Campaign Finance Report

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

Filer Identification 2021C0267 Re Number : Fil							:	CANDI	DATE	✓	co	OMMITTEE		LOBE	BYIST			
	Committee, Candida	ate or Lo	bbyist:					WEENEY										
Street Address:																		
City:							:	State:				Zip Code: 15212						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		2ND FRIDA` PRIMARY	Y PRE	- 2.		D DAY RIMA		POST-	ST- 3.		AMENDMENT REPORT?		Yes	No)	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION		2ND FRIDA ELECTION	Y PRE	E- 5.) DAY LECTI		POST-	6.		TERMINATION REPORT?		Yes	Nc)	\checkmark	
report type)	ANNUAL REPORT	7. X	Year 2021					G METHO CHECK OI				PAPER		\checkmark	DISKE	TTE		
Name of Office S	Sought by Candidat	te:			-			DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Cour		
								мо	DAY	YE	AR	5	CPJ	DEN	1	-		
JUDGE OF THE	COURT OF COMM	UN PLEA	15					11		2	2021		(SEE INS	TRUCTIO	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YE	AR	FOI	R OFFIC	e use	ONLY			
Expenditures	; from:	1	1 23	2	021	то		12	3	1	2021						_	
A. Amount Bro	ught Forward Fron	n Last Re	port				\$				0.00							
B. Total Moneta	ary Contributions A	And Rece	ipts (From	n Sche	dule I))	\$				0.00							
C. Total Funds	Available (Sum Of	Lines A a	and B)				\$				0.00							
D. Total Expen	ditures (From Sche	edule III)				\$				0.00							
E. Ending Cash	Balance (Subtract	t Line D F	rom Line (C)			\$				0.00							
F. Value Of In-	Kind Contributions	Receive	d (From So	chedu	le II)		\$				0.00	-						
G. Unpaid Debt	ts And Obligations	(From So	chedule IV	')			\$				0.00							
				AFF	IDAV	'IT :	SEC	CTION										
	s a Committee repo	-	_									-						
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	hedule	s filed o	n pap	per o	r by electi	ronic me	dium,	are to	the best of	my know	ledge	and beli	ief , tr	ue	
Sworn to and subs	cribed before me this day of		20							Si	gnaturo	e of Person	Submitti	ing Rep	ort		-	
	Signatu	re				_						Print	ed Name				-	
My Commission Ex	-											Email					_	
	мо	DA	Y	YR					Are	a Cod	2	Daytime	e Telepho	one Nu	mber			
Part II- If this is	a report of a cand	lidate's a	uthorized	Comn	nittee,	Can	dida	te shall :	sign he	re.								
No 320) as amende		ny knowled	dge and beli	ef this	s politica	al co	mmit	ttee has n	ot violat	ed any	/ provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 133	З,	
Sworn to and subso	ribed before me this day of		20						Signature of Candidate							-		
								Printed Name								-		
My Commission Exp	Signature											Email					-	
	мо	DA		YR	2				Area	Code		Da	ytime Te	lephon	e Numb	er	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PATRICK A. SWEENEY From: <u>11/23/2021</u> To: 12/31/2021 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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						
				From: To:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee			м	10	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 B 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 Candida	te		Rep	orting P	eriod					
			Fror	From: Te):			
					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		A	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	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						
			Fror	n:		Т):			
				D/	ATE		АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Plu	s 4)							
Employer Name		-		Occupat	ion					
Employer Mailing Address/Principal Pla	ce of Business	City			State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	, Sectio	on 3.			РА \$	GE TOTAL 0.00		

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 Candidate			Report	ing Perio	d			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR	\$ 0.0	00
Mailing Address								
City	State	Zip Code (Plus 4)					
Receipt Description	·							
		_	.				PAGE TOTAL	
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary Page,	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 Perio	d	
PATRICK A. SWEENEY	From:	<u>11/23/2021</u> то:	<u>12/31/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	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 (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			Reporting Period						
F			From:			То:			
				DATE			AMOUNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address] \$	0.0)0	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_	
						\$	0.0	0	

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

Name of Filing Committee or Candidate				Reporting Period						
				m:		То:				
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period					
				From					
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)				Description of Expenditure					
Enter Grand Total of Exponditures	on Page 1. Penert (Cover Bage Item [`				PAGE TOTAL		
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		

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