

Campaign Finance Report

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

| | | | | | | | | | | | |
|--|--------------------------|--------------------------|-------------------------|------------------------------------|-------------------------|--|--|---|--|-------------------|--------------------|
| Filer Identification Number : 20210050 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | | |
| Name of Filing Committee, Candidate or Lobbyist: Maria McLaughlin for Supreme Court | | | | | | | | | | | |
| Street Address: 1900 JFK Blvd,12320 | | | | | | | | | | | |
| City: Philadelphia | | | | | State: PA | | Zip Code: 19130 | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY POST-PRIMARY | 3. | AMENDMENT REPORT? | Yes | No <input checked="" type="checkbox"/> | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | Yes <input checked="" type="checkbox"/> | No | | |
| | ANNUAL REPORT | 7. X | Year 2021 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | DISKETTE | | | |
| Name of Office Sought by Candidate: JUSTICE OF THE SUPREME COURT | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | | MO | DAY | YEAR | -1 | SPM | DEM | 51 |
| | | | | | 11 | 2 | 2021 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | |
| | | 11 | 23 | 2021 | | 12 | 31 | 2021 | | | |
| A. Amount Brought Forward From Last Report | | | | | \$ | | 165,478.11 | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | \$ | | 0.00 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | \$ | | 165,478.11 | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ | | 165,478.11 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | \$ | | 0.00 | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | \$ | | 0.00 | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | \$ | | 0.00 | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Signature

Printed Name

My Commission Expires

Email

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| Maria McLaughlin for Supreme Court | From: <u>11/23/2021</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) | \$ 0.00 |

| | |
|---|---------|
| Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 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 Candidate | Reporting Period |
| | From: To: |

| DATE | | | AMOUNT |
|------|--|--|--------|
|------|--|--|--------|

| | | | | | | |
|-------------------------------------|-------|-------------------|----|-----|------|--------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$0.00 |
| Mailing Address | | | | | | |
| 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: To: |

| | | | DATE | | | AMOUNT |
|-------------------------------------|-------|-------------------|------|-----|------|---------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| | |
|-------------------|------|
| PAGE TOTAL | |
| \$ | 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: To: |

| | | | | DATE | AMOUNT | | |
|--|-------|-------------------|------|------------|--------|-------------------|---------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | Zip Code (Plus 4) | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE 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 | Reporting Period From: To: |
|---------------------------------------|--|

| | | | DATE | | | AMOUNT |
|---------------------|-------|-------------------|------|-----|------|---------|
| Full Name | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Receipt Description | | | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

| |
|-------------------|
| PAGE TOTAL |
| \$ 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 Period | |
| Maria McLaughlin for Supreme Court | | From: <u>11/23/2021</u> To: <u>12/31/2021</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period | | (1) | \$ 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period | | (2) | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period | | (3) | \$ 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) | | | \$ 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 From: To: |
|---------------------------------------|--|

| | | | DATE | | | AMOUNT |
|---|-------|-------------------|------|-----|------|----------------------------------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | | | PAGE TOTAL \$ 0.00 |

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

| | | | | | | | |
|---|-------|------------------|-------|------------------|-----------------------------|--------------------|---------|
| Name of Filing Committee or Candidate | | | | Reporting Period | | | |
| | | | | From: | | To: | |
| | | | | DATE | | AMOUNT | |
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | | |
| City | State | Zip Code(Plus 4) | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code(Plus 4) | Description 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 | Reporting Period |
| Maria McLaughlin for Supreme Court | From <u>11/23/2021</u> To: <u>12/31/2021</u> |

| | | | | DATE | AMOUNT | | |
|---------------------------------------|----------|-----------------------------|--|------|--------|------|-----------|
| To Whom Paid | | | | MO | DAY | YEAR | \$ |
| 76 Words | | | | | | | |
| Mailing Address 926 N St NW Rear NW | | | | 11 | 23 | 2021 | 8,250.00 |
| City Washington | State DC | Zip Code (Plus 4) 200014485 | Description of Expenditure Production | | | | |
| To Whom Paid | | | | MO | DAY | YEAR | \$ |
| Advantage PEP | | | | | | | |
| Mailing Address 647 W Union St | | | | 12 | 3 | 2021 | 8,000.00 |
| City Whitehall | State PA | Zip Code (Plus 4) 180525231 | Description of Expenditure Consulting Fee | | | | |
| To Whom Paid | | | | MO | DAY | YEAR | \$ |
| Advantage PEP | | | | | | | |
| Mailing Address 647 W Union St | | | | 12 | 21 | 2021 | 22,000.00 |
| City Whitehall | State PA | Zip Code (Plus 4) 180525231 | Description of Expenditure Consulting Fee | | | | |
| To Whom Paid | | | | MO | DAY | YEAR | \$ |
| Bridge Across PA PAC | | | | | | | |
| Mailing Address 2021 Ogden St # 1 | | | | 12 | 31 | 2021 | 98,763.48 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191301422 | Description of Expenditure Contribution | | | | |
| To Whom Paid | | | | MO | DAY | YEAR | \$ |
| CVS Pharmacy | | | | | | | |
| Mailing Address 1424 Chestnut St # 26 | | | | 12 | 13 | 2021 | 849.98 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191022556 | Description of Expenditure Operating expenditure | | | | |
| To Whom Paid | | | | MO | DAY | YEAR | \$ |
| CVS Pharmacy | | | | | | | |
| Mailing Address 1424 Chestnut St # 26 | | | | 12 | 13 | 2021 | 1,052.80 |
| City Philadelphia | State PA | Zip Code (Plus 4) 191022556 | Description of Expenditure Operating expenditure | | | | |

| | | | | | | |
|---------------------------------------|----------|-----------------------------|---|-----|------|-----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 319.98 |
| CVS Pharmacy | | | | | | |
| Mailing Address 1424 Chestnut St # 26 | | | 12 | 17 | 2021 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191022556 | Description of Expenditure Operating expenditure | | | |

| | | | | | | |
|---------------------------------------|----------|-----------------------------|---|-----|------|-----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 466.19 |
| CVS Pharmacy | | | | | | |
| Mailing Address 1424 Chestnut St # 26 | | | 12 | 20 | 2021 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191022556 | Description of Expenditure Operating expenditure | | | |

| | | | | | | |
|--------------------------------------|----------|-----------------------------|--|-----|------|-----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 259.00 |
| Eddie V's Prime Seafood | | | | | | |
| Mailing Address 501 Grant St Ste 100 | | | 12 | 16 | 2021 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 152194413 | Description of Expenditure Meal expense | | | |

| | | | | | | |
|--------------------------------------|----------|-----------------------------|--|-----|------|-----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 207.81 |
| Eddie V's Prime Seafood | | | | | | |
| Mailing Address 501 Grant St Ste 100 | | | 12 | 17 | 2021 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 152194413 | Description of Expenditure Meal expense | | | |

| | | | | | | |
|-----------------------------------|----------|-----------------------------|--|-----|------|-------------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 1,000.00 |
| Nick Famularo | | | | | | |
| Mailing Address 1832 S Cappero Dr | | | 12 | 21 | 2021 | |
| City St Augustine | State FL | Zip Code (Plus 4) 320924768 | Description of Expenditure Reimbursements | | | |

| | | | | | | |
|-----------------------------------|----------|-------------------------|--|-----|------|-----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 692.06 |
| Fine Wine & Good Spirits | | | | | | |
| Mailing Address 8 Penn Center Plz | | | 12 | 20 | 2021 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19103 | Description of Expenditure Catering Expense | | | |

| | | | | | | |
|----------------------------------|----------|-----------------------------|--|-----|------|-------------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 2,202.80 |
| Dianne Gregg | | | | | | |
| Mailing Address 148 Rock Hill Rd | | | 12 | 3 | 2021 | |
| City Centre Hall | State PA | Zip Code (Plus 4) 168287908 | Description of Expenditure Consulting Fee | | | |

| | | | | | | |
|-----------------------------------|----------|-----------------------------|--|-----|------|-------------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 5,000.00 |
| Keystone Political Advising, LLC | | | | | | |
| Mailing Address 2021 Ogden St # 1 | | | 12 | 1 | 2021 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191301422 | Description of Expenditure Consulting Fee | | | |

| | | | | | | |
|--------------------------------|----------|-----------------------------|---|-----|------|----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 15.00 |
| Market Square Garage | | | | | | |
| Mailing Address 228 Forbes Ave | | | 12 | 20 | 2021 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 152221806 | Description of Expenditure Parking and tolls | | | |

| | | | | | | |
|--------------------------------|----------|-----------------------------|---|-----|------|----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 15.00 |
| Market Square Garage | | | | | | |
| Mailing Address 228 Forbes Ave | | | 12 | 20 | 2021 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 152221806 | Description of Expenditure Parking and tolls | | | |

| | | | | | | |
|--------------------------------|----------|-----------------------------|---|-----|------|----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 20.00 |
| Market Square Garage | | | | | | |
| Mailing Address 228 Forbes Ave | | | 12 | 20 | 2021 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 152221806 | Description of Expenditure Parking and tolls | | | |

| | | | | | | |
|---|----------|-----------------------------|---|-----|------|----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 45.69 |
| NGP Van, Inc. | | | | | | |
| Mailing Address 1101 15th St NW Ste 500 | | | 12 | 2 | 2021 | |
| City Washington | State DC | Zip Code (Plus 4) 200055006 | Description of Expenditure Finance Services Fees | | | |

| | | | | | | |
|---|----------|-----------------------------|---|-----|------|-------------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 2,268.00 |
| NGP Van, Inc. | | | | | | |
| Mailing Address 1101 15th St NW Ste 500 | | | 12 | 9 | 2021 | |
| City Washington | State DC | Zip Code (Plus 4) 200055006 | Description of Expenditure Finance Services Fees | | | |

| | | | | | | |
|---|----------|-----------------------------|---|-----|------|-------------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 2,268.00 |
| NGP Van, Inc. | | | | | | |
| Mailing Address 1101 15th St NW Ste 500 | | | 12 | 31 | 2021 | |
| City Washington | State DC | Zip Code (Plus 4) 200055006 | Description of Expenditure Finance Services Fees | | | |

| | | | | | | |
|------------------------------------|----------|-----------------------------|--|-----|------|-------------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 1,000.00 |
| Daniel O'Connell | | | | | | |
| Mailing Address 5429 Woodcrest Ave | | | 12 | 2 | 2021 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191311331 | Description of Expenditure Reimbursements | | | |

| | | | | | | |
|-------------------------------------|----------|-----------------------------|--|-----|------|----------|
| To Whom Paid | | | MO | DAY | YEAR | \$ 62.10 |
| Palm Court | | | | | | |
| Mailing Address 530 William Penn Pl | | | 12 | 20 | 2021 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 152191820 | Description of Expenditure Meal expense | | | |

| | | | | | | |
|---------------------------------------|--------------------|---------------------------------------|--|------------|-------------|-------------|
| To Whom Paid PNC Bank | | | MO | DAY | YEAR | \$ 1,319.00 |
| Mailing Address 1511 Walnut St | | | 12 | 1 | 2021 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191023018 | Description of Expenditure Bank Service Charge | | | |

| | | | | | | |
|---------------------------------------|--------------------|---------------------------------------|---|------------|-------------|---------|
| To Whom Paid PNC Bank | | | MO | DAY | YEAR | \$ 0.18 |
| Mailing Address 1600 Market St | | | 12 | 31 | 2021 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191037240 | Description of Expenditure BANK FEE | | | |

| | | | | | | |
|---------------------------------------|--------------------|---------------------------------------|---|------------|-------------|-----------|
| To Whom Paid Revel | | | MO | DAY | YEAR | \$ 337.30 |
| Mailing Address 242 Forbes Ave | | | 12 | 20 | 2021 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 152221806 | Description of Expenditure Meal expense | | | |

| | | | | | | |
|---|--------------------|---------------------------------------|---|------------|-------------|----------|
| To Whom Paid Square on Square Contemporary Chinese Restaurant | | | MO | DAY | YEAR | \$ 93.72 |
| Mailing Address 274 S 20th St | | | 12 | 21 | 2021 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191035601 | Description of Expenditure Meal Expense | | | |

| | | | | | | |
|--|--------------------|---------------------------------------|---|------------|-------------|-------------|
| To Whom Paid Strassheim Graphic Design and Press Corp. | | | MO | DAY | YEAR | \$ 8,692.92 |
| Mailing Address 1550 Spring Garden Street, Ste 225 | | | 12 | 9 | 2021 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191304009 | Description of Expenditure Printing Fee | | | |

| | | | | | | |
|---|--------------------|---------------------------------------|---|------------|-------------|-----------|
| To Whom Paid The Capital Grille | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 301 5th Ave | | | 12 | 20 | 2021 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 152222420 | Description of Expenditure meal expense | | | |

| | | | | | | |
|---|--------------------|---------------------------------------|---|------------|-------------|----------|
| To Whom Paid United States Postal Service | | | MO | DAY | YEAR | \$ 27.10 |
| Mailing Address 622 S 4th St Ste 1 | | | 11 | 30 | 2021 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 191471592 | Description of Expenditure Shipping expense | | | |

| | | | | | | |
|--|--|--|--|--|--|-------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 165,478.11 |

