

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :				2021C0398				Report Filed By :		CANDIDATE		✓		COMMITTEE		LOBBYIST							
Name of Filing Committee, Candidate or Lobbyist: RANDY TODD																							
Street Address:																							
City:								State:				Zip Code: 15219											
TYPE OF REPORT (place X to the right of report type)		6TH TUESDAY PRE-PRIMARY		1.		2ND FRIDAY PRE-PRIMARY		2.		30 DAY POST-PRIMARY		3.		AMENDMENT REPORT?		Yes		No		✓			
		6TH TUESDAY PRE-ELECTION		4.		2ND FRIDAY PRE-ELECTION		5.		30 DAY POST-ELECTION		6. X		TERMINATION REPORT?		Yes		✓		No			
		ANNUAL REPORT		7.		Year 2021				FILING METHOD () CHECK ONE				PAPER		✓		DISKETTE					
Name of Office Sought by Candidate: JUDGE OF THE COURT OF COMMON PLEAS										DATE OF ELECTION				District Number		Office Code		Party Code		County Code			
										MO		DAY		YEAR		5		CPJ					
										11		2		2021				(SEE INSTRUCTIONS FOR CODES)					
Summary of Receipts and Expenditures from:				MO		DAY		YEAR		TO		MO		DAY		YEAR		FOR OFFICE USE ONLY					
				10		19		2021				11		22		2021							
A. Amount Brought Forward From Last Report										\$								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)										\$								0.00					
E. Ending Cash Balance (Subtract Line D From Line C)										\$								0.00					
F. Value Of In-Kind Contributions Received (From Schedule II)										\$								0.00					
G. Unpaid Debts And Obligations (From Schedule IV)										\$								0.00					

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief , true, correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Signature

My Commission Expires

MO DAY YR

Printed Name _____

Email

Area Code	Daytime Telephone Number
214	951-1111
214	951-1112
214	951-1113
214	951-1114
214	951-1115
214	951-1116
214	951-1117
214	951-1118
214	951-1119
214	951-1120
214	951-1121
214	951-1122
214	951-1123
214	951-1124
214	951-1125
214	951-1126
214	951-1127
214	951-1128
214	951-1129
214	951-1130
214	951-1131
214	951-1132
214	951-1133
214	951-1134
214	951-1135
214	951-1136
214	951-1137
214	951-1138
214	951-1139
214	951-1140
214	951-1141
214	951-1142
214	951-1143
214	951-1144
214	951-1145
214	951-1146
214	951-1147
214	951-1148
214	951-1149
214	951-1150
214	951-1151
214	951-1152
214	951-1153
214	951-1154
214	951-1155
214	951-1156
214	951-1157
214	951-1158
214	951-1159
214	951-1160
214	951-1161
214	951-1162
214	951-1163
214	951-1164
214	951-1165
214	951-1166
214	951-1167
214	951-1168
214	951-1169
214	951-1170
214	951-1171
214	951-1172
214	951-1173
214	951-1174
214	951-1175
214	951-1176
214	951-1177
214	951-1178
214	951-1179
214	951-1180
214	951-1181
214	951-1182
214	951-1183
214	951-1184
214	951-1185
214	951-1186
214	951-1187
214	951-1188
214	951-1189
214	951-1190
214	951-1191
214	951-1192
214	951-1193
214	951-1194
214	951-1195
214	951-1196
214	951-1197
214	951-1198
214	951-1199
214	951-1200
214	951-1201
214	951-1202
214	951-1203
214	951-1204
214	951-1205
214	951-1206
214	951-1207
214	951-1208
214	951-1209
214	951-1210
214	951-1211
214	951-1212
214	951-1213
214	951-1214
214	951-1215
214	951-1216
214	951-1217
214	951-1218
214	951-1219
214	951-1220
214	951-1221
214	951-1222
214	951-1223
214	951-1224
214	951-1225
214	951-1226
214	951-1227
214	951-1228
214	951-1229
214	951-1230
214	951-1231
214	951-1232
214	951-1233
214	951-1234
214	951-1235
214	951-1236
214	951-1237
214	951-1238
214	951-1239
214	951-1240
214	951-1241
214	951-1242
214	951-1243
214	951-1244
214	951-1245

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name _____

Signature

My Commission Expires

MO DAY YR

Area Code	Daytime Telephone Number
-----------	--------------------------

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
RANDY TODD	From: <u>10/19/2021</u> To: <u>11/22/2021</u>

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
---	---------

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
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
	From: To:

				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART E 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	Reporting Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 Period	
RANDY TODD		From: <u>10/19/2021</u> To: <u>11/22/2021</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

