Campaign Finance Report

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

Filer Identification	on 20	021C0287				eport led B		CAI	NDII	DATE	√	CC	OMMITTEE		LOBI	BYIST		
Name of Filing C	ommittee, Can	didate or L	obbyist:		TIF	FAN'	Y SIZE	EMOR	RE							<u> </u>		
Street Address:																		
City:								State): 				Zip Code	: 15	221			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA		Р	POST- 3.			AMENDME REPORT?	NT	Yes	No	•	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION						POST- 6. X			TERMINAT REPORT?	ION	Yes	No	•	\checkmark	
report type)	ANNUAL REPO	RT 7.	Year 2021				FILING METHOD () CHECK ONE						PAPER		\	DISKE	TTE	
Name of Office S	ought by Cand	idate:						DAT	ΕO	F ELEC	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
			_					МО		DAY	YE	AR	5	СРЈ	DEN	1		\neg
JUDGE OF THE	COURT OF CO	MMON PLE	AS						11		2	2021		(SEE INS	TRUCTI	ONS FOR C	CODES	,—
Summary of l	•	мо	DAY	YEAR	Ł			МО		DAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		10 19	20	021	T	О.		11	1 22 2021								
A. Amount Bro	ught Forward F	rom Last R	eport		_		\$				0.00							ļ
B. Total Moneta	ary Contributio	ns And Rec	eipts (From	Sche	dul€	e I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From S	Schedule II	.1)				\$				1	00.00						ļ
E. Ending Cash	Balance (Subt	ract Line D	From Line C)	_		\$				10	00.00						ļ
F. Value Of In-l	Kind Contribut	ons Receiv	ed (From Sci	hedul	le II	I)	\$					0.00						
G. Unpaid Debt	s And Obligation	ons (From S	Schedule IV)	,			\$					0.00						
				AFF	ID/	AVI	T SE	CTIC	NC									
PART I - If this is	a Committee	report, trea	surer sign h	ere. 1	If th	nis is	a Car	ndidat	e re	port, c	andid	ate si	gn here.					
I swear (or affirm) correct and comple		including the	attached sche	edules	s file	≱d on	paper	or by e	electr	ronic me	edium,	are to	the best of 1	my knov	vledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me day of	this	20								Si	gnatur	e of Person	Submitt	ing Rep	ort		-
	- — — — — — — — — — — — — — — — — — — —	±			_		- -						Printe	d Name				-
My Commission Ex	-	nature											Email					-
	мо	D	AY	YR						Are	ea Code	e	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a	andidate's	authorized (Comn	nitte	ee, C	andid	ate sh	nall :	sign he	ere.							百
I swear (or affirm) No 320) as amende		of my knowl	edge and belief	f this	poli	itical	comm	ittee h	has not violated any provisions of the act of June 3,1937 (P.L. 1333,							3,		
Sworn to and subsc		:his										s	ignature of	Candida	ite			-
	day of —— ———						_						Printed	Name				_
	Signati	ıre			_		-						Finted	Name				
My Commission Exp	_								-				Email					-
	МО	D	PAY	YR	1		-			Area	Code		Day	time Te	elephor	ne Numbe	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

	_			
Name of Filing Committee or Candidate	Reporting	g Period		
TIFFANY SIZEMORE	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

	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 Ca	ndidate		Rep	oorting P	eriod	To	n:	
					DATE			AMOUNT
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 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			
		From: To:						
				D	ATE		АМО	DUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAC	GE 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		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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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	iod	
TIFFANY SIZEMORE	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	R	
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	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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				Re	porting	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

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candi	Name of Filing Committee or Candidate				Reporting Period						
TIFFANY SIZEMORE				10/19	То:	11/22/2021					
				DATE			AMOUNT				
To Whom Paid CHARTIERS VALLEY DEMOCRATIC	CHAIRS		мо	DAY	YEAR						
Mailing Address 399 LUANN DRI	VE		10	23	2021	\$	100.00				
City MCKEES ROCKS	State PA	Zip Code (Plus 4) 15136	1	otion of Exp			RALLY				

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

PAGE TOTAL

\$ 100.00