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 :	on 201	70261				port ed B		CANE	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, Cand	idate or L	obbyist:		PEN	NNSY	LVAN	IANS F	OR \	WELL	QUA	LIFIED	JUDGE	S				
Street Address:																		
City:	MEDIA							State:	P	Α			Zip Cod	l e: 19	063			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRI PRIMARY		≣-	2. X	30 DA		POS	ST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRI ELECTIO		E-	5.	30 DA		POS	ST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPOR	T 7.	Year 20	22				IG METI CHECK					PAPER		√	DISK	ETTE	
Name of Office S	ought by Candid	ate:						DATE	OF I	ELEC	TIO	N	District Number	Office Code	Pai	ty Code	Cour	
								МО	D.	AY	YE	AR			<u> </u>			
								1	1		8	2022		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		МО	DAY	YEA	R			мо	D	AY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:		3	29 2	2022	T	0		5		2	2022						
A. Amount Bro	ught Forward Fro	om Last R	eport				\$					0.00						
B. Total Moneta	ary Contribution	s And Rec	eipts (Fr	om Sch	edule	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash	Balance (Subtra	ct Line D	From Lir	ne C)			\$				2	10.84						
F. Value Of In-	Kind Contributio	ns Receiv	ed (Fron	Sched	ule I	I)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	IV)			\$					0.00		,				
				AF	FID	AVI	T SE	CTION	J									
PART I - If this is		-	_						=	-		_						
I swear (or affirm) correct and comple		cluding the	e attached	schedule	es file	ed on	paper	or by ele	ctron	nic me	dium,	are to t	he best of	my knov	vledge	and be	ief , tr	ue
Sworn to and subs	cribed before me tl day of	nis	20						_		Si	gnature	of Persor	Submitt	ing Re	oort		_
	Signa	ture					- -		_				Print	ed Name				_
My Commission Ex	_								_				Emai	I				-
	мо	D	AY	YI	2		_			Area	a Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authoriz	ed Com	mitte	ee, C	andid	ate sha	ll sig	gn he	re.							
I swear (or affirm) No 320) as amende		my knowle	edge and l	elief thi	s poli	itical	comm	ittee has	not	violate	ed any	/ provisi	ons of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc		S							_			Si	gnature o	f Candida	ite			_
	day of		_ ²⁰ _				-		_				Printe	d Name				-
	Signature						-							_				_
My Commission Exp	ires												Emai	I				
	мо	D	AY	Y	R		•		_	Area C	ode		Da	ytime Te	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
PENNSYLVANIANS FOR WELL QUALIFIED JUDGES	From:	<u>3/29/202</u>	<u>2</u> To:	5/2/2022
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	\$	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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	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 Candidat	e		Reporting Period						
		1	From:		То	:			
				DATE			AMOUNT		
Full Name of Contributing Committee			МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

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							
	From: To) :					
					DATE			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	•)							
								PAGE TOTAL		

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	ame of Filing Committee or Candidate		Reporting Period							
			From:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00	
Mailing Address							+	U	.00	
City	State	Zip Code	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Schedule I, Detailed Summary P			age, Sectio	n 3.			\$	0.0	00	

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				Rep	orting Pe	riod					
				Fror	n:			To:			
					D	ATE			Α	MOUNT	
Full Name of Contributor					МО	DAY	YEA	ıR	\$		0.00
Mailing Address											
City	State	Zip	p Code (Plus	5 4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Place	ce of Business		City	- 			de (Plus 4)			
Enter Grand Total of Part C on Sche	tal of Part C on Schedule I, Detailed Summary Page, Section 3.						ı	PAGE TOTA	NL		
								\$		(0.00

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 Peri	od			
			From:			To:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>				•		<u> </u>	
Futor Curred Total of Doub	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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 Period	1						
PENNSYLVANIANS FOR WELL QUALIFIED JUDGES	From:	3/29/2022 To :	<u>5/2/2022</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR							
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)							
TOTAL for the Reporting Pe	eriod (2)	\$	0.00					
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)								
TOTAL for the Reporting Pe	eriod (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,		\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Can	didate		Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						7 \$	0.0	10
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai			led Sun	ımary Pa	ge,	PAGE TOTAL		
Section 2.						\$	0.0	0

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
	From:						To:			
						DATE	AMOUNT			
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Place of Business City				State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting Period				
	From			То:					
				DATE			AMOUNT		
To Whom Paid	МО	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)) Description of Expenditure						
Enter Grand Total of Evnenditures on Dago 1. Depart Cover Dago 1 tom l			`				PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	0.00		