Campaign Finance Report

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

Filer Identification 2021C0332 Number :							port ed B		CAN	DII	DATE	√	CO	MMITTEE		LOBBYIST		
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:		DIA	NA A	ANHA	LT									
Street Address:																		
City:									State:	l				Zip Cod	e: 19	118		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	ENT	Yes	No	~
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA		Р	POST- 6. X			TERMINATION REPORT?		Yes	No	
report type)	ANNUAL	REPORT	7.	Year 2021					IG MET					PAPER		₩	DISKE	TTE
Name of Office S	L Sought by	· Candidat	te:						DATE	0	F ELEC	LECTION District Office Party Code					ty Code	County Code
									МО		DAY	Υ	EAR	1	CPJ	DEN	1	code
JUDGE OF THE	COURT (OF COMM	ON PLE	AS						11		2	2021		(SEE INS	STRUCTI	ONS FOR C	CODES)
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО		DAY	Y	'EAR	FOI	ROFFIC	E USE	ONLY	
Expenditures	from:			10 19	2	021	Т	0		11	2	22	2021					
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$					0.00					
B. Total Monet	ary Contr	ibutions 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 Expenditures (From Schedule III)							\$					0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$					0.00	-				
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$					0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$					0.00		'			
					AFF	·ID/	AVI	T SE	CTIO	N								
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	didate	e re	port, c	and	idate sig	gn here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by el	ectr	onic me	ediun	n, are to t	the best of	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed befo	ore me this		20									Signature	of Person	Submitt	ing Rep	oort	
	_	Signatur	re					- -						Print	ed Name	1		
My Commission Ex	cpires							_		•				Email				
		мо	D	AY	YR						Are	ea Co	de	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.						
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	ot violat	ed a	ny provis	ions of the	act of Ju	ıne 3,1	937 (P.L.	. 1333,
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature of	Candida	ite		
								_						Printed	Name			— I
	:	Signature						-										
My Commission Exp	ires													Email				
	_	мо	D	AY	YR	ł		-			Area	Code	ı	Da	ytime Te	elephor	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting Period							
DIANA ANHALT	From:	10/19/202	<u>1</u> To:	11/22/2021				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	J 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	(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	J 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 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 valu	-			-				
Name of Filing Comm	nittee or Candidate		Reporting Period						
		From:			То	:			
		L			DATE			AMOUNT	
Full Name of Contribut	ing Committee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	•	•				-		DAGE TOTAL	

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

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 Filling Committee of Candidate			Reporting Period From: To:						
			From: To				o :		
					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 Candi	me of Filing Committee or Candidate		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							
				Fror	n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupation					
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	ing Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Section	••			\$		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 Per	od	
DIANA ANHALT	From:	<u>10/19/2021</u> To:	11/22/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidat	:e		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				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 Candidate	ame of Filing Committee or Candidate				Re	porting	Period				
					From:			То	То:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Place of Business City State						Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (lame 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								
							PAGE TOTAL				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item).			\$	0.00				