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	C0117				port ed B		CAN	IDII	DATE	√	CO	MMITTEE		LOBI	BYIST			
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:		DUI	MAS,	, LOR	Α											
Street Address:																				
City:									State					Zip Code	e: 19	102				
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		Р	OST-	3.		AMENDME REPORT?	ENT	Yes	No	~		
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	≣-	5.	30 DA		Р	OST-	6.)	K	TERMINAT REPORT?	ΓΙΟΝ	Yes	No			
report type)	ANNUAL	REPORT	7.	Year 2021					IG MET					PAPER	DISKE	TTE				
Name of Office S	L Sought by	Candidat	te:						DATE	0	F ELE	СТІ	ON	District Number	ty Code	County Code				
JUDGE OF THE	COMMO	\\\\/\= & 	COURT	-					МО		DAY	١	YEAR	-1	51					
JUDGE OF THE	COMMOI	NWEALIH	COURT							11		2	2021		CODES)					
Summary of		s and	МО	DAY	YEAR	ł			МО		DAY	1	YEAR	FOF	ROFFIC	E USE	ONLY			
Expenditures	from:		1	10 19	2	021	T	0		11	2	22	2021							
A. Amount Bro	ught Forv	ward Fron	1 Last R	eport				\$					36.44							
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$					0.00							
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					36.44							
D. Total Expend	ditures (I	From Sche	edule II	I)				\$					36.44							
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$					0.00							
F. Value Of In-	Kind Con	tributions	Receive	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	e re	port, c	and	lidate sig	gn here.						
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by el	ectr	onic me	ediu	m, are to t	the best of	my knov	vledge	and beli	ef , true		
Sworn to and subs	cribed befo	ore me this		20									Signature	of Person	Submitt	ing Rep	ort			
	_	Signatur	re					- -						Printe	ed Name	1				
My Commission Ex	cpires									•				Email						
		мо	D/	AY	YR						Are	ea Co	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 sh	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	ıs no	ot violat	ted a	any provis	visions of the act of June 3,1937 (P.L. 1333,						
Sworn to and subsc		re me this											s	ignature of	Candida	ite				
	day of —							-						Printed	l Name					
		Signature						-												
My Commission Exp	ires													Email						
	_	МО	D	AY	YR	ł		-			Area	Code	e	Day	ytime To	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DUMAS, LORI A	From:	10/19/202	<u>21</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 ar 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 Comm	nittee or Candidate		Reporti	ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing 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.

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			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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			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			Rep	orting Pe	riod			
			Fror	n:		To) :	
				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	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	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i>	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	
DUMAS, LORI A	From:	<u>10/19/2021</u> To:	11/22/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	۲	
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		Reportin	g Period			
			From:			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 So	chedule II. In-Kir	nd Contributions Deta	iled Sun	ımarv Pad	ae.		PAGE TOTAL
Section 2.				 ;		\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				Re	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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

36.44

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
DUMAS, LORI A			From	10/19	9/2021	То:	11/22/2021
				DATE			AMOUNT
To Whom Paid Lori Dumas			мо	DAY	YEAR		
Mailing Address 1425 Locus	t St, Unit 32		11	22	2021	\$	36.44
City Philadelphia	State PA	Zip Code (Plus 4) 19102	1 -	otion of Exp e account	enditure		
	•	•					PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.