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 : | i on 2021 | .C0064 | | | Report Filed E | | CANDI | DATE | ✓ | СС | OMMITTEE | | LOBE | BYIST | | | | |
|--|--|-------------|-----------------------|---------|-------------------|---------------|---------------------|----------|----------|---------|------------------------|----------------|---------|----------------|----------------|--|--|--|
| Name of Filing O | Committee, Candid | late or L | obbyist: | - | TIMIKA | LANE | | | | _ | | | | | | | | |
| Street Address: | Street Address: | | | | | | | | | | | | | | | | | |
| City: | | | | | | | State: | | | | Zip Cod | e: 19 | 151 | | | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | 2. | 30 DA PRIM | | POST- | 3. | | AMENDME REPORT? | ENT | Yes | No | \checkmark | | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | - 5. | 30 DA | | POST- | 6. | | TERMINATION REPORT? | | Yes | ✓ No | | | | |
| report type) | ANNUAL REPORT | 7. X | Year 2021 | | | | NG METHO CHECK O | | | | | \checkmark | DISKE | TTE | | | | |
| Name of Office S | L Sought by Candida | te: | | | | | DATE O | F ELEC | CTION | | District Number | Office Code | Par | ty Code | County Code | | | |
| | | | | | | | мо | DAY | YEA | R | -1 | SPR | DEN | 1 | | | | |
| JUDGE OF THE | SUPERIOR COUR | .1 | | | | | 11 | | 2 2 | 2021 | | (SEE INS | TRUCTIO | ONS FOR CODES) | | | | |
| | Receipts and | мо | DAY | YEAR | | | мо | DAY | YEA | R | FOF | ROFFIC | e use | ONLY | | | | |
| Expenditures | s from: | | 11 23 | 20 |)21 T | 0 | 12 | 3 | 31 2 | 2021 | | | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | \$ | | | | 0.00 | | | | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (Fron | n Scheo | dule I) | \$ | | | | 0.00 | | | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | \$ | | | | 0.00 | | | | | | | | |
| D. Total Expen | ditures (From Sch | edule II | I) | | | \$ | | | | 0.00 | | | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line | C) | | \$ | | | (| 0.00 | | | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From S | chedul | e II) | \$ | | | (| 0.00 | | | | | | | | |
| G. Unpaid Deb | ts And Obligations | (From S | Schedule IV | ') | | \$ | | | | 0.00 | | | | | | | | |
| | | | | AFF. | IDAVI | T SE | CTION | | | | | | | | | | | |
| | s a Committee rep | • | - | | | | | • • | | _ | - | | | | | | | |
| I swear (or affirm correct and complete |) that this report, inc ete. | luding the | e attached sc | hedules | filed on | paper | or by elect | ronic me | edium, a | re to f | the best of | my know | ledge | and beli | ef , true | | | |
| Sworn to and subs | cribed before me thi day of | 5 | 20 | | | | | | Sig | nature | e of Person | Submitt | ing Rep | oort | | | | |
| | Signatu | ire | | | | _ | | | | | Printe | ed Name | | | | | | |
| My Commission E | - | - | | | | _ | | | | | Email | | | | | | | |
| | мо | D | AY | YR | | | | Are | a Code | | Daytime | e Telepho | one Nu | mber | | | | |
| Part II- If this is | a report of a can | didate's | authorized | Comm | ittee, C | andid | ate shall | sign he | ere. | | | | | | | | | |
| | 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 subso | worn to and subscribed before me this day of 20 Signature of Candidate | | | | | | | | | | | | | | | | | |
| | • • • | | | | | _ | | | | | Printed | Name | | | — | | | |
| My Commission Exp | Signature | | | | | - | | | | | Email | | | | | | | |
| | | | | | | - | | | | | | | | | | | | |
| | МО | D | AY | YR | | | | Area (| Code | | Day | ytime Te | lephon | e Numb | er | | | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** TIMIKA LANE 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 Candidat | Name of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|--|---------------------------------------|------------------|----|-----------|------------------|------|----|------------|--|--|
| | | | | From: To: | | | 1 | | | |
| | | | | | DATE | | | AMOUNT | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4 | 4) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| | | | | | | | | | | |
| inter 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 Candidate Repo | | | | | eriod | | | | |
| | | | Fror | 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 | eporting Period | | | | | |
|--|-------|---------|------------|-----------------|-----|------|------------|------------|--|
| | | | | То: | | | | | |
| | | | | DA | TE | | A | MOUNT | |
| 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 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 | | | | n: To: | | | | | |
| | | | | DATE AMOUNT | | | | IOUNT | |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 | |
| Mailing Address | | | | | | | | | |
| City | State | Zip Code (Pl | ıs 4) | | | | | | |
| Employer Name | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Plac | ce of Business | City | | • | State | | Zip Code | e (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: | n: To: | | | | | |
| | | | | D | ATE | | | AMOUNT | |
| Full Name | | | | мо | DAY | YEAR | \$ | | 0.00 |
| Mailing Address | | | | | | | | | |
| City | State | Zip Code (| Plus 4) | | | | | | |
| Receipt Description | | • | | | • | | • | | |
| | | _ | | _ | | | | PAGE TOT | AL |
| Enter Grand Total of Part E on Schedu | le I, 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 | ing Period | | | | | | |
|---|-----------------|-----------------------|-------------------|--|--|--|--|--|
| TIMIKA LANE | 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 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 (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 | | | | | | | | |
|--|-------|-------------------|------------|--------|------|-------------|--------|--|--|--|--|--|
| | | | From: | | | То: | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | DATE | | | AMOUNT | | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | | | | | | | |
| Mailing Address | | | | | | 7 \$ | 0.0 | | | | | |
| City | State | Zip Code (Plus 4) | | | | | | | | | | |
| Description of Contribution: | • | - | - ! | | | | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, PAGE TOTA Section 2. | | | | | | | | | | | | |
| | | | | | | \$ | 0.0 | | | | | |

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

| Name of Filing Committee or Candidate | 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 | tate Zip Code(Plus 4) Descriptio | | ption of Contribution | | | | | |
| Enter Grand Total of Part G on Scho Summary Page, Section 3. | edule II, In-Kind | d Contributions D | etaile | ed | | | PAGE TOTAL 0.00 | | | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | 1 | | Reporting Period | | | | | | |
|---------------------------------------|---------------------|--------------------|------------------|-------------|------------|----|------|--|--|
| | | | | From | | | То: | | |
| | DATE | | | AMOUNT | | | | | |
| To Whom Paid | мо | DAY | YEAR | | | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | Descrip | tion of Exp | oenditure | | | | |
| Enter Crand Tatal of Evnanditures | | | | | PAGE TOTAL | | | | |
| Enter Grand Total of Expenditures of | on Page 1, Report C | lover Page, Item L | | | | \$ | 0.00 | | |

9/14/2025 1:56:46 AM