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	21C0141				Rep File			CA	NDI	COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Cand	idate or L	.obb	yist:		GEO	RGE	TWA	ARDY	ıY									
Street Address:																			
City:	_								Stat	e:				Zip Cod	e: 19	9107			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		D FRIDAY IMARY	PRE-	. 2	2.	30 DA		POST- 3. AMENDMENT REPORT?						Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		D FRIDAY ECTION	/ PRE	- 5	5.	30 DA		Р	OST-	6. >	(TERMINA REPORT?	TION	Yes	٨	0	\
report type)	ANNUAL REPOR	T 7.	Ye	ar 2021				FILIN	NG MI					PAPER		/	DISK	ETTE	
Name of Office S	ought by Candid	late:							DAT	ΈO	F ELE	CTI	ON	District Number	Office Code	Pai	ty Cod	e Cou	
									МО		DAY	Υ	/EAR	1	СРЈ	DEI	1	51	
JUDGE OF THE	COURT OF COM	MON PLE	EAS							11		2	2021		(SEE IN	STRUCTI	ONS FOI	CODES	5)
Summary of		МО		DAY	YEAR				МО		DAY	١	/EAR	FO	R OFFI	CE USE	ONLY	'	
Expenditures	from:		10	19	20	021	T	0		11		22	2021						
A. Amount Bro	ught Forward Fr	om Last F	Repo	ort				\$			(1	23,3	300.00)						
B. Total Moneta	ary Contribution	s And Red	ceipt	ts (From	Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines /	A and	d B)				\$			(1	.23,3	300.00)						
D. Total Expend	ditures (From So	hedule I	II)					\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	Fro	m Line C	:)			\$			(1	23,3	300.00)						
F. Value Of In-	Kind Contributio	ns Receiv	red ((From Sc	hedul	e II))	\$					0.00						
G. Unpaid Debt	s And Obligation	ıs (From	Sche	edule IV)			\$					0.00			•			
					AFF	IDA	VI	ΓSE	CTI	NC									
PART I - If this is	a Committee re	port, trea	asur	er sign h	ere. I	f thi	s is	a Car	ndida	te re	port, o	cand	lidate sig	ın here.					
I swear (or affirm) correct and comple		ncluding th	e att	ached sch	edules	filed	on	paper	or by	electr	ronic m	ediur	m, are to t	he best of	my kno	wledge	and be	lief , tı	rue
Sworn to and subs	cribed before me t	his	20)									Signature	of Person	Submit	ting Re	oort		-
	Signa	ture	_					- -						Print	ed Name	e			-
My Commission Ex	_									•				Emai	l				-
	мо	D	AY		YR			_			Ar	ea Co	ode	Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	aut	horized	Comm	ittee	e, Ca	andid	ate s	hall s	sign h	ere.							
I swear (or affirm) No 320) as amende		f my knowl	ledge	e and belie	ef this	politi	ical	comm	ittee l	nas no	ot viola	ted a	iny provis	ions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc		is											s	ignature o	f Candid	ate			-
-	day of —— ————		20 	·				-						Printe	d Name				-
My Commission Exp	Signatur	e						-						Emai	1				_
my Commission Exp																			_
	МО		PΑΥ		YR						Area	Code	-	Da	ytime T	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
GEORGE TWARDY	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 only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE 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 Fining 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	ame of Filing Committee or Candidate Report				ing 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	ame of Filing Committee or Candidate			Reporting Period						
			From: To:							
				D	ATE		A	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	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	ame of Filing Committee or Candidate			Reporting Period				
			From:			To:		
			•	D	ATE		А	MOUNT
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. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
	Juliana 1/ Butanet	. January rage,		••			\$	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	
GEORGE TWARDY	From:	<u>10/19/2021</u> To:	11/22/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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	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 Candidat	:e		Reporting	g Period					
	Fr					То:	Го:		
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL		
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (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)	Descri	ption of Ex	penditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00				