Campaign Finance Report

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

	· ·					-	CANDI				MMITTE		LOBI	BYIST	
Filer Identificat Number :	ion 20	21C0149			Repor Filed		CANDI	DATE	V		MMIIIEI		LODI	51151	
Name of Filing (Committee, Cano	didate or l	obbyist:		R. ANT	HONY	DELUCA								
Street Address:															
City:							State:				Zip Cod	e: 15	228		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 DA PRIM		POST-	3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRE	E- 5. X	30 DA		POST- 6.			TERMINA REPORT?	TION	Yes	No	\checkmark
report type)	ANNUAL REPO	RT 7.	Year 2021 FILING METHOD () CHECK ONE							PAPER		\checkmark	DISKE	TTE	
Name of Office	- Sought by Candi	date:	-		-		DATE O	OF ELEC	CTION		District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEA	R	5	CPJ	D/R		
JUDGE OF THE			_A3				11		2 2	2021]	(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEA	R	FO		E USE	ONLY	
Expenditures	s from:		9 14	1 2	021	ГО	10	1	.8	2021					
A. Amount Bro	ught Forward F	rom Last I	Report			\$				0.00					
B. Total Monet	ary Contribution	ns And Re	ceipts (Fror	n Sche	edule I)	\$				0.00					
C. Total Funds	Available (Sum	Of Lines /	A and B)			\$				0.00					
D. Total Expen	ditures (From S	chedule I	11)			\$			(0.00					
E. Ending Cash	Balance (Subtr	act Line D	From Line	C)		\$			(0.00					
F. Value Of In-	Kind Contributio	ons Receiv	ved (From S	Schedu	le II)	\$			(0.00					
G. Unpaid Deb	ts And Obligatio	ons (From	Schedule I	V)		\$			(0.00					
				AFF	IDAV	IT SE	CTION								
PART I - If this i	s a Committee r	eport, tre	asurer sign	here.	If this i	s a Cai	ndidate re	eport, c	andida	te sig	gn here.				
I swear (or affirm correct and compl		including th	e attached so	chedule	s filed or	ı paper	or by elect	ronic me	edium, a	re to f	the best of	my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me day of	this	20						Sig	natur	e of Person	Submitt	ing Rep	oort	
						_					Print	ed Name			
My Commission E	-	ature									Email				
	мо		DAY	YR		_		Are	a Code			e Telepho	one Nu	mber	
Part II- If this is	a report of a ca	andidate's	authorized	l Comn	nittee, (Candid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amend		of my know	ledge and bel	lief this	s politica	l comm	ittee has n	iot violat	ed any p	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso		his								s	ignature o	f Candida	ite		
	day of 					_					Printed	i Name			
	Signatu	re				_									
My Commission Exp	pires										Emai	I			
	мо	[DAY	YR	ł	_		Area	Code		Da	ytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
R. ANTHONY DELUCA	<u>9/14/202</u>	<u>1</u> То:	<u>10/18/2021</u>	
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	g 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 ar 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

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				porting I	Period			
	From: To:							
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

\$

0.00

PART B 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 Candidat	e		Rep Fror	orting P	eriod	Τα):			
					DATE			AMOUNT		
Full Name of Contributor				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										

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 Can	Name of Filing Committee or Candidate			Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 Candida	Name of Filing Committee or Candidate			ting Perio	od				
Fr				m: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$;	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I					-1			
Enter Grand Total of Part E on Sche	dule T. Detailed	l Summary Page	Section	4				PAGE TO	ſAL
		, sammary rage,	Section	-11			\$		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		
R. ANTHONY DELUCA	From:	<u>9/14/2021</u> то:	<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	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R				Reporting Period				
	From: To:							
				DATE		АМО	UNT	
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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

Name of Filing Committee or Candidate					Re	porting P	eriod			
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion		•	
Employer Mailing Address/Principal Place of City State Business				State		Zip 4)	Code(Plus	Descri	ption of	f Contribution

		I		
Enter Grand Total of Part G on Schedule II, In	-Kind Contribut	ions Detailed		PAGE TOTAL
Summary Page, Section 3.				0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00