Campaign Finance Report

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

| Filer Identification | on | 20210 | C0346 | | | | eport led B | | CAN | ANDIDATE COMMITTEE LOBBYIST | | | | | | BYIST | | |
|--|--------------------------|-------------------------------|-----------|---------------------------------------|---------|--------|----------------|----------------|-------------------|-----------------------------|-----------|---------------------|----------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C | ommittee, | Candida | ate or Lo | obbyist: | | CH/ | ARLE | S EHF | RLICH | ICH | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | : | | | | Zip Code | : 19 | 129 | | |
| TYPE OF REPORT | 6TH TUESD PRE-PRIMA | | 1. | 2ND FRIDAY PRIMARY | Y PRE | - | 2. | 30 DA PRIMA | | Р | OST- | 3. | | AMENDME REPORT? | NT | Yes | No | ~ |
| (place X to the right of | | RE-ELECTION ELECTION ELECTION | | | | | | Р | POST- 6. X | | | TERMINAT REPORT? | ION | Yes | No | | | |
| report type) | ANNUAL R | REPORT | 7. | Year 2021 FILING METHOD () CHECK ONE | | | | | | | | PAPER | | \checkmark | DISKE | TTE | | |
| Name of Office S | Sought by (| Candidat | :e: | | | | | | DATE | 0 | F ELEC | CTIO | 1 | District Number | Office Code | Par | ty Code | County Code |
| | 2011DT 01 | | SV DIE | | | | | | МО | | DAY | YE | AR. | 1 | СРЈ | DEM | 1 | |
| JUDGE OF THE | COURT OF | - СОММ | ON PLEA | AS | | | | | | 11 | | 2 | 2021 | | (SEE INS | TRUCTIO | ONS FOR C | ODES) |
| Summary of I | • | and | МО | DAY | YEAR | ł | | | МО | | DAY | YE | AR | FOR | OFFIC | E USE | ONLY | |
| Expenditures | ; from: | | 1 | 10 19 | 2 | 021 | T | 0 | | 11 | 2 | 22 | 2021 | | | | | |
| A. Amount Bro | ught Forwa | ard From | ı Last R | eport | | | | \$ | | | | | 0.00 |] | | | | |
| B. Total Moneta | ary Contrib | utions 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 (Fr | om Sche | dule II | (1) | | | | \$ | | | _ | _ | 0.00 | | | | | |
| E. Ending Cash | Balance (S | Subtract | Line D | From Line (| Ξ) | _ | | \$ | | | | (3,10 | 0.00) | | | | | |
| F. Value Of In-l | Kind Contri | ibutions | Receive | ed (From So | chedu | le I | I) | \$ | | | | | 0.00 | | | | | |
| G. Unpaid Debt | s And Obli | gations | (From S | chedule IV |) | | | \$ | | | | | 0.00 | | , | | | |
| | | | | | AFF | ·ID | AVI | T SE | CTIO | Ν | | | | | | | | |
| PART I - If this is | s a Commit | tee repo | ort, trea | surer sign l | nere. | If th | his is | a Can | ndidate | e re | port, c | andid | ate sig | gn here. | | | | |
| I swear (or affirm) correct and comple | | port, inclu | ıding the | : attached sch | nedules | s file | ed on | paper o | or by el | ectr | onic me | edium, | are to 1 | the best of i | my knov | vledge a | and belie | of , true |
| Sworn to and subs | scribed before day of | e me this | | 20 | | | | | | | | Si | gnature | e of Person | Submitt | ing Rep | ort | |
| | | Signatur | | | | _ | | - - | | | | | | Printe | d Name | | | |
| My Commission Ex | крires | Signatur | e | | | | | | | • | | | | Email | | | | |
| | M | 10 | D/ | AY | YR | | | | | | Are | ea Code | | Daytime | Teleph | one Nu | mber | |
| Part II- If this is | a report o | f a cand | idate's | authorized | Comr | nitte | ee, C | andida | ate sh | all s | sign he | ere. | | | | | | |
| I swear (or affirm) No 320) as amende | | best of m | y knowle | edge and belie | ef this | ; poli | itical | commi | ittee ha | s no | ot violat | ted any | provis | ions of the | act of Ju | ıne 3,19 | 937 (P.L. | . 1333, |
| Sworn to and subsc | | me this | | | | | | | | | | | s | ignature of | Candida | ıte | | |
| | day of —— — | | | _ 20 | | — | | _ | | | | | | Printed | Name | | | |
| | Si | gnature | | | | — | | - | | | | | | rimes | Name | | | |
| My Commission Exp | _ | | | | | | | | | | | | | Email | | | | |
| | | мо | Di | AY | YR | 1 | | - | | | Area | Code | | Day | time Te | elephon | ne Numbe | er |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|-----------|--------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| CHARLES EHRLICH | 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

| | his Part to itemize onl with an aggregate val | - | | | • | | | |
|---------------------------|--|-------------------|-----|-----|--------|------|----|------------|
| Name of Filing Comm | Name of Filing Committee or Candidate | | | | Period | | | |
| | | | Fre | om: | | То | : | |
| | | 1 | | | DATE | | | AMOUNT |
| Full Name of Contribution | ng Committee | | | 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

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 Fining Committee of Candidate | | | | | Reporting Period From: To: | | | | |
|---------------------------------------|-------|-------------------|---|----|----------------------------|------|----|--------|--|
| | | | | | 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 Candidate | Name of Filing Committee or Candidate Reporting | | | | | ng 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 | Reporting Period | | | | | | | | |
|---|---------------------|---------------|---------|---------|-------|------|----------|----------------------|--|
| | | | Fron | n: | | То | То: | | |
| | | | | D | ATE | | АМО | DUNT | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plu | s 4) | | | | | | |
| Employer Name | | | | Occupat | tion | | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Code | (Plus 4) | |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ummary Page, | Section | on 3. | | | PAC | GE 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 Co | lame of Filing Committee or Candidate | | | | od | | | |
|--------------------------------|---------------------------------------|------------------|---------|----|-----|------|----|----------|
| | | | From: | | | То: | | |
| | | | | D | ATE | | AM | 10UNT |
| Full Name | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | • | | | | | | |
| Enter Grand Total of Part E or | Schedule T. Detailer | d Summary Page | Section | 4 | | | PA | GE TOTAL |
| Lines Grana Fotal of Fair 2 of | r benedule 1/ betanet | z Sammary r age, | 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 | iod | |
|--|----------------|------------------------------|------------|
| CHARLES EHRLICH | 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: | 0: | |
| | | | | 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 | Period | | | | |
|--|---------------------------------------|--------|------------|---------|--------|-----------|-----------|------|-------|--------|--------------------|
| | | | | | Fro | From: | | | 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 Pla Business | ce of | City | | State | | Zip 4) | Code(Plus | Desc | cript | ion of | f Contribution |
| Enter Grand Total of Part G on Sci Summary Page, Section 3. | nedule II, I | n-Kind | Contributi | ons De | etaile | ed | | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or (| 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 |