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	C0344				eport		CAN	DII	DATE	√	co	MMITTEE		LOBE	BYIST	
Name of Filing C	committe	e, Candida	ate or L	obbyist:			T DU											
Street Address:			-															
					—				Ctata					Zin Code	- 10	1 [1		
City:	-								State:					Zip Code	. 12	154		
TYPE OF REPORT	6TH TUES PRE-PRIM	_	1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	\
(place X to the right of	6TH TUES		4.	2ND FRIDAY ELECTION	Y PRE	E-	5.	30 DA ELECT	TION					TERMINAT REPORT?	ΓΙΟΝ	Yes	No	
report type)	ANNUAL	. REPORT	7.	Year 2021					IG MET CHECK					PAPER		\checkmark	DISKE	TTE
Name of Office S	Squaht by	, Candidat							DATE	0	F ELEC	311(ON	District	Office	Par	ty Code	
Name of Office 5	ought by	Candidae	e.						МО		DAY	Υ	EAR	Number 1	Code MCJ	DEN	1	Code
JUDGE OF THE	MUNICIF	PAL COUR	.Т							11		2	2021		(SEE INS	TRUCTIO	ONS FOR C	CODES)
Summary of		and	МО	DAY	YEAR	₹			МО		DAY	Υ	EAR	FOF	OFFIC	E USE	ONLY	
Expenditures	from:		1	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 Moneta	ary Contr	ibutions A	and Rec	eipts (From	1 Sche	dul	e I)	\$					0.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					0.00					
D. Total Expend	ditures (I	From Sche	dule II	1)				\$					0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				(3,0	00.00)					
F. Value Of In-	Kind Con	tributions	Receive	ed (From So	chedu	le I	.I)	\$					0.00					
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$				(3,0	00.00)		,			
					AFF	-ID	AVI	T SE	CTIO	Ν								
PART I - If this is	a Comm	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Can	didate	re	port, c	and	idate sig	ın here.				
I swear (or affirm) correct and comple		report, inclu	uding the	attached sch	nedule	s file	ed on	paper o	or by ele	ectr	onic me	ediun	n, are to t	he best of	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed before day of	ore me this		20						•			Signature	of Person	Submitt	ing Rep	ort	
		Signatur	re					- -		•				Printe	ed Name			
My Commission Ex	cpires	-								-				Email				
		мо	D/	AY	YR						Are	a Co	de	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	idate's	authorized	Comr	nitte	ee, C	andida	ate sha	all s	sign he	ere.						
I swear (or affirm) No 320) as amende		ie best of m	ıy knowle	edge and beli	ef this	; poli	itical	commi	ittee ha	s no	ot violat	ed a	ny provis	ions of the	act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subsc		re me this											s	ignature of	Candida	ite		
	day of —			_ 20				_						Drinted	Name			
								-						Printed	Name			
My Commission Exp		Signature								-				Email				
	_	мо	Di	AY	YR			-			Area (Code		Day	time Te	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PAT DUGAN	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) 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 only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE 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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE		Al	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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.)

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				riod			
			Fron	n:		To) :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla Business	ce of	City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	edule I, Detailed Su	ımmary 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 C	Candidate		Report	ting Perio	od			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description								
Enter Grand Total of Part E o	n Schedule T. Detailed	l Summary Page.	Section	4.			PAGE TOTA	L
		· • • • • • • • • • • • • • • • • • • •					\$ 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	iod	
PAT DUGAN	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				
	Fr					То:	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 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	Name of Filing Committee or Candidate					porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$ \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (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)	Descri	ption of Ex	penditure						
-							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00				