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 2017	0261			Rep File	oort ed B		CA	NDI	COMMITTEE COMMITTEE								
Name of Filing C	ommittee, Candid	ate or L	obbyist:		PEN	NSY	LVAN	IANS	FOI	R WEL	_ QU	ALIFIE) JUDGE	S				
Street Address:																		
City:	MEDIA							State	e:	PA			Zip Co	de: 19	9063			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA PRIMA		P	POST-	3.		AMENDN REPORT		Yes		No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	≣- [5.	30 DA		P	POST-	6. X		TERMIN/ REPORT		Yes		No	~
report type)	ANNUAL REPORT	7.	Year 2021	Ĺ			FILIN	IG ME					PAPER		V	₽	ISKET	TE
Name of Office S	ought by Candida	te:	•		•			DAT	ΈΟ	F ELE	CTIO	N	District Number	Office Code	P	arty	Code	County Code
								МО		DAY	YE	AR		•	·			
									11		2	2021		(SEE IN	STRUC	TION	S FOR CO	DDES)
	Receipts and	МО	DAY	YEAR	ł			МО		DAY	ΥI	AR	FC	R OFFI	CE US	E O	NLY	
Expenditures	rrom:	:	10 19	2	021	Т	0		11	7	22	2021						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$					0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fror	n Sche	dule	1)	\$					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 (Subtrac	t Line D	From Line	C)			\$				2	10.84						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	Schedu	le II)	\$					0.00	-					
G. Unpaid Debt	s And Obligations	(From S	Schedule I	V)			\$					0.00						
				AFF	IDA	١٧٧	ΓSE	CTI	NC									
	a Committee rep	-	_															
I swear (or affirm)) that this report, incl ete.	uding the	attached so	chedules	s filed	d on	paper	or by (electi	ronic m	edium	, are to	the best o	f my kno	wledg	e an	d belief	, true
Sworn to and subs	cribed before me this day of	i	20								S	ignature	of Perso	n Submit	ting R	epor	t	
	Signatu	re					-						Prin	ted Name	•			
My Commission Ex	rpires						_		•				Ema	il				
	МО	D	AY	YR						Are	a Cod	le	Daytin	e Teleph	one N	lumb	er	
Part II- If this is	a report of a cand	didate's	authorized	d Comn	nitte	e, C	andid	ate s	hall :	sign he	ere.							
No 320) as amende		ny knowle	edge and be	lief this	polit	ical	comm	ittee l	nas n	ot viola	ed an	y provis	ions of th	e act of J	une 3,	193	7 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20									S	ignature (of Candid	ate			
							-						Printe	d Name				
My Commission Exp	Signature ires						-						Ema	il				-
	МО	D	AY	YR	l		-			Area	Code		D	aytime T	eleph	one I	Numbe	 r

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	I			
Name of Filing Committee or Candidate	Reporting	g Period		
PENNSYLVANIANS FOR WELL QUALIFIED JUDGES	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	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 Reporting	y 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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j Period	(4)	\$	0.00
			1	
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

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 Candidat	е	R	eporting				
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL \$0.00

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 Filing Committee or	· Candidate		Reporting Period						
				From: To					
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	•)						
								PAGE TOTAL	

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	lame of Filing Committee or Candidate			Reporting Period							
			From:			То:					
				DA	TE		P	AMOUNT			
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00		
Mailing Address							*	U	.00		
City	State	Zip Code	e (Plus 4)								
								PAGE TOTAL			
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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			АМ	OUNT	
Full Name of Contributor					МО	DAY	YEA	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	s 4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City		•	State		7	Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sche	dule Ι, Detailed Sι	umm	ary Page,	Section	on 3.				PA	GE TOTA	L
								\$		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 Peri	od			
			From:			To:		
		'		DATE MO DAY YEAR 15 4)		AMOUNT		
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri	od					
PENNSYLVANIANS FOR WELL QUALIFIED JUDGES	From:	<u>10/19/2021</u> To:	11/22/2021				
. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR							
TOTAL for the Reporting Pe	eriod (1)	\$	0.00				
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)						
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 Can	Name of Filing Committee or Candidate						Reporting Period					
			From:			То:						
				DATE			AMOUNT					
Full Name of Contributor			МО	DAY	YEAR							
Mailing Address						7 \$	0.0	10				
City	State	Zip Code (Plus 4)										
Description of Contribution:	•		•	•								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta				ailed Summary Page,			PAGE TOTAL					
Section 2.						\$	0.0	0				

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					porting	Period			
				Fro	om:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address						\$			0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor	•		•		Occup	ation			
Employer Mailing Address/Principal Pl	ace of Business	Ci	ty	State Zip Code(Plus 4) Description of Cont					of Contribution
Enter Grand Total of Part G on So	hedule II. In-K	ind	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,,				"				0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period				
	From			То:						
				DATE			AMOUNT			
To Whom Paid	мо	DAY	YEAR							
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Description of Expenditure							
Enter Grand Total of Expenditures of					PAGE TOTAL					
Lines Grand Total of Expenditures (ni rage 1, keport C	over rage, Item L	, .			\$	0.00			