#### **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 202	21C0363				port ed B		CA	NDII	DATE	<b>√</b>	C	OMMITTEI		LOB	BYIS	ST	
Name of Filing C	ommittee, Cand	date or L	obbyist:		JON	IATH	AN Q	. IRV	INE					_				
Street Address:	Street Address:																	
City:								State	e:				Zip Cod	<b>e:</b> 19	9119			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRII PRIMARY		-	2.	30 DA		Р	OST-	3.		AMENDMI REPORT?	No	<b>\</b>			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRII ELECTIO		E-	5. <b>X</b>	30 DA		Р	OST-	6.		TERMINA REPORT?	TION	Yes	1	No	<b>\</b>
report type)	ANNUAL REPOR	<b>T</b> 7.	Year 202	21				NG ME					PAPER		<b>V</b>	DIS	KETTE	
Name of Office S	ought by Candid	ate:			•			DAT	ΕO	F ELE	СТІ	ON	District Number	Office Code	Pa	rty C	ode Cou	
111D OF OF THE	COURT OF COM	MON DIE	4.6					МО		DAY	•	YEAR	1	CPJ				
JUDGE OF THE	COURT OF COM	MON PLE	AS						11		2	2021		(SEE IN	STRUCT	ONS F	OR CODE	S)
Summary of	•	МО	DAY	YEAF	₹			МО		DAY	•	YEAR	FOI	R OFFI	CE USE	ON	LY	
Expenditures	trom:		9	14 2	2021	Т	0		10		18	2021						
A. Amount Bro	ught Forward Fr	om Last R	eport				\$					0.00						
B. Total Moneta	ary Contribution	s And Rec	eipts (Fr	om Sche	edule	ı)	\$					0.00						
C. Total Funds	Available (Sum (	Of Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sc	hedule II	I)				\$				3	,000.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Lin	e C)			\$				3	,000.00	1					
F. Value Of In-	Kind Contributio	ns Receiv	ed (From	Schedu	ile II	()	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	IV)			\$					0.00			•			
				AFF	FIDA	٩VI	ΓSE	CTI	NC									
PART I - If this is	a Committee re	port, trea	surer sig	n here.	If th	is is	a Car	ndida	te re	port, o	cano	didate si	gn here.					
I swear (or affirm) correct and comple		cluding the	e attached	schedule	s file	d on	paper	or by e	electr	ronic m	ediu	m, are to	the best of	my kno	wledge	and	belief , t	rue
Sworn to and subs	cribed before me tl day of	nis	20									Signatur	e of Person	Submit	ting Re	port		_
	Signa	ture					-						Print	ed Name	e			-
My Commission Ex	-												Email					_
	мо	D	AY	YR	Į.					Ar	ea C	ode	Daytime	Teleph	none Nu	ımbe	r	
Part II- If this is	a report of a ca	ndidate's	authorize	ed Comr	nitte	e, C	andid	ate sl	hall s	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and b	elief this	s polit	tical	comm	ittee h	nas no	ot viola	ted a	any provis	sions of the	act of J	une 3,1	.937	(P.L. 13	33,
Sworn to and subsc		s										S	ignature o	f Candid	ate			<b>-</b>
	day of 						-						Printed	i Name				-
My Commission Exp	Signature	a					-						Email	<u> </u>				-
, сеолоп ехр																		_
	МО	D	AY	YF	2					Area	Cod	e	Da	ytime T	elepho	ne Nu	ımber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
JONATHAN Q. IRVINE	From:	9/14/202	<u>1</u> To:	10/18/2021
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 onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE 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 Filing Committee or Cand	idate		Rep	oorting P	eriod			
			Fro	m:		To	):	
					DATE		АМ	OUNT
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	date		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			Rep	orting Pe	riod			
			Fror	n:		To	<b>)</b> :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary 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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Perio	d	
JONATHAN Q. IRVINE	From:	<u>9/14/2021</u> <b>To:</b>	10/18/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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 Candid	ate		Reporting Period						
			From:			To:			
				DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						<b>\$</b>	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL		
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL		
						\$	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>\$</b>	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reportin	ng Period			
JONATHAN Q. IRVINE		From	9/14	1 <u>/2021</u>	To:	10/18/2021
			DATE			AMOUNT
To Whom Paid	1					

				DAIL			AMOUNT
To Whom Paid DEMOCRATIC CAM	PAIGN COMMITTEE OF PHILADELPHIA		мо	DAY	YEAR		
Mailing Address	219 SPRING GARDEN ST.		10	14	2021	\$	3,000.00
City PHILA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19123	Description of Expenditure GOTV ASSESSMENT DONATION				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	3,000.00