Campaign Finance Report

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

Filer Identificat	ion 2023	3C0166			Repor Filed		CAND	IDATE	v	C C	OMMITTE	E	LOB	BYIST			
Name of Filing (Committee, Candio	date or Lo	obbyist:		DANIEI	_ D. N	MCCAFFE	RY							•		
Street Address:																	
City:							State:				Zip Cod	Zip Code: 19114					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIN	DAY MARY	POST-	3.		AMENDMENT REPORT?		Yes	Nc	\checkmark		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5. X	30 D ELEC	DAY CTION	POST-	6.		TERMINATION REPORT?		Yes	Nc	\checkmark		
report type)	ANNUAL REPORT	7.	Year 2023 FILING MET								PAPER		\checkmark	DISKE	TTE		
Name of Office S	⊥ Sought by Candida	nte:					DATE	OF EL	ECT	ION	District Number	Office Code	Par	ty Code	County Code		
JUSTICE OF THE SUPREME COURT									1	•							
JUSTICE OF IF	IE SUPREME COU	KI					1	1	7	2023]	(SEE INS	TRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR	1		мо	DAY		YEAR	FO	R OFFIC	E USE	ONLY			
Expenditures	s from:		9 19	2	023 1	ГО	1	0	23	2023							
A. Amount Bro	ught Forward Fro	m Last Re	eport			9	\$			0.00							
B. Total Monet	ary Contributions	And Rece	eipts (Fron	1 Sche	dule I)		\$			797.50							
C. Total Funds Available (Sum Of Lines A and B) \$ 797.50																	
D. Total Expen	ditures (From Sch	edule III	[)				\$			797.50							
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			0.00	_						
	Kind Contribution		•		le II)		\$			0.00	_						
G. Unpaid Deb	ts And Obligations	s (From S	chedule IV	()		9	\$			0.00							
				AFF	IDAV1	IT SI	ECTION										
	s a Committee rep) that this report, inc	•	-					• •			-	my know	/ledae	and beli	ef . true		
correct and compl	ete.	-				Pape	,			,		,					
Sworn to and subs	scribed before me thi day of	S	20							Signatur	e of Person	Submitti	ing Rep	oort			
	Signati	Jre				_					Print	ed Name					
My Commission E	xpires					_					Emai	I					
	мо	DA	NY	YR				A	rea (Code	Daytime	e Telepho	one Nu	mber			
Part II- If this is	a report of a can	didate's a	authorized	Comn	nittee, O	Candi	date shal	l sign	here	•							
I swear (or affirm) No 320) as amend) that to the best of ed.	my knowle	dge and beli	ef this	political	com	mittee has	not vio	lated	any provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,		
Sworn to and subso	cribed before me this day of	:	20							s	ignature o	f Candida	te				
			20			_					Printe	d Name					
	. Signature					-					Emai	1					
My Commission Exp	oires 					_						• 					
	МО	DA		YR		-		Are	a Coc	le	Da	ytime Te	lephor	e Numb	er		

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DANIEL D. MCCAFFERY	<u>9/19/202</u>	<u>3</u> To:	<u>10/23/2023</u>	
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)	\$	797.50
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			\$	797.50

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 Candidate					Reporting Period					
			From:			То	:			
					DATE			AMOUNT		
Full Name of Contributing Committee			М	ю	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

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

0.00

\$

PART B 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 Candidat	e		Rep	orting P	eriod					
From: 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. \$ 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 Comm	ittee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	0.00	

PART D 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	Reporting Period	
	From:	То:

				D	ATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion	-			
Employer Mailing Address/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)	
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL	
	-						\$	0.00	

I

PART E **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 Rep			Report	Reporting Period				
DANIEL D. MCCAFFERY From:				rom: <u>9/19/2023</u> To				<u>10/23/2023</u>
				D	ATE			AMOUNT
Full Name MCCAFFERY FOR SUPREME COURT				мо	DAY	YEAR		
Mailing Address 305 PROSPECT AVENUE UNIT 311							\$	797.50
City BETHLEHEM	State PA	Zip Code (18018	Plus 4)	10	4	202	3	
Receipt Description SEPT REIMBURSEMENT (PHONE, LODGING, TRAVEL								
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TOTAL
		inar, ruge,	Section				\$	797.50

SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS

E THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THING DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
DANIEL D. MCCAFFERY	From:	<u>9/19/2023</u> то:	<u>10/23/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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 R				Reporting Period					
	From:			То:					
				DATE		АМС	DUNT		
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 Sched Section 2.	iled Sum	mary Pag	je,	PAGE	TOTAL				
					4	5	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	Reporting Period				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor						Occupat	tion	•		
Employer Mailing Address/Principal Place of Business City State			State		Zip 4)	Code(Plus	Descri	ption of	Contribution	

				I	
Enter Grand Total of Part G on Schedule II, I	n-Kind Contribu	utions Detaile	d		PAGE TOTAL
Summary Page, Section 3.					0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
DANIEL D. MCCAFFERY			From	From <u>9/19/2023</u> T			<u>10/23/2023</u>
			DATE				AMOUNT
To Whom Paid AMERICAN EXPRESS			мо	DAY	YEAR		
Mailing Address 200 VESEY STREET			10	4	2023	\$	797.50
City NEW YORK	State	Zip Code (Plus 4)	Description of Expenditure REIMBURSEMENT FOR PHONE, LODGING AND TRAVEL				
	NY	10285					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$	797.50