Campaign Finance Report

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

Filer Identificat	ion	2021	C0149		5	Repo	rt	CAN	DIDA	ATE .		OMMITTE	E	LOB	BYIST	
Number :						Filed	-									
Name of Filing (Committe	e, Candida	ate or L	obbyist:		ANTHO	DNY DE	LUCA								
Street Address:																
City:								State:				Zip Cod	l e: 15	228		
TYPE OF REPORT	6TH TUE		1.	2ND FRIDA PRIMARY	AY PRE	- 2.	30 D/ PRIM		POS	ST- 3		AMENDM REPORT?		Yes	No	 Image: A start of the start of
(place X to the right of	6TH TUE	CTION	4.	2ND FRIDA	AY PRI	E- 5.	30 DA ELEC		POS	ST- 6	•	TERMINA REPORT?		Yes	No	 Image: A start of the start of
report type)	ANNUAL	. REPORT	7. X	Year 2021				FILING METHOD () CHECK ONE								
Name of Office	Sought by	y Candidat	te:	-				DATE	OF	ELEC	TION	District Number	Office Code	Par	ty Code	County Code
JUDGE OF THE				A.C.				мо	D	ΑΥ	YEAR	5	CPJ	D/F	L	
JUDGE OF THE	COURT		ON PLL	AS				1	.1	2	2021]	(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		s and	мо	DAY	YEAF	2		мо	D	AY	YEAR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:			11 23	3 2	021	то	I	12	31	. 2021					
A. Amount Bro	ought For	ward Fron	n Last R	eport			\$				0.00					
B. Total Monet	ary Conti	ributions /	And Rec	eipts (Fror	n Sche	edule I)	\$;			0.00					
C. Total Funds	Available	e (Sum Of	Lines A	and B)			\$;			0.00					
D. Total Expen	ditures (From Sche	edule II	I)			\$;			0.00					
E. Ending Cash	n Balance	(Subtract	t Line D	From Line	C)		\$;			0.00	-				
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	Schedu	le II)	\$;			0.00	_				
G. Unpaid Deb	ts And Ol	oligations	(From S	Schedule I	V)		\$				0.00					
					AFF	IDAV	IT SE	CTIO	N							
PART I - If this i	s a Comn	nittee repo	ort, trea	isurer sign	here.	If this	is a Ca	ndidate	repo	ort, ca	ndidate si	gn here.				
I swear (or affirm correct and compl		report, incl	uding the	e attached so	chedule	s filed o	n paper	or by ele	ctror	nic med	ium, are to	the best of	f my knov	vledge	and beli	ef , true
Sworn to and subs	scribed bef day of	ore me this	5	20							Signatur	e of Persor	n Submitt	ing Rej	oort	
		Signatu	re				_					Print	ed Name			
My Commission E	xpires								_			Emai	I			
		мо	D	AY	YR					Area	Code	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report	t of a cand	lidate's	authorized	d Comr	nittee,	Candid	late sha	ll sig	gn her	e.					
	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	Sworn to and subscribed before me this Signature of Candidate day of 20															
									_			Printe	d Name			
My Commission Exp		Signature										Emai	1			
	- -						_		_							
		мо	D	AY	YR	ł			1	Area Co	ode	Da	iytime Te	elephor	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** ANTHONY DELUCA 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:						
· · · ·					DATE	AMOUNT				
Full Name of Contributing Committee					DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	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 Candidate Reporting Period									
			Fror	From: To:					
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address	_	_					\$	0.00	
City	State	Zip Code (Plus 4	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	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,				on 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	State Zip Code		e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							P#	AGE 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 Can	didate		Report	Reporting Period						
			From:	m: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description										
			.					PAGE TOTAL		
Enter Grand Total of Part E on S	schedule I, Detailed	i Summary 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

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period										
ANTHONY DELUCA	From:	<u>11/23/2021</u> то:	<u>12/31/2021</u>								
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 (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				DAY	YEAR							
Mailing Address		_				7 \$		0.00				
City	State	Zip Code (Plus 4)										
Description of Contribution:			1									
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta Section 2.				ailed Summary Page, PAGE TO			PAGE TOTA	AL.				
						\$		0.00				

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	tion		•			
Employer Mailing Address/Principal Plac	lity	State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

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