# **Campaign Finance Report**

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

|  | •                               |             |                      | _        | 1             |              |                    |                |              | _                      |                    | _            |              |              |              |
|--|---------------------------------|-------------|----------------------|----------|---------------|--------------|--------------------|----------------|--------------|------------------------|--------------------|--------------|--------------|--------------|--------------|
| Filer Identificati<br>Number :                                 | ion 2021                        | C0128       |                      |          | Repo<br>Filed |              | CANDI              | DATE           | $\checkmark$ | СС                     | OMMITTEI           |              | LOBE         | BYIST        |              |
| Name of Filing O   | Committee, Candic               | late or L   | obbyist:             |          | MCCAE         | BE, CA       | TERIA R            |                |              |                        |                    |              |              |              |              |
| Street Address:  |                                 |             |                      |          |               |              |                    |                |              |                        |                    |              |              |              |              |
| City:  |                                 |             |                      |          |               |              | State:             |                |              |                        | Zip Cod            | <b>e:</b> 19 | 150          |              |              |
| TYPE OF<br>REPORT  | 6TH TUESDAY<br>PRE-PRIMARY      | 1.          | 2ND FRIDA<br>PRIMARY | Y PRE    | - 2.          | 30 D<br>PRIM |                    | POST-          | 3.           |                        | AMENDMI<br>REPORT? | ENT          | Yes          | No           | $\checkmark$ |
| (place X to<br>the right of                                    | 6TH TUESDAY<br>PRE-ELECTION     | 4.          | ELECTION             |          |               |              | POST-              | 6.             |              | TERMINATION<br>REPORT? |                    | Yes          | No           | $\checkmark$ |              |
| report type)   | ANNUAL REPORT                   | 7. <b>X</b> | <b>Year</b> 2021     |          |               |              | NG METH            |                |              |                        | PAPER              |              | $\checkmark$ | DISKE        | TTE          |
| Name of Office S   |                                 |             | DATE O               | F ELE    | CTION         |              | District<br>Number | Office<br>Code | Par          | ty Code                | County<br>Code     |              |              |              |              |
| JUDGE OF THE   | μτδ                             |             | мо                   | DAY      | YEA           | R            | 1                  | CPJP           | DEN          | 1                      | 51                 |              |              |              |              |
| JODGE OF THE   |                                 | 11          |                      | 2        | 2021          | ]            | (SEE INS           | TRUCTI         | ONS FOR      | CODES)                 |                    |              |              |              |              |
|  | Receipts and                    | мо          | DAY                  | YEAF     | 2             |              | мо                 | DAY            | YEA          | R                      | FO                 |              | E USE        | ONLY         |              |
| Expenditures   | s from:                         |             | 11 23                | 2        | 021           | ТО           | 12                 |                | 31 2         | 2021                   |                    |              |              |              |              |
| A. Amount Bro  | ught Forward Fro                | m Last F    | leport               |          |               | \$           |                    | (              | 55,143       | .44)                   |                    |              |              |              |              |
| B. Total Monet   | ary Contributions               | And Rec     | eipts (Fron          | n Sche   | edule I)      | \$           | 5                  |                | 1,98         | 9.36                   |                    |              |              |              |              |
| C. Total Funds Available (Sum Of Lines A and B) \$ (53,154.08) |                                 |             |                      |          |               |              |                    |                |              |                        |                    |              |              |              |              |
| D. Total Expen   | ditures (From Sch               | edule II    | 1)                   |          |               | \$           | 5                  |                |              | 0.00                   |                    |              |              |              |              |
| E. Ending Cash   | Balance (Subtrac                | t Line D    | From Line            | C)       |               | 4            | 5                  | (              | 53,154       | .08)                   |                    |              |              |              |              |
| F. Value Of In-  | Kind Contribution               | s Receiv    | ed (From S           | chedu    | le II)        | \$           | 5                  |                |              | 0.00                   |                    |              |              |              |              |
| G. Unpaid Deb  | ts And Obligations              | (From       | Schedule IV          | /)       |               | \$           | 5                  |                |              | 0.00                   |                    |              |              |              |              |
|  |                                 |             |                      | AFF      | IDAV          | IT SE        | CTION              |                |              |                        |                    |              |              |              |              |
| PART I - If this is  | s a Committee rep               | ort, trea   | asurer sign          | here.    | If this i     | s a Ca       | ndidate r          | eport, o       | andida       | te sig                 | gn here.           |              |              |              |              |
| I swear (or affirm<br>correct and compl                        | ) that this report, inc<br>ete. | luding th   | e attached sc        | hedule   | s filed or    | 1 paper      | or by elect        | ronic m        | edium, a     | re to t                | the best of        | my know      | vledge       | and beli     | ef , true    |
| Sworn to and subs  | scribed before me thi<br>day of | S           | 20                   |          |               |              |                    |                | Sig          | nature                 | e of Person        | Submitt      | ing Rep      | oort         |              |
|  |                                 |             |                      |          |               | _            |                    |                |              |                        | Print              | ed Name      |              |              |              |
| My Commission E  | Signatu<br>xpires               | ire         |                      |          |               |              |                    |                |              |                        | Email              |              |              |              |              |
| -  | мо                              | D           | AY                   | YR       |               |              |                    | Are            | ea Code      |                        |                    | e Telepho    | one Nu       | mber         |              |
| Part II- If this is  | a report of a can               | didate's    | authorized           | Comr     | nittee, (     | Candic       | late shall         | sign he        | ere.         |                        |                    |              |              |              |              |
| I swear (or affirm)<br>No 320) as amende                       | ) that to the best of i<br>ed.  | ny knowl    | edge and beli        | ief this | s politica    | l comn       | nittee has n       | iot viola      | ted any      | provis                 | ions of the        | act of Ju    | ine 3,19     | 937 (P.L     | . 1333,      |
| Sworn to and subso   | cribed before me this           |             |                      |          |               |              |                    |                |              | s                      | ignature o         | f Candida    | ite          |              |              |
|  | day of<br>                      |             |                      |          |               |              |                    |                |              |                        | Printed            | l Name       |              |              |              |
|  | Signature                       |             |                      |          |               | _            |                    |                |              |                        |                    |              |              |              |              |
| My Commission Exp  | bires                           |             |                      |          |               |              |                    |                |              |                        | Emai               | l            |              |              |              |
|  | мо                              | D           | AY                   | YR       | ł             |              |                    | Area           | Code         |                        | Da                 | ytime Te     | elephon      | e Numb       | er           |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate  | Reporting | g Period         |              |                   |  |  |  |  |  |
|--|-----------|------------------|--------------|-------------------|--|--|--|--|--|
| MCCABE, CATERIA R  | From:     | <u>11/23/202</u> | <u>1</u> To: | <u>12/31/2021</u> |  |  |  |  |  |
| 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)              | \$           | 1,989.36          |  |  |  |  |  |
|  |           |                  |              |                   |  |  |  |  |  |
| 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 |           |                  | \$           | 1,989.36          |  |  |  |  |  |

PAGE 3

# 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 |       |                |     |     | Reporting Period |      |    |            |  |  |
|---------------------------------------|-------|----------------|-----|-----|------------------|------|----|------------|--|--|
|                                       |       |                | Fro | om: |                  | То   | :  |            |  |  |
|                                       |       |                |     |     | DATE             |      |    | AMOUNT     |  |  |
| Full Name of Contributing Committee   |       |                |     | мо  | DAY              | YEAR |    |            |  |  |
| Mailing Address                       |       |                |     |     |                  |      | \$ | 0.00       |  |  |
| City                                  | State | Zip Code (Plus | 4)  |     |                  |      |    |            |  |  |
|                                       |       |                |     |     |                  |      | Γ  | PAGE TOTAL |  |  |

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

\$

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |       |                   |  |          |       |      |    |        |  |
|---|-------|-------------------|--|----------|-------|------|----|--------|--|
| Name of Filing Committee or Candidat  | e     |                   |  | orting P | eriod | _    |    |        |  |
| From: To:   |       |                   |  |          |       |      |    |        |  |
|   |       |                   |  |          | 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  |      | А  | MOUNT      |
| Full Name of Contributing Comm        | nittee                |               |                  | мо   | DAY | YEAR |    |            |
| Mailing Address                       |                       |               |                  |      |     |      | \$ | 0.00       |
| City                                  | State                 | Zip Cod       | e (Plus 4)       |      |     |      |    |            |
|                                       |                       |               |                  |      |     | ſ    |    | PAGE TOTAL |
| Enter Grand Total of Part C or        | n Schedule I, Detaile | ed Summary Pa | 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 |     |
|---------------------------------------|------------------|-----|
|                                       | From:            | То: |

|  |                        |           |                  | D       | ATE   |      | АМ       | OUNT     |
|--|------------------------|-----------|------------------|---------|-------|------|----------|----------|
| Full Name of Contributor                         |                        |           |                  | мо      | DAY   | YEAR |          |          |
| Mailing<br>Address                               |                        |           |                  |         |       |      | \$       | 0.00     |
| City   | State                  | Zi        | p Code (Plus 4)  |         |       |      |          |          |
| Employer Name                                    |                        |           |                  | Occupat | tion  |      |          |          |
| Employer Mailing Address/Principal P<br>Business | lace of                |           | City             |         | State |      | Zip Code | (Plus 4) |
| Enter Grand Total of Part C on Sc                | hedule I <i>,</i> Deta | iled Sumr | narv Page, Secti | on 3.   |       | Γ    | PA       | GE TOTAL |
|  | ,                      |           | , . <u>.</u>     | -       |       |      | \$       | 0.00     |

I

### 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 Ca             | ndidate              |                            | Report  | ing Perio | d                |                   |    |            |
|--|----------------------|----------------------------|---------|-----------|------------------|-------------------|----|------------|
| MCCABE, CATERIA R From:                    |                      |                            |         |           | <u>11/23/202</u> | <u>12/31/2021</u> |    |            |
|  |                      |                            |         | D         | ATE              |                   |    | AMOUNT     |
| Full Name<br>Elect Cateria R. McCabe Judge |                      |                            |         | мо        | DAY              | YEAR              |    |            |
| Mailing Address PO Box 16736               |                      |                            |         |           |                  |                   | \$ | 1,989.36   |
| City Philadelphia                          | State<br>PA          | <b>Zip Code (</b><br>19139 | Plus 4) | 12        | 9                | 202:              | L  |            |
| Receipt Description Partial Loan Repayment |                      |                            |         |           |                  |                   |    |            |
| Enter Grand Total of Part E on             | Schedule I. Detailed | Summary Page               | Section | 4         |                  |                   |    | PAGE TOTAL |
|  |                      | Series y r age,            | 2221011 |           |                  |                   | \$ | 1,989.36   |

# 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 Perio   | od                           |                   |  |  |  |  |  |  |  |
|---|---|------------------------------|-------------------|--|--|--|--|--|--|--|
| MCCABE, CATERIA R   | From:   | <u>11/23/2021</u> <b>то:</b> | <u>12/31/2021</u> |  |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | I. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR |                              |                   |  |  |  |  |  |  |  |
| TOTAL for the Reporting Pe  | riod (1)  | \$                           | 0.00              |  |  |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR  | 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 (<br>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 |      |      |       |  |  |
|--|--------------------|-------------------|----------|------------------|------|------|-------|--|--|
|  | From:              |                   |          | То:              |      |      |       |  |  |
|  |                    |                   |          | DATE             |      | АМО  | UNT   |  |  |
| 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 Sched<br>Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum | mary Pag         | je,  | PAGE | TOTAL |  |  |
|  |                    |                   |          |                  | 4    | 6    | 0.00  |  |  |

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

| Name of Filing Committee or Candidate                           |             |        |            | Reporting Period |            |           |           |        |         |                 |
|---|-------------|--------|------------|------------------|------------|-----------|-----------|--------|---------|-----------------|
|   |             |        |            |                  | Fro        | om:       |           | То:    |         |                 |
|   |             |        |            |                  |            |           | DATE      |        |         | AMOUNT          |
| Full Name of Contributor  |             |        |            |                  |            | мо        | DAY       | YEAR   |         |                 |
| Mailing Address   |             |        |            |                  |            |           |           |        | \$      | 0.00            |
| City  | State       |        | Zip Code(I | Plus 4)          |            |           |           |        |         |                 |
| Employer of Contributor   | 1           |        | 1          |                  | Occupation |           |           |        |         |                 |
| Employer Mailing Address/Principal Place of City State Business |             |        |            |                  |            | Zip<br>4) | Code(Plus | Descri | ption o | of Contribution |
| Enter Grand Total of Part G on Sch                              | edule II, I | n-Kind | Contributi | ons De           | taile      | ed        |           |        |         | PAGE TOTAL      |
| Summary Page, Section 3.  | •           |        |            |                  |            |           |           |        |         | 0.00            |

# SCHEDULE III STATEMENT OF EXPENDITURES

| 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 on Page 1, Report Cover Page, Item D. |       |                   |                            |     |      |     | PAGE TOTAL |
|   |       |                   |                            |     |      | \$  | 0.00       |