Campaign Finance Report

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

| Filer Identification 20230058 Number: | | | | | | port ed B | | CAND | DATE | | соми | ITTEE | ✓ | LOBI | BYIST | | |
|--|---------------------------------|------------|------------------------|--------|--------|--------------|----------------|--------------------|-----------|-------------------|------------|--------------------------|----------------------|----------|-----------|-----------|----|
| Name of Filing C | Committee, Candid | late or L | obbyist: | • | BRI | IAN N | MCLAU | JGHLIN | FOR JU | DGE | | | | | | | |
| Street Address: | 9406 TULIP S | STREET | | | | | | | | | | | | | | | |
| City: | PHILADELPHI | Α | | | | | | State: | PA | | | Zip Cod | de: 19 | 9114 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRIMARY | PRE- | - | 2. | 30 DA PRIMA | | POST- | | | | AMENDMENT REPORT? | | No | | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - | 5. | 30 DA ELECT | | POST- | POST- 6. X | | | TERMINATION REPORT? | | No | ~ | |
| report type) | ANNUAL REPORT | 7. | Year 2023 | | | | | NG METH CHECK O | | | | PAPER | | / | DISKE | TTE | |
| Name of Office S | Sought by Candida | ite: | - | | | | | DATE C | F ELE | CTIC | N | District Number | Office Code | Par | ty Code | County | / |
| | | | | | | | | МО | DAY | ΥI | AR | | 10000 | DEN | 1 | | |
| | | | | | | | | 11 | | 7 | 2023 | | (SEE IN | STRUCTI | ONS FOR (| ODES) | |
| | Receipts and | МО | DAY | /EAR | 2 | | | МО | DAY | YI | EAR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | from: | | 10 24 | 20 | 023 | T | 0 | 11 | | 27 | 2023 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | - | | 4,2 | 279.14 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From S | Sche | dule | e I) | \$ | | | 10,0 | 050.00 | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | 14,3 | 329.14 | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | 7,0 | 00.00 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line C) |) | | | \$ | | | 7,3 | 29.14 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From Sch | nedu | le I | I) | \$ | | | 1,8 | 21.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV) | | | | \$ | | | 96,2 | 280.00 | | | | | | |
| | | | | AFF | ID | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign he | ere. 1 | If th | nis is | a Can | ndidate r | eport, d | candi | date sig | jn here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, inc ete. | luding the | attached sche | dules | s file | ed on | paper (| or by elect | tronic m | edium | , are to t | the best o | f my kno | wledge | and beli | ef , true | 3, |
| Sworn to and subs | cribed before me thi day of | s | 20 | | | | | | | 5 | Signature | of Perso | n Submit | ting Rep | oort | | |
| | Signatu | ire | | | | | - | | | | | Prin | ted Name | • | | | - |
| My Commission Ex | cpires | | | | | | _ | | | | | Ema | il | | | | |
| | МО | D | AY | YR | | | | | Ar | ea Cod | le | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized C | omn | nitte | ee, C | andida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of led. | my knowle | edge and belief | this | poli | itical | commi | ittee has r | not viola | ted an | y provis | ions of th | e act of J | une 3,1 | 937 (P.L | . 1333, | ١ |
| Sworn to and subsc | ribed before me this day of | | 20 | | | | | | | | s | ignature o | of Candid | ate | | | ۱. |
| | | | | | | | - | | | | | Printe | d Name | | | | . |
| My Commission Exp | Signature | | | | | | - | | | | | Ema | il | | | | . |
| my commission exp | | | | | | | _ | | | | | | | | | | |
| | МО | D | AY | YR | | | | | Area | Code | | Daytime Telephone Number | | | | | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | | | | |
|--|--|----------|----|-----------|--|--|--|
| BRIAN MCLAUGHLIN FOR JUDGE | BRIAN MCLAUGHLIN FOR JUDGE From: 10/24/2 | | | | | | |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 100.00 | | | |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 250.00 | | | |
| All Other Contributions (Part B) | \$ | 1,700.00 | | | | | |
| TOTAL for the Reporting |) Period | (2) | \$ | 1,950.00 | | | |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 6,500.00 | | | |
| All Other Contributions (Part D) | | | \$ | 1,500.00 | | | |
| TOTAL for the Reporting |) Period | (3) | \$ | 8,000.00 | | | |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | | | | |
| TOTAL for the Reporting | J 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 | | | \$ | 10,050.00 | | | |

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 Candidate | Reporting | Period | | |
|---------------------------------------|-----------|------------|-----|------------|
| BRIAN MCLAUGHLIN FOR JUDGE | From: | 10/24/2023 | То: | 11/27/2023 |
| | | DATE | | AMOUNT |

| Full Name of Contributing Committee | | | | | DAY | YEAR | |
|--|--------------|--------------------|-----------------------------------|----|-----|------|------------------|
| IATSE LOCAL 8 PAC Mailing Address 2401 SOUTH SWANSON STREET | | | | 11 | 1 | 2023 | \$ 250.00 |
| City | PHILADELPHIA | State PA | Zip Code (Plus 4) 19148 | 11 | 1 | 2023 | |

PAGE TOTAL 250.00

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 Committee or | Name of Filing Committee or Candidate | | | | Reporting Period | | | | | | |
|---|---------------------------------------|-----------------------------------|-------|-------------|------------------|-------------------|--|--|--|--|--|
| BRIAN MCLAUGHLIN FOR JUI | DGE | | From: | 10/24/ | 2023 T o | <u>11/27/2023</u> | | | | | |
| | | | | DATE AMOUNT | | | | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | | | | | | |
| MICHAEL PARKINSON | HAEL PARKINSON | | | | | | | | | | |
| Mailing Address 1206 SOUT | TH 7TH STREET | | | | | \$ 250.00 | | | | | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19147 | 11 | 1 | 2023 | | | | | | |
| Full Name of Contributor COLEY O. REYNOLDS | • | · | МО | DAY | YEAR | | | | | | |
| | | | | | | \$ 250.00 | | | | | |
| City PLYMOUTH MEETING | State PA | Zip Code (Plus 4) 19462 | 11 | 1 | 2023 | | | | | | |
| Full Name of Contributor | | 13102 | МО | DAY | YEAR | <u> </u> | | | | | |
| JOHN WALKER | | | | | | | | | | | |
| | (ET STREET SUITE 120 | 1 | | | | \$ 250.00 | | | | | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19102 | 11 | 1 | 2023 | | | | | | |
| Full Name of Contributor | <u> </u> | <u> </u> | МО | DAY | YEAR | | | | | | |
| LAWRENCE JAMES O CONNOR | | | 110 | JA. | ILAK | | | | | | |
| Mailing Address 2301 CHER | RY STREET APT. 6A | | | | | \$ 250.00 | | | | | |
| City PHILADELPHIA | State | Zip Code (Plus 4) | 11 | 2 | 2023 | | | | | | |
| | PA | 19103 | | | | | | | | | |
| Full Name of Contributor CLAUDE STEVEN CAMIEL | | | мо | DAY | YEAR | | | | | | |
| Mailing Address 2542 EAST | THOMPSON STREET | | | | | \$ 200.00 | | | | | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19125 | 11 | 4 | 2023 | | | | | | |
| Full Name of Contributor | 1 | 1 | | | | <u> </u> | | | | | |
| NICHOLAS V. PINTO | | | МО | DAY | YEAR | | | | | | |
| Mailing Address 1235 HORS | SESHOE DRIVE | | | | | \$ 150.00 | | | | | |
| City BLUE BELL | State | Zip Code (Plus 4) | 11 | 1 | 2023 | | | | | | |
| | PA | 19422 | | | | | | | | | |

| Full Name of Contributor JANICE L. MCLAUGHLIN | | | мо | DAY | YEAR | |
|---|---------|-------------------|------|------|-------|------------------|
| Mailing Address 169 HART AVENU | E | | | | | \$ 150.00 |
| City DOYLESTOWN | State | Zip Code (Plus 4) | 11 | 1 | 2023 | |
| | PA | 18901 | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | |
| SCOTT R. BRADLEY | | | | 57(1 | 12/11 | |
| Mailing Address 6121 WASHINGTO | ON LANE | | | | | \$ 100.00 |
| City BENSALEM | State | Zip Code (Plus 4) | 11 | 1 | 2023 | |
| | PA | 19020 | | | | |
| Full Name of Contributor | | | мо | DAY | YEAR | |
| JOHN MCLAUGHLIN | | | 1.10 | ואמ | ILAK | |
| Mailing Address 11950 GLENFIELD STREET | | | | | | \$ 100.00 |
| City PHILADELPHIA | State | Zip Code (Plus 4) | 11 | 1 | 2023 | |
| | PA | 19154 | | | | |

PAGE TOTAL \$ 1,700.00

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

PART C

Reporting Period

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.

| BRIAN MCLAUGHLIN FOR JUDGE | | | From: | <u>10/2</u> | <u>4/2023</u> | То: | 11/27/202 | <u>3</u> |
|--|--------------------|--------------------------|------------|-------------|---------------|------|-----------|----------|
| | | | | DA | TE | | AMOUNT | |
| Full Name of Contributing Committee COMMITTEE FOR A BETTER TOMORROW | | | | | DAY | YEAR | \$ | 5,000.00 |
| Mailing Address 123 SOUTH BROAD ST | TREET SUITE 2200 | | | 11 | 16 | 2023 | | , |
| | State PA | Zip Code 19109 | e (Plus 4) | | | | | |
| Full Name of Contributing Committee | Ramp: EDUCATIONA | N EUND | | МО | DAY | YEAR | | |

ROOFERS LOCAL 30 POLITICAL ACTION & Samp; EDUCATIONAL FUND

Mailing Address 6647 TORRESDALE AVENUE

City PHILADELPHIA

State PA

19135

MO

DAY

YEAR

\$ 500.00

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

Name of Filing Committee or Candidate

PAGE TOTAL\$ 6,500.00

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 | porting Period | | | | |
|--|---------------------|-------|------------|---------|------------------|---------|---------------|----------|--------------|
| BRIAN MCLAUGHLIN FOR JUDGE | | | | Fron | n: | 10/24/2 | <u>023</u> To | : | 11/27/2023 |
| | | | | | D/ | ATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | s s | F00.00 |
| PAUL CREEDON | | | | | | 57(1 | · L, A, K |] * | 500.00 |
| Mailing Address 817 MORGAN AVENUE | | | 11 | 3 | 2023 | 1 | | | |
| City PALMYRA | State | Zip (| Code (Plus | 4) | | | | | |
| | NJ | 080 | 65 | | | | | | |
| Employer Name RIGGS DISTLER & | o; COMPANY, INC. | | | | Occupat | tion | GENERA | L MAN | IAGER |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip Co | ode (Plus 4) |
| 4 ESTERBROOK LANE | | | CHERRY H | ILL | | NJ | | 08003 | 3 |
| Full Name of Contributor | | | | | | | V=15 | | |
| SANDRA W. MORRIS COLE | | | | | МО | DAY | YEAR | \$ | 500.00 |
| Mailing Address 8 RED FOX CIRCLE | | | | | 12 | 4 | 2023 | 7 | |
| City CINNAMINSON | State | Zip (| Code (Plus | 4) | 1 12 | 1 | 2023 | | |
| | l _{NJ} | 080 | 77 | | | | | | |
| Employer Name LAW OFFICES OF SAN | IDRA MORRIS, LLC | | | | Occupat | tion | ATTORN | IEY | |
| Employer Mailing Address/Principal Place | e of Business | Τ, | City | | | State | | Zip Co | ode (Plus 4) |
| 6 NESHAMINY INTERPLEX DRIVESUITE | 206 | 1 | FEASTERV | ILLE-T | TREVOSE PA 19053 | | | 3 | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | 1. | |
| FORTUNATO PERRI, JR. | | | | | MO | DAT | TEAR | \$ | 500.00 |
| Mailing Address 114 FORREST AVEN | IUE APT. 405 | | | | 12 | 4 | 2023 | | |
| City NARBERTH | State | Zip (| Code (Plus | 4) | | | | | |
| | PA | 190 | 72 | | | | | | |
| Employer Name MCMONAGLE PERRI M | ICHUGH MISCHAK D | DAVIS | | | Occupat | tion | ATTORN | IEY | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip Co | ode (Plus 4) |
| 1845 WALNUT STREET19TH FLOOR | | | PHILADEL | PHIA | | PA | | 19103 | 3 |
| | | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | umma | ary Page, | Section | on 3. | | | | |
| | | | | | | | | • | 1,500.00 |

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 | | | | | | | |
| City | State | Zip Code (I | Plus 4) | | | | |
| Receipt Description | • | • | | | • | • | |
| Futor Count Total of Boot | Fan Cabadula I Batailad | I Comment Dane | Castian | 4 | | | 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 Per | riod | |
|--|----------------|------------------------------|------------|
| BRIAN MCLAUGHLIN FOR JUDGE | From: | <u>10/24/2023</u> To: | 11/27/2023 |
| 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) | \$ | 1,821.00 |
| 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, | | \$ | 1,821.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate Re | | | | Reporting Period | | | | | |
|--|--------------------|------------------------|---------|------------------|------|-------------|------------|--|--|
| | From: | | | То: | | | | | |
| | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | 7 \$ | 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 | Reporting Period | | | | | | |
|---------------------------------------|------------------|------------------------------|------------|--|--|--|--|
| BRIAN MCLAUGHLIN FOR JUDGE | From: | <u>10/24/2023</u> To: | 11/27/2023 | | | | |

| | | | | | | DATE | • | | AMOUNT | |
|---|-------|-----|------------------|-------|------------------------|------|----------|--|--------|--|
| Full Name of Contributor PHILADELPHIA POLICE HOME ASSOCIATION | | | | мо | DAY | YEAR | | | | |
| Mailing Address 11630 CAROLINE ROAD | | | 12 | 5 | 2023 | \$ | 1,821.00 | | | |
| City PHILADELPHIA | State | | Zip Code(Plus 4) | | | | | | | |
| | PA | | 19154 | | | | | | | |
| Employer of Contributor SAME | | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Place of Business SAME | | Cit | у | State | 1 ' ' 1 | | 1 | Description of Contribution FUNDRAISING EVENT | | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | PAGE TOTAL 1,821.00 | | | | | |

\$

7,000.00

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|---|-------|-------------------|----------------------------|-----------------------|------|----|------------|--|
| BRIAN MCLAUGHLIN FOR JUDGE | | | From | 10/24/2023 To: | | | 11/27/2023 | |
| | | | | DATE | | | AMOUNT | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| BRIAN MCLAUGHLIN | | | | | | | | |
| Mailing Address 3699 A MORRELL AVENUE | | | 11 | 19 | 2023 | \$ | 1,000.00 | |
| City PHILADELPHIA State Zip Code (Plus 4) | | | Description of Expenditure | | | | | |
| | PA | 19114 | PARTIA | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | |
| BRIAN MCLAUGHLIN | | | МО | DAI | ILAK | | | |
| Mailing Address 3699 A MORRELL AVENUE | | | 11 | 20 | 2023 | \$ | 6,000.00 | |
| City PHILADELPHIA | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| | 19114 | PARTIA | | | | | | |
| | | _ | | | | | PAGE TOTAL | |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

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 Report | | | Reporti | ing Period | | | | |
|---|-------|-------------|-----------------------|---------------------|-------|------------|----|-----------------------------|
| BRIAN MCLAUGHLIN FOR JUDGE From: | | | 10/24/2023 To: | | To: | 11/27/2023 | | |
| | | | | | DATE | | | itstanding lance of Debt |
| Name of Creditor BRIAN MCLAUGHLIN | | | | мо | DAY | YEAR | | |
| Mailing Address 3699 A MORRELL AVENUE | | | | | 3 | 2023 | \$ | 96,280.00 |
| City PHILADELPHIA | State | Zip Code (F | lus 4) | Description of Debt | | | | |
| PA 19114 LOAN FROM CANDIDATE | | | | | IDATE | | | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | | | PAGE TOTAL |
| | | | | | | | \$ | 96,280.00 |