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	2021	C0393				port		CAN	DII	DATE	\	/ CO	MMITTE		LOBI	BYIST	
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:		CHA	ARLE	S SA	/LOR									
Street Address:																		
City:									State:					Zip Cod	e: 17	857		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDMI REPORT?	ENT	Yes	No	\
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA		P	OST-	6. 2	X	TERMINA REPORT?	TION	Yes	No	
report type)	ANNUAL	REPORT	7.	Year 2021					IG MET					PAPER		₩	DISKE	TTE
Name of Office S	ought by	Candidat	te:						DATE	OF ELECTION District Office Number Code						ty Code	County Code	
									МО		DAY	1	YEAR	8	СРЈ	ļ		couc
JUDGE OF THE	COURT	OF COMM	ON PLE	AS						11		2	2021		(SEE IN:	STRUCTI	ONS FOR C	CODES)
Summary of		and	МО	DAY	YEAR	2			МО		DAY	,	YEAR	FO	R OFFIC	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 Monetary Contributions And Receipts (From Schedule I							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	Ν								
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	didate	re	port, c	and	didate sig	gn here.				
I swear (or affirm) correct and complete		report, incl	uding the	attached scl	nedule:	s file	ed on	paper	or by ele	ectr	onic me	ediu	m, are to t	the best of	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed bef	ore me this		20									Signature	of Person	Submit	ing Rep	ort	
	_	Signatur	re					- -						Print	ed Name	ı		
My Commission Ex	cpires							_		•				Email				
		МО	D	AY	YR						Are	ea C	ode	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	ıy knowle	edge and beli	ef this	poli	itical	comm	ittee ha	s no	ot violat	ted a	any provis	ions of the	act of J	ıne 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed befo day of	re me this		20									s	ignature o	f Candida	ite		
								-						Printed	l Name			
		Signature						-		-				E **	1			
My Commission Exp	ires													Email	ı			
	_	мо	D	AY	YR	ł		-			Area	Cod	e	Da	ytime T	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

betailed Sammary 1 age									
Name of Filing Committee or Candidate	Reporting	g Period							
CHARLES SAYLOR	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

Name of Filing Committee or Candidate			Re	porting	Period			
			From:			То	:	
			1		DATE			AMOUNT
Full Name of Contributing	Committee			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.

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		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0	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	me of Filing Committee or Candidate Rep		Reporting	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	ame of Filing Committee or Candidate			Rep	orting Pe	riod				
				Froi	m:		То):		
					D	ATE		AN	MOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								\$	0.00)
City	State	Zi	p Code (Plus	5 4)						
Employer Name	•	•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City		•	State		Zip Cod	e (Plus 4)	
Enter Grand Total of Part C on Scho	edule I, Deta	iled Sumr	mary Page,	Section	on 3.			P/	AGE 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	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	
CHARLES SAYLOR	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	₹	
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				
					Fro	om:		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				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 (ame of Filing Committee or Candidate							
			From			То:		
				DATE			AMOUNT	
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
							PAGE TOTAL	
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item).			\$	0.00	