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 2015	50130			Rep File			CAND	IDATE		СОМ	ITTEE	√	LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		MAJC	OR,	RANI	A FRIEN	IDS OF								
Street Address:	1806 KATER	ST															
City:	PHILADELPHI	Α						State:	PA			Zip Code: 19146					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2		30 DA PRIMA		POST-			AMENDMENT REPORT?		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	y pre	<u>-</u> 5	j.	30 DA		POST-				ATION ?	Yes	No	~	
report type)	ANNUAL REPORT	7. X	Year 2022	Year 2022 FILING METHOD () CHECK ONE						PAPER DISKETTE							
Name of Office S	Sought by Candida							District Number	Office Code	Par	ty Code	County Code	,				
	,							МО	DAY	Y	EAR	1	MCJ	DEN	1	51	
JUDGE OF THE	MUNICIPAL COU	RT						1:	L	8	2022		(SEE IN	STRUCTI	ONS FOR	CODES)	
	Receipts and	МО							EAR	FC	R OFFI	CE USE	ONLY				
Expenditures	from:		11 29	2	022	T	0	1	2	31	2022						
A. Amount Bro	ught Forward Froi	m Last R	eport				\$			13,	923.41						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	Sche	dule	I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 13,923.41																	
D. Total Expenditures (From Schedule III) \$ 13,923.41																	
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				0.00]					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le II))	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$			141,	101.59						
				AFF	IDA	VIT	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. :	If this	s is	a Car	ndidate ı	eport,	cand	idate sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	attached sc	nedule	s filed	on p	paper (or by elec	tronic n	nediur	n, are to t	the best o	f my kno	wledge	and beli	ef , true	١
Sworn to and subs	cribed before me this	s	20								Signature	of Perso	n Submit	ting Rep	ort		
							-					Prin	ted Name	<u> </u>			.
My Commission Ex	Signatu opires	ire										Ema	il				
•	мо	D	AY	YR			-		A	rea Co	de		ne Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee	e, Ca	andid	ate shal	sign h	ere.							i
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and beli	ef this	politi	cal	comm	ittee has	not viola	ated a	ny provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	1
Sworn to and subsc	ribed before me this								-		s	ignature o	of Candid	ate			
	day of						_										
							-					Printe	d Name				
My Commission Exp	Signature vires											Ema	il				
	МО	D	AY	YR	1				Area	Code		D	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:	11/29/202	<u>22</u> To:	12/31/2022
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) 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
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 ar 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

Name of Filing Committee or Candidate			Re	eporting	Period			
			From:			То	:	
					DATE			AMOUNT
Full Name of Contributing	g 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.

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 of	or Candidate		Rep Fro	oorting P	eriod	To):	
					DATE			AMOUNT
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	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, 200 0000		22300				\$	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 Per	riod	
MAJOR, RANIA FRIENDS OF	From:	<u>11/29/2022</u> To:	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		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 Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting P			
MAJOR, RANIA FRIENDS OF	From	11/29/2022	То:	12/31/2022

				DATE			AMOUNT
To Whom Paid RANIA MAJOR				DAY	YEAR		
Mailing Address 1806 KATER ST				31	2021	\$	13,923.41
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19146	Descrip DEBT	otion of Exp	penditure		
Factor Council Tatal of Factor 1							
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>11</u>	/29/2022	То:	<u>1</u>	.2/31/2022
					DATE			Outstanding Balance of Debt
Name of Creditor RANIA MAJOR				мо	DAY	YEAR		
Mailing Address 1806 KATER ST				12	31	2020	\$	141,101.59
City PHILADELPHIA	State PA	Zip Code (Pl 19146	us 4)	Description of Debt DEBT				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	PAGE TOTAL 141,101.59