### **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	20210	C0392				port ed B		CAN	DII	DATE	<b>√</b>	CC	MMITTEE		LOBI	BYIST		
Name of Filing C	ommittee	, Candida	ate or Lo	obbyist:		JEN	INIFE	ER RO	GERS		-								
Street Address:																			
City:									State:					Zip Code	: 18	640			
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No		<b>/</b>
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDAY ELECTION	y pre	≣	5. <b>X</b>	30 DA ELECT		Р	OST-	6.		TERMINAT REPORT?	ION	Yes	No		<b>\</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2021					IG MET CHECK					PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	Sought by	Candidat	te:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Cour	
	-			_					МО		DAY	YEA	R	11	СРЈ				
JUDGE OF THE	COURT O	F COMM	ON PLEA	AS						11		2	2021	<b> </b>	(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		and	МО	DAY	YEAR	Ł			МО		DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 14	2	021	Т	0		10	1	18	2021						
A. Amount Bro	ught Forw	ard From	า Last R	eport				\$					0.00						
B. Total Moneta	ary Contril	butions A	and Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (Fi	rom Sche	dule II	1)				\$				66	9.00						
E. Ending Cash	Balance (	Subtract	Line D	From Line (	Ξ)			\$					0.00						
F. Value Of In-	Kind Conti	ributions	Receive	ed (From Sc	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Obl	igations	(From S	chedule IV	)			\$					0.00		'				
					AFF	·ID	AVI	T SE	CTIO	N									
PART I - If this is	s a Commi	ttee repo	ort, trea	surer sign l	nere.	If th	his is	a Can	ndidate	re	port, c	andida	te sig	gn here.					
I swear (or affirm) correct and comple	) that this re ete.	eport, inclu	uding the	attached sch	1edules	s file	ed on	paper o	or by el	ectr	onic me	edium, a	re to	the best of I	my know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed before day of	re me this		20						•		Sig	nature	e of Person	Submitti	ing Rep	oort		_
		Signatur						- -						Printe	d Name				-
My Commission Ex	cpires	Signatui	e							-				Email					-
	<u> </u>	чо	D/	AY	YR						Are	ea Code		Daytime	Telepho	one Nu	mber		_
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andida	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	ıy knowle	edge and belic	ef this	, poli	itical	commi	ittee ha	s no	ot violat	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 133	3,
Sworn to and subsc		e me this											s	ignature of	Candida	te			-
	day of —— –							_						Printed	Name				-
	s	ignature				—		-						77111100	· · · · · · · · · · · · · · · · · · ·				_
My Commission Exp		-												Email					
	_	мо	D/	AY	YR	t .		•			Area	Code		Day	time Te	lephor	ne Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
JENNIFER ROGERS	From:	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	250.00	) in the			
Nume of Fining Comm	intec of cumulate		Reporting Period From: To:			То:		
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	<b>!</b>	<b>I</b>	!		<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						
					From: To			o:	
					DATE		А	MOUNT	
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	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	<b>)</b> :	
				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	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	GE 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	od	
JENNIFER ROGERS	From:	<u>9/14/2021</u> <b>To:</b>	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 Candid	ate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	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 Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>\$</b>	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 Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
JENNIFER ROGERS			From	<u>9/1</u>	<u>4/2021</u>	То:	10/18/2021
				DATE			AMOUNT
To Whom Paid MOZIP SIGN COMPANY			мо	DAY	YEAR		
Mailing Address 43 NORTH	GATES AVENUE		10	5	2021	     \$	174.00
City KINGSTON	State	Zip Code (Plus 4)	<u> </u>		<u> </u>		17 1.00
KINGSTON	PA	18704	POLL C	otion of Exp ARDS	oenditure		
<b>To Whom Paid</b> NORTHEAST PENNSYLVANIA L	EADERSHIP FUND		мо	DAY	YEAR		
Mailing Address 1140 ROUT	TE 315					\$	200.00
City WILKES-BARRE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18711	SIGNA	GE-GOLF T	OURNAM	1ENT	
<b>To Whom Paid</b> NORTHEAST PENNSYLVANIA L	EADERSHIP FUND		мо	DAY	YEAR		
Mailing Address 1140 ROUT	TE 315					\$	225.00
City WILKES-BARRE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18711	DINNE	R GUEST T	ICKET -	GOLF TOL	JRNAMENT
To Whom Paid BAKER FOR SENATE COMMITT	EE		мо	DAY	YEAR		
Mailing Address 22 DALLAS	VILLAGE		8	19	2021	\$	45.00
City DALLAS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	<u> </u>	
	PA	18612	CLAMB	AKE ADMIS	SSION T	ICKET	
To Whom Paid CITIZENS FOR JOHN YUDICHA	١	·	мо	DAY	YEAR		
Mailing Address P.O. BOX 5	45		8	29	2021	\$ \$	25.00
City HARRISBURG	State	Zip Code (Plus 4)	Descrin	tion of Exp	l penditure	<u> </u>	
	PA	18705		SION TICK			
	L						PAGE TOTAL
Enter Grand Total of Expen	ditures on Page 1, Re	port Cover Page, Item I	).			<b>\$</b>	669.00