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 20	21C014	11				eport led B		CA	NDI	DATE	√	cc	MMITTE		LOB	BYIS	Т	
Name of Filing C	ommittee, Can	lidate o	r Lo	bbyist:		GE	ORGI	TWA	ARDY	,									
Street Address:																			
City:	_								Stat	e:				Zip Cod	e: 19	9107			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRIC PRIMARY		≣-	2.	30 DA		Р	OST-	3.		AMENDMI REPORT?	ENT	Yes] [No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRIE		E-	5. X	30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes] [No	/
report type)	ANNUAL REPO	RT 7.		Year 202	21				NG M					PAPER		\	DIS	KETTE	
Name of Office S	ought by Candi	date:							DAT	ΓΕ Ο	F ELE	CTI	ON	District Number	Office Code	Pai	rty Co	de Cou Cod	
									МО		DAY	Y	/EAR	1	CPJ	DEI	М	51	
JUDGE OF THE	COURT OF COI	1MON P	PLEA	AS						11		2	2021		(SEE IN	STRUCTI	ONS FO	OR CODES	S)
Summary of		МО)	DAY	YEA	R			МО		DAY	Y	/EAR	FOI	R OFFI	CE USE	ONL	Y	
Expenditures	from:			9 1	.4 2	2021	1 T	0		10	:	18	2021						
A. Amount Bro	ught Forward F	rom Las	t Re	port				\$			(1	.20,6	600.00)						
B. Total Moneta	ary Contribution	ıs And R	Rece	eipts (Fro	m Sch	edul	le I)	\$					0.00						
C. Total Funds	Available (Sum	Of Line	s A	and B)				\$			(1	.20,6	600.00)						
D. Total Expend	ditures (From S	chedule	III	()				\$				2,	,700.00						
E. Ending Cash	Balance (Subtr	act Line	e D F	From Lin	e C)			\$			(1	23,3	300.00)						
F. Value Of In-	Kind Contribution	ons Rec	eive	d (From	Sched	ule I	II)	\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (Fro	m S	chedule	IV)			\$					0.00						
					AF	FID	AVI	T SE	CTI	ON									
PART I - If this is				_									_						
I swear (or affirm) correct and comple		ncluding	the	attached	schedule	es file	ed on	paper	or by	electr	onic m	ediur	m, are to t	the best of	my kno	wledge	and b	elief , t	rue
Sworn to and subs	cribed before me	this		20						,			Signature	of Person	Submit	ting Re	port		_
	Sign	ature						- -						Print	ed Name	•			
My Commission Ex	xpires							_		•				Email	l				_
	МО		DA	Υ	YF	₹					Are	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a c	andidate	e's a	authorize	ed Com	mitt	ee, C	andid	ate s	hall	sign he	ere.							
I swear (or affirm) No 320) as amende		of my kno	owle	dge and b	elief thi	s pol	litical	comm	ittee	has no	ot viola	ted a	iny provis	ions of the	act of J	une 3,1	937 (P.L. 133	33,
Sworn to and subsc	ribed before me to day of	nis		20									s	ignature o	f Candid	ate			_
								-						Printed	d Name				-
My Commission Exp	Signatu	re						-		-				Email	<u> </u>				_
, сопшизаюн схр								-											_
	МО		DA	Υ	Y	R					Area	Code	•	Da	ytime T	elephor	ne Nui	mber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-				
Name of Filing Committee or Candidate	Reporting	Period		
GEORGE TWARDY	From:	9/14/202	2 <u>1</u> To:	10/18/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	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 Reporting	g 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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 Filling 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.)

		М	orting Pe	100			
		Fron	n:		То	:	
			D/	ATE		АМ	OUNT
			МО	DAY	YEAR		
						\$	0.00
State	Zip Code (Plus	s 4)					
			Occupat	ion			
e of	City			State		Zip Code	(Plus 4)
dule I, Detailed Su	ımmary Page,	Section	on 3.				0.00
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code

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		Repor	ting 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 o	on Schedule I. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
- Country of Furt 2	Juliana 1/ Butanet	. January 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 Perio	d	
GEORGE TWARDY	From:	<u>9/14/2021</u> To:	<u>10/18/2021</u>
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	ate		Reporting	g Period			
			From:			To:	
				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 Sum	mary Pag	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	1				Re	porting	Period				
					Fro	om:		То	:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	indidate		Reporti	ng Period			
GEORGE TWARDY			From	<u>9/1</u> 4	4/2021	То:	10/18/2021
				DATE			AMOUNT
To Whom Paid BLUE STATE SOLUTIONS			мо	DAY	YEAR		
Mailing Address 1121 S. 215	ST STREET		9	2	2021	\$	1,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19146	1 .	ption of Exp		!	
To Whom Paid TWARDY FOR JUDGE COMMITT	EE		мо	DAY	YEAR		
Mailing Address 1026 WINTE	ER STREET SUITE #200	0	7	1	2021	\$	1,700.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19107	1 .	ption of Exp			1MITTEE
Enter Grand Total of Expend							PAGE TOTAL

2,700.00