### **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 202	3C0092				port ed B		CAND	IDATE	<b>~</b>	C	OMMITTE		LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		PAT	RIC	IA MC	CULLOU	GH	_							
Street Address:																	
City:								State:				Zip Cod	e: 15	5241			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	-	2.	30 DA PRIMA		POST-	3.	Х	AMENDMI REPORT?	ENT	Yes	N	0	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	≣-	5.	30 DA		POST-	6.		TERMINA' REPORT?	TION	Yes	N	0	<b>\</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2023					NG METH CHECK C				PAPER		<b>V</b>	DISK	ETTE	
Name of Office S	ought by Candida	ite:	•					DATE (	OF ELE	СТ	ION	District Number	Office Code	Pai	ty Cod	Cour	
								мо	DAY		YEAR	-1	SPM	REF	)	10000	
JUSTICE OF TH	E SUPREME COU	RT						11		7	2023		(SEE IN	STRUCTI	ONS FOR	CODES	5)
Summary of		МО	DAY	YEAR	ł			МО	DAY		YEAR	FOI	ROFFI	CE USE	ONLY	,	
Expenditures	from:		5 2	2	023	Т	0	6	5	5	2023	3					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	_		(7,	,391.06)						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule	e I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)						\$			(7,	,391.06)							
D. Total Expenditures (From Schedule III)						\$				985.85							
E. Ending Cash Balance (Subtract Line D From Line C)						\$			(8,	376.91)	1						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	/)			\$				0.00			•			
				AFF	·ID/	AVI	T SE	CTION									
	a Committee rep	•										=					
I swear (or affirm) correct and comple	that this report, incete.	cluding the	e attached so	hedule	s file	d on	paper	or by elec	tronic m	nediu	ım, are to	the best of	my kno	wledge	and be	ief , tr	ue
Sworn to and subs	cribed before me thi day of	is	20								Signatur	e of Person	Submit	ting Re	ort		
	Signate	ıre					- -					Print	ed Name	e			-
My Commission Ex	cpires						_					Email					
	МО	D	AY	YR					Aı	ea C	Code	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and bel	ief this	poli	itical	comm	ittee has i	not viola	ated	any provi	sions of the	act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me this day of	<b>:</b>	20									Signature of	Candid	ate			_
							-					Printed	l Name				-
My Commission Exp	Signature						-					Email					-
,							_										_
	МО	D	AY	YR	t				Area	Cod	le	Da	ytime T	elephor	ne Num	ber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
PATRICIA MCCULLOUGH	From:	5/2/202	<u>3</u> To:	6/5/2023
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 Committee or Candidat	e	R	eporting	Period			
		F	rom:		То	I	
		•		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.

### 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 Committe	e or Candidate		Rep	orting P	eriod			
			Fro	m:		То	<b>)</b> :	
		•			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.

#### **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		,	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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	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 DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
PATRICIA MCCULLOUGH	From:	<u>5/2/2023</u> <b>To:</b>	6/5/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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, 1		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Candidate	I Name of Contributor		Reporting	g 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:	-	<b>-</b>	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
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			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
PATRICIA MCCULLOUGH	From	5/2/2023	То:	<u>6/5/2023</u>

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
FED EX			М		1 Z / LIK		
Mailing Address 1720 WASHINGTO	N RD.		2	20	2023	\$	21.40
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15241	COPYIN	IG			
To Whom Paid			МО	DAY	YEAR		
FED EX							
Mailing Address 1720 WASHINGTO	N RD.		2	20	2023	\$	79.43
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15241	COPYIN	IG			
To Whom Paid			МО	DAY	YEAR		
FED EX							
Mailing Address 1720 WASHINGTO	N RD.		2	20	2023	\$	56.15
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15241	COPYIN	IG			
To Whom Paid			МО	DAY	YEAR		
COMFORT INN					7 = 7 1		
Mailing Address 100 BAR SOUTH R	D		2	25	2023	\$	106.82
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	-	
	PA	15241	COPYIN	IG			
To Whom Paid			МО	DAY	YEAR		
SURESTAY PLUS							
Mailing Address 220 FINLEY RD.			2	25	2023	\$	73.32
City CARNEGIE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
	PA	15106	LODGIN	NG			
To Whom Paid			мо	DAY	YEAR		
ACCESS TO THE CANDIDATES							
Mailing Address 220 FINLEY RD.			4	4	2023	\$	50.00
City CARNEGIE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15106					

To Whom Paid							
SUNOCO			МО	DAY	YEAR		
Mailing Address 410 SHADYSIDE DR.			4	23	2023	\$	39.40
City BEDFORD	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	15522	FOOD				
To Whom Paid ROY RODGERS			МО	DAY	YEAR		
Mailing Address 5 MARSH RD.			5	23	2023	\$	13.33
City ELVERSON	Zip Code (Plus 4)	Description of Expenditure					
	PA	19520	FOOD				
To Whom Paid E-Z PASS			МО	DAY	YEAR		
Mailing Address 300 EAST PARK DR.			6	4	2023	\$	547.00
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17111	TOLLS				
							PAGE TOTAL
Enter Grand Total of Expendi	tures on Page 1, Re	port Cover Page, Item D	<b>.</b>			\$	986.85