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	21C0335				eport iled B		CAN	DII	DATE	\	CC	MMITTEE		LOB	BYI	ST	
Name of Filing C	ommittee, Cand	idate or L	obbyist:		TH	IE HO	NORA	BLE A	LEX	KANDE	R P	. BICKE	Γ					
Street Address:																		
City:								State:	ł				Zip Code	e: 15	5219			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMAR		RE-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI		PRE-	5. X	30 DA		Р	OST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	1	No	\
report type)	ANNUAL REPOR	t T 7.	Year 20	021					METHOD PAPER CK ONE					DI	SKETTI	E		
Name of Office S	ought by Candi	date:						DATE	0	F ELE	СТІ	ON	District Number	Office Code	Pa	rty C	ode Co	
								МО		DAY	,	YEAR	5	СРЈ				
JUDGE OF THE	COURT OF COM	IMON PLE	:AS						11		2	2021		(SEE IN	STRUCT	ONS	FOR COD	ES)
Summary of	•	МО	DAY	YE	AR			МО		DAY	1	YEAR	FOF	OFFI	CE USE	ON	LY	
Expenditures	from:		9	14	202	1 T	0		10		18	2021						
A. Amount Bro	ught Forward Fr	om Last R	leport				\$					0.00						
B. Total Moneta	ary Contribution	s And Rec	eipts (Fi	rom Sc	hedu	le I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Se	:hedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	act Line D	From Li	ne C)			\$					0.00						
F. Value Of In-	Kind Contribution	ns Receiv	ed (Fron	n Sche	dule 1	II)	\$					0.00						
G. Unpaid Debt	s And Obligation	ıs (From S	Schedule	e IV)			\$					0.00						
				A	FFID	IVAC	ΓSE	CTIO	N									
PART I - If this is				_										_				
I swear (or affirm) correct and comple		ncluding the	e attached	d schedi	ıles fil	led on	paper	or by el	ectr	onic m	ediu	m, are to	the best of	my kno	wledge	and	belief ,	true
Sworn to and subs	cribed before me t day of	his	20						-			Signature	of Person	Submit	ting Re	port		
	Signa	ture					• =						Printe	ed Name	•			
My Commission Ex	pires						_		-				Email					
	МО	D	AY		YR					Are	ea C	ode	Daytime	Teleph	one Nu	ımbe	r	
Part II- If this is	a report of a ca	ndidate's	authoriz	zed Co	nmitt	tee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and	belief t	his po	olitical	comm	ittee ha	s no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	.937	(P.L. 13	333,
Sworn to and subsc	ribed before me th day of	is	20									s	ignature of	Candid	ate			_
							-						Printed	Name				
My Commission Exp	Signatur	e					-		-				Email					-
, сеолоп ехр																		
	МО	D	PAY		YR					Area	Cod	e	Day	time T	elepho	ne N	umber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
THE HONORABLE ALEXANDER P. BICKET	9/14/202	<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)			\$	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
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			
				om:	renou	To:		
		<u> </u>			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	_		!		<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 or Candidate					Reporting Period					
			Fro	m:		To):			
					DATE			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)								

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				g 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				Reporting Period					
			Froi	From: 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 Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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	Name of Filing Committee or Candidate				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
	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	od	
THE HONORABLE ALEXANDER P. BICKET	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	l	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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 Candidate				g Period			
						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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		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	(ind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporting Period						
			From		То:		
				DATE			AMOUNT
To Whom Paid	DAY	YEAR					
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
							PAGE TOTAL
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00