım, are to	the best	of my kn	owledg	je a	nd beli	ef , tr	ue
Sworn to and subs	cribed before me day of	this		20							•			Signatui	e of Perso	on Subm	itting F	Repo	ort		_
	Sign	nature		_					-						Pri	nted Nan	1e				_
My Commission Ex	pires										•				Ema	ail					
	мо		DA	AY		YR						Are	ea C	ode	Daytir	ne Telej	hone l	Num	ber		
Part II- If this is	a report of a	candi	date's	auth	orized	Comm	itte	e, C	andid	ate s	hall s	sign he	ere.								
I swear (or affirm) No 320) as amende		of my	knowle	edge a	and belie	f this	polit	tical	comm	ittee l	nas no	ot viola	ted	any provi	sions of th	ne act of	June 3	,19	37 (P.L	. 133	з,
Sworn to and subsc		this												:	Signature	of Candi	date				-
	day of			_ 20 _					-						Print	ed Name	1				-
My Commission Exp	Signat	ure							-						Ema	ail					-
,									-												_
	МО		DA	AY		YR						Area	Cod	е	C	aytime	Teleph	one	Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period				
CRAIG M. WASHINGTON	From:	<u>9/14/202</u>	<u>1</u> To:	10/18/2021		
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)	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		
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

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL\$ 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 of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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.

Name of Filing Committee or Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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			
			Fror	n:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE TOTAL 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
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 T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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 Perio	od	
CRAIG M. WASHINGTON	From:	<u>9/14/2021</u> To:	10/18/2021
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 Candidat	:e		Reporting				
			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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia Contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
CRAIG M. WASHINGTON	From	9/14/2021	То:	10/18/2021	

	DATE						AMOUNT
To Whom Paid PHILADELPHIA DEMOCRATIC CITY COMMITTEE				DAY	YEAR		
Mailing Address 219 SPRING GARDEN STREET			10	14	2021	\$	3,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	I	otion of Exp			
							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							3,000.00