#### **Campaign Finance Report**

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

Filer Identification 20150130 Number :							port ed B		CANI	DID	ATE		СОМ	<b>4ITTEE</b>	✓	LOBI	BYIST		
Name of Filing C	Committee,	Candida	ate or L	obbyist:		MA.	JOR,	RANI	A FRIE	NDS	S OF				_				
Street Address:	1806 K	KATER S	ST																
City:	PHILAD	DELPHI <i>A</i>	4						State:	F	PA			<b>Zip Code:</b> 19146					
TYPE OF REPORT	6TH TUESD. PRE-PRIMAI		1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		PO	ST-	Г- 3.		AMENDMENT REPORT?		Yes	No		
(place X to the right of	6TH TUESD PRE-ELECTI		4.	2ND FRIDAY	/ PRE	-	5.	30 DA ELECT		PO	ST-	6.		TERMINA REPORT		Yes	No		<b>/</b>
report type)	ANNUAL R	EPORT	7. <b>X</b>	<b>Year</b> 2021					IG MET CHECK					PAPER DI			DISKE	TTE	
Name of Office S	Sought by C	Candidat	:e:	-					DATE	OF	ELEC	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
									МО	[	DAY	YE	AR	1	MCJ	DEN	1	51	
JUDGE OF THE	MUNICIPA	L COUR	T						1	11		2 2021 (SEE INSTRUCTIONS					ONS FOR O	CODES)	1
Summary of		and	МО	DAY	YEAR	1			МО	[	DAY	YI	AR	FOR OFFICE USE ONLY					
Expenditures	irom:			1 1	2	021	T	0	1	12	3	31	2021						
A. Amount Bro	ught Forwa	rd Fron	ı Last R	eport				\$				13,9	923.41						
B. Total Monet	ary Contrib	utions A	And Rec	eipts (From	Sche	dul	e I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)								\$				13,9	923.41						
D. Total Expenditures (From Schedule III) \$ 13,923.41																			
E. Ending Cash Balance (Subtract Line D From Line C)					<b>C)</b>			\$					0.00						
F. Value Of In-	Kind Contri	ibutions	Receiv	ed (From So	hedu	le I	Ί)	\$					0.00						
G. Unpaid Debt	s And Oblig	gations	(From S	Schedule IV	)			\$			1	41,1	.01.59			1			
					AFF	ΊD	AVI	T SE	CTIOI	V									
PART I - If this is	s a Commit	tee repo	ort, trea	surer sign l	nere.	If th	his is	a Can	didate	rep	ort, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		port, incl	uding the	attached sch	edules	s file	ed on	paper o	or by ele	ctro	nic me	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before day of	e me this		20						_		S	ignature	of Perso	n Submit	ting Rep	ort		
		Signatur	·e					- -		-				Prin	ted Name	•			_
My Commission Ex	cpires									-				Ema	il				-
I	М	o	D	AY	YR			_			Are	a Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of	f a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate sha	II si	gn he	re.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and belie	ef this	poli	itical	commi	ittee has	s not	violat	ed an	y provisi	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this								-			Si	ignature o	of Candid	ate			-
	day of ———			_ 20				_		-				Duit-	d Nama				_
	Sin	gnature						-						rinte	d Name				
My Commission Exp	_	,acai 6												Ema	il				-
		мо	D	AY	YR			-		-	Area (	Code		Da	aytime T	elephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
MAJOR, RANIA FRIENDS OF	From:	1/1/202	<u>1</u> To:	12/31/2021
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	(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 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

	his Part to itemize only with an aggregate valu								
Name of Filing Comm	ittee or Candidate		Re	porting	Period				
			From:			То	o:		
		-			DATE			AMOUNT	
Full Name of Contribution	ng Committee			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.

**PAGE TOTAL \$**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	e or Candidate		Rep	porting P	eriod			
			Fro	om:		<b>)</b> :		
			•		DATE		А	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	١					

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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	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	<b>)</b> :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section	on 3.			\$	PAGE TOTAL 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Period							
MAJOR, RANIA FRIENDS OF	From:	<u>1/1/2021</u> <b>To:</b>	<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	eriod (1)	\$	0.00					
. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	e				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>\$</b>	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting			
MAJOR, RANIA FRIENDS OF	From	<u>1/1/2021</u>	То:	<u>12/31/2021</u>
		DATE		AMOUNT

				DATE		AMOUNT	
To Whom Paid RANIA MAJOR				DAY	YEAR		
Mailing Address 1806 KATER ST				31	2021	\$	13,923.41
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19146	DEBT				
Futon Count Tabel of Forman ditu							
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							13,923.41

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period						
MAJOR, RANIA FRIENDS OF			From:		<u>1/1/2021</u> <b>To:</b>			12/31/2021	
					DATE			Outstanding Balance of Debt	
Name of Creditor RANIA MAJOR				мо	DAY	YEAR			
Mailing Address 1806 KATER ST				12	31	2020	<b>\$</b>	141,101.59	
City PHILADELPHIA	<b>State</b> PA	<b>Zip Code (Pl</b> 19146	us 4)	Description of Debt DEBT					
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	<b>PAGE TOTAL</b> 141,101.59	