Campaign Finance Report

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

				-	1	-				_		_	1.67		
Filer Identificat Number :	ion 202	21C0069			Repo Filed		CANDI	DATE	\checkmark	co	OMMITTE		LOBI	BYIST	
Name of Filing (Committee, Cand	idate or L	obbyist:		MICHE	LE HAI	NGLEY								
Street Address:															
City:							State:			Zip Cod	e: 19	106			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?	ENT	Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.	30 DA		POST-	6.		TERMINA REPORT?	TION	Yes	No	\checkmark
report type)	ANNUAL REPOR	T 7. X	Year 2021				NG METHO				PAPER		\checkmark	DISKE	TTE
Name of Office Sought by Candidate:							DATE O	F ELE			District Number	Office Code	Par	ty Code	County Code
JUDGE OF THE	COURT OF COM	MON PLE	AS				мо	DAY	YEA	R	1	CPJ	DEN	1	
		-	-				11		2	2021		(SEE INS	STRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAF	٤		мо	DAY	YEA	R	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		11 23	2	021	ГО	12	(-)	31	2021					
A. Amount Bro	ught Forward Fr	om Last R	leport			\$				0.00					
B. Total Monet	ary Contribution	s And Rec	eipts (Fron	n Sche	dule I)	\$				0.00					
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00															
D. Total Expen	ditures (From Sc	hedule II	1)			\$		1	L19,94	2.76					
E. Ending Cash	Balance (Subtra	ict Line D	From Line	C)		\$		(1	19,942	.76)	4				
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le II)	\$				0.00					
G. Unpaid Deb	ts And Obligatior	s (From S	Schedule IV	()		\$				0.00					
				AFF	IDAV	IT SE	CTION								
PART I - If this i			-							-	-				
I swear (or affirm correct and compl) that this report, ir ete.	cluding the	e attached sc	hedule	s filed or	ı paper	or by elect	ronic me	edium, a	re to	the best of	my knov	vledge	and beli	ef , true
Sworn to and subs	scribed before me tl day of	nis	20						Sig	natur	e of Person	Submitt	ing Rep	oort	
	Signa	ture				_					Print	ed Name			
My Commission E	2										Emai	I			
	мо	D	AY	YR		_		Are	ea Code		Daytime	e Teleph	one Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorized	Comm	nittee,	Candid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of ed.	f my knowl	edge and beli	ief this	s politica	l comm	ittee has n	ot violat	ed any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	cribed before me the day of	is								s	ignature o	f Candida	ite		
											Printe	d Name			
Mu Commission 7	Signatur	e									Emai	1			
My Commission Exp	ores					_					Lind	-			
	МО	D	AY	YR	1			Area	Code		Da	ytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MICHELE HANGLEY 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.)

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:								
		·		DATE			AMOUNT		
Full Name of Contributing Com	nittee		мо	DAY	YEAR				
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)									
						Г	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 Candidat	e		Rep Fror	orting P	eriod	Τα):		
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
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	ittee			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			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	······	-	,				\$		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 Candidate			Reporting Period						
Fro			From:	rom: To:					
				D	ATE			AMOUNT	1
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description						•	•		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	Section				\$		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	
MICHELE HANGLEY	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 Re			Reporting Period					
Fr						То:		
				DATE		АМС	DUNT	
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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

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

Name of Filing Committee or Candidate				Rep	oorting P	eriod				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business			State		Zip Code(Plus Descri			ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				ng Period		Reporting Period					
MICHELE HANGLEY			From	<u>11/2</u>	<u>3/2021</u>	То:	<u>12/31/2021</u>				
				DATE AMOUN							
To Whom Paid CITI			мо	DAY	YEAR						
Mailing Address PO BOX 6004				23	2021	\$	938.64				
CitySIOUX FALLSStateZip Code (Plus 4)SD57117				Description of Expenditure CREDIT CARD PAYMENT (WEBSITE AND FUNDRAISING)							
To Whom Paid CITI			мо	DAY	YEAR						
Mailing Address PO BOX 6004			12	6	2021	\$	157.20				
City SIOUX FALLS	State SD	Zip Code (Plus 4) 57117	-	otion of Exp T CARD PA			ISING EXPENSES)				
To Whom Paid FRIENDS OF MICHELE HANGLEY	<u> </u>		мо	DAY	YEAR						
Mailing Address PO BOX 40381			12	21	2021	\$	118,846.92				
CityPHILADELPHIAStateZip Code (Plus 4)PA19106				otion of Exp			1ITTEE				
Enter Grand Total of Expenditures	on Page 1 P	enert Cover Page Item					PAGE TOTAL				
	on Page 1, K	eport cover Page, Item	υ.			\$	119,942.76				