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	21C0332				Rep File			CA	NDI	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, Cand	lidate or I	Lob	byist:	İ	DIAI	NA I	. ANI	HALT											
Street Address:																				
City:									Stat	e:				Zip Co	de: 1	9118				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		ND FRIDAY RIMARY	PRE-	. 2	2.	30 DA		Р	POST- 3.			AMENDMENT REPORT?]	No		/	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		ND FRIDAY	PRE	- 5	5. X	30 DA		POST- 6. TERMINATION REPORT?						Yes	1	No		\
report type)	ANNUAL REPO	RT 7.	Y	'ear 2021					NG MI					PAPER	PAPER		D	ISKE	TTE	
Name of Office S	ought by Candi	date:				_			DAT	ΈO	F ELE	CT:	ION	District Number		Pa	arty	Code	Coun	
									МО		DAY		YEAR	1	СРЈ					
JUDGE OF THE	COURT OF COM	1MON PLE	EAS	5						11		2	202		(SEE I	NSTRUCT	ION	S FOR C	ODES)
Summary of	•	МО		DAY	YEAR				МО		DAY		YEAR	F	OR OFFI	CE US	ΕO	NLY		
Expenditures	from:		9	14	20	021	Т	0		10		18	202	1						
A. Amount Bro	ught Forward F	rom Last I	Rep	ort				\$					0.00							
B. Total Monetary Contributions And Receipts (From Schedule I) \$										0.00)									
C. Total Funds Available (Sum Of Lines A and B)								\$					0.00)						
D. Total Expenditures (From Schedule III)								\$				3	3,000.00)						
E. Ending Cash	Balance (Subtr	act Line D) Fr	om Line C	:)			\$				(3,	000.00)							
F. Value Of In-	Kind Contribution	ons Receiv	ved	l (From Sc	hedul	e II)	\$					0.00							
G. Unpaid Debt	s And Obligatio	ns (From	Sch	hedule IV))			\$					0.00			•				
					AFF:	IDA	VI	T SE	CTI	NC										
PART I - If this is				_										_						
I swear (or affirm) correct and comple		ncluding th	ne at	ttached sch	edules	filed	l on	paper	or by	electi	ronic m	ediu	ım, are to	the best o	of my kno	owledge	e and	d belie	ef , tr	ue
Sworn to and subs	cribed before me	:his	2	20									Signatu	re of Perso	n Submi	tting R	epor	rt		-
	Sign:	ature						-						Priı	nted Nam	ie				-
My Commission Ex	pires									•				Ema	nil		_			_
	мо	Γ	DAY		YR						Ar	ea C	Code	Daytir	ne Telep	hone N	umb	ber		
Part II- If this is	a report of a ca	andidate's	s au	ıthorized (Comm	itte	e, C	andid	ate s	hall s	sign h	ere.								
I swear (or affirm) No 320) as amende		of my know	ledg	ge and belie	f this	politi	ical	comm	ittee l	nas n	ot viola	ted	any provi	sions of th	e act of	June 3,	193	7 (P.L.	. 1333	3,
Sworn to and subsc		ıis												Signature	of Candi	date				-
	day of		_ 2	20				-						Print	ed Name		_			-
My Commission Exp	Signatu	re						-						Ema	nil					-
, соолон ехр																				_
	мо	ſ	DAY	,	YR						Area	Cod	le	D	aytime	Telepho	ne l	Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period							
DIANA L. ANHALT	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)	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	TOTAL for the Reporting Period (2)								
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 onl with an aggregate value		\$2) in the			
Nume of Fining Comm		From:			То	:		
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE 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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

ame of Filing Committee or Candidate			Reporting Period							
				Froi	n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address City State Zip Code (Plus 4)								\$		0.00
City	State	Ziį	p Code (Plus	s 4)						
Employer Name	•	•			Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	ce of		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detaile	d Sumn	nary Page,	Section	on 3.			\$	PAGE TOTA	AL).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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
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. Detaile	d Summary Page	Section	4			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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						
DIANA L. ANHALT	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 PART 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	g Period			
			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 Candidat	nme of Filing Committee or Candidate			Re	porting F	Period					
					Fro	om:		To:	o:		
							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 Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 0.00				

PAGE TOTAL

3,000.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Reporting Period						
DIANA L. ANHALT				9/14	<u>10/18/2021</u>					
				DATE			AMOUNT			
To Whom Paid DEMOCRATIC CITY COMMITTEE	мо	DAY	YEAR							
Mailing Address 219 SPRING GARDI	Mailing Address 219 SPRING GARDEN ST				2021	\$	3,000.00			
City PHILADELPHIA State PA Zip Code (Plus 4)			Description of Expenditure ELECTION DAY EXPENSES							

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.