Campaign Finance Report

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

Filer Identificat Number :	ion 2021	C0117			Repo Filed		CAI	NDI	DATE	~	co	OMMITTEI		LOB	BYIST	
Name of Filing	Committee, Candid	ate or Lo	obbyist:			S, LOF	RI A									
Street Address:																
City:							State:					Zip Cod	e: 19	102		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM	DAY 1ARY	Ρ	POST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 D ELEC	DAY CTION	Ρ	POST- 6. X			TERMINATION REPORT?		Yes	✓ No	1
report type)	ANNUAL REPORT	7.	Year 2021				ING ME CHEC					PAPER		\checkmark	DISKE	TTE
Name of Office	Sought by Candida	te:					DAT	ΈO	F ELEC	TION		District Number	Office Code	Par	ty Code	County Code
JUDGE OF THE			г				мо		DAY	YEA	R	-1	CCJ	DEM	1	51
								11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAF	2		мо		DAY	YEA	R	FO	R OFFIC	e use	ONLY	
Expenditure	s from:		10 19	2	021	то		11	2	2	2021					
A. Amount Bro	ought Forward Fror	n Last R	eport			4	\$			3	6.44					
B. Total Monet	tary Contributions	And Rec	eipts (Fron	1 Sche	dule I) 9	\$ 0.00									
C. Total Funds	Available (Sum Of	Lines A	and B)			9	\$			3	6.44					
D. Total Exper	nditures (From Sch	edule II	I)			5	\$			3	6.44					
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)			\$				0.00					
F. Value Of In-	-Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$				0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()		9	\$				0.00					
				AFF	IDAV	IT SI	ECTIC	ΟN								
	is a Committee rep	-	-								-	-				
I swear (or affirm correct and comp	i) that this report, incl lete.	luding the	e attached sc	hedule	s filed o	n papei	r or by e	electi	ronic me	dium, a	ire to	the best of	my know	ledge	and beli	ef , true
Sworn to and sub	scribed before me this day of	5	20							Sig	natur	e of Person	Submitt	ing Rep	oort	
	Signatu	r9				_						Print	ed Name			
My Commission E	-											Email				
	мо	D/	AY	YR					Are	a Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee,	Candi	date sl	nalls	sign he	re.						
I swear (or affirm No 320) as amend) that to the best of n led.	ny knowle	edge and beli	ef this	o politica	al comr	nittee h	as n	ot violat	ed any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,
Sworn to and subs	cribed before me this										s	ignature o	f Candida	te		
	day of 											Printed	d Name			
	Signature															
My Commission Ex	pires							Email								
	МО	D	AY	YR	ł				Area (Code		Da	ytime Te	lephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	g Period		
DUMAS, LORI A	From:	<u>10/19/202</u>	2 <u>1</u> To:	<u>11/22/2021</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	g 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 Reportin	g 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 Reportin	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E))			
TOTAL for the Reportin	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a 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

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				orting l	Period			
				From: To:				
		·			DATE			AMOUNT
Full Name of Contributing 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

PART B 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 Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс):	
					DATE			AMOUNT
Full Name of Contributor				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								

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			Reporting Period						
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00	
Mailing Address							7 *	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sched	age, Sectio	n 3.			\$	0.00			

PART D 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					
Fr				n:		Т	То:		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section				on 3.			P#	AGE TOTAL 0.00	

PART E **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	d			
			From:			То:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR	\$ 0	.00
Mailing Address								
City	State	Zip Code (Plus 4)					
Receipt Description								
		- -	o				PAGE TOTAL	
Enter Grand Total of Part E on Sche	ule I, Detailed	Summary Page,	Section	4.			\$ 0.00	

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	od	
DUMAS, LORI A	From:	<u>10/19/2021</u> то:	<u>11/22/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting	Period	·			
Fi			From:			То:		
		·		DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address		-				 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:						-		
				_	Г			
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	e,		PAGE TOTA	۱L
						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				porting I	Period			
						То:		
					DATE	AMOUNT		
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$ 0.00	
City	State	Zip Code(Plus 4)						
Employer of Contributor			Occupation					
Employer Mailing Address/Principal Plac	e of Business	City	Stat	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Nam	Name of Filing Committee or Candidate					Reporting Period				
DUMAS, LORI A					<u>10/1</u>	То:	<u>11/22/2021</u>			
					DATE AM					
To W	hom Paid			мо	DAY	YEAR				
Lori [Dumas			_						
Mailir	ng Address			11	22	2021	\$	36.44		
City	Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	19102	to close	e account					
								PAGE TOTAL		
Ente	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	36.44		