#### **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 :	<b>on</b> 20	150130			Rep File			CAN	DIE	DATE		COMN	1ITTEE	<b>✓</b>	LOBI	BYIST		
Name of Filing C	ommittee, Cand	lidate or L	obbyist:	•	MAJO	OR,	RANI	A FRIE	ND	S OF								
Street Address:	1806 KATE	R ST																
City:	PHILADELPI	HIA						State:		PA			Zip Cod	le: 19	146			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE-	- 2	2.	30 DA		P	OST-	3.		AMENDM REPORT?		Yes	N	0	<b>√</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	N	0	<b>\</b>
report type)	ANNUAL REPOR	<b>RT</b> 7.	<b>Year</b> 2023					NG MET CHECK		_			PAPER		$\checkmark$	DISK	ETTE	
Name of Office S	ought by Candi	date:						DATE	OI	FELE	стіо	N	District Number	Office Code	Par	ty Cod	Code	
JUDGE OF THE	MUNICIPAL CO	URT						МО		DAY	YE	EAR	1	MCJ	D/R	L.	51	
									11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			_	МО		DAY	ΥI	EAR	FO	R OFFIC	E USE	ONLY		
			1 1	. 20	023		<u>о</u>		3	2	27	2023						
A. Amount Bro	ught Forward Fi	om Last F	Report				\$				13,9	923.41						
B. Total Moneta	ary Contribution	s And Re	ceipts (Fron	n Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum	Of Lines A	A and B)				\$				13,9	923.41						
D. Total Expend	ditures (From S	chedule I	II)				\$				3	300.00						
E. Ending Cash	Balance (Subtr	act Line D	From Line	C)			\$				13,6	23.41						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedu	le II)	)	\$					0.00						
G. Unpaid Debt	s And Obligatio	ns (From	Schedule IV	/)			\$			1	155,0	25.00		,				
				AFF	IDA	VI	ΓSE	CTIO	N									
PART I - If this is	a Committee r	eport, trea	asurer sign	here. 1	[f thi	s is	a Car	ndidate	re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		ncluding th	e attached sc	hedules	filed	on	paper	or by ele	ectr	onic me	edium	, are to t	he best o	f my know	/ledge	and be	lief , tr	ue
Sworn to and subs	cribed before me t day of	his	20						-		S	Signature	of Perso	1 Submitt	ing Rep	oort		_
	Signa	nture					-		-				Prin	ted Name				_
My Commission Ex	pires						_		-				Emai	I				
	МО	D	PAY	YR						Are	a Coc	le	Daytim	e Telepho	one Nu	mber		$\underline{\underline{\hspace{1cm}}}$
Part II- If this is	a report of a ca	ndidate's	authorized	Comm	nittee	e, C	andid	ate sha	ıll s	ign he	ere.							
I swear (or affirm) No 320) as amende		of my know	ledge and beli	ief this	politi	ical	comm	ittee has	s no	t violat	ed an	y provisi	ions of the	e act of Ju	ne 3,1	937 (P.	L. 133	3,
Sworn to and subsc	ribed before me th day of	nis	20									Si	ignature o	of Candida	te			_
							-						Printe	d Name				-
My Commission Exp	Signatuı	re					-		-				Ema	il				-
		F	DAY	YR						Area	Code		D:	nytime Te	lephor	ne Num	ber	-
		L	/A I	ik										.,				

# 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>3</u> To:	3/27/2023
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 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 Commi	ttee or Candidate	•		Re	eporting	Period			
				Fr	om:		То	:	
				•		DATE			AMOUNT
Full Name of Contribution	ng 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.

### 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)

(Excid	de contributions noi	n poneicar comm			porteu	in i dic	<b>-</b> ,	
Name of Filing Committe	ee or Candidate		Repo	rting P	eriod			
			From	<b>1</b> :		To	):	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL

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	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		,	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							<b>-</b>   \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schee	dule 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	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	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 Candidate		Report	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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
DURING THE REPORTING PERIOD.
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	od						
MAJOR, RANIA FRIENDS OF	From:	<u>1/1/2023</u> <b>To:</b>	3/27/2023					
L. 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	TF)							
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,	<u> </u>	\$	0.00					

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candi	idate		Reporting Period				
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>7</b> \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		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 Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Sch	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	<b></b>									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	riod		
MAJOR, RANIA FRIENDS OF	From	1/1/2023	То:	<u>3/27/2023</u>

					DATE			AMOUNT
To Whon	n Paid			мо	DAY	YEAR		
16TH W	ARD			МО		ILAK		
Mailing Address 1806 KATER			3	21	2023	\$	300.00	
City P	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	19146	PRIMAR	Y ELECTIC	N		
								PAGE TOTAL
Enter G	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							300.00

## 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>1/1/2023</u> <b>To:</b>		То:	3/27/2023		
				DATE				Outstanding Balance of Debt	
Name of Creditor RANIA MAJOR			мо	DAY	YEAR				
Mailing Address 1806 KATER ST				4	5	2023	\$	155,025.00	
City PHILADELPHIA	State	Zip Code (P	Plus 4) Description of Debt						
PA 19146 D					DEBT				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.								PAGE TOTAL	
							\$	155,025.00	