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	90340	6				port		CANI	DIDATE	,	/ CC	OMMITTEE		LOBI	BYIST		
Name of Filing C	Committee	e, Candida	ate or L	obbyist:		PAT	TRIC	K, PAI	JLA									
Street Address:																		
City:									State:				Zip Code	e:				
TYPE OF REPORT	6TH TUES PRE-PRIM		1. X	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3		AMENDME REPORT?	No)	\		
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	Ē-	5.	30 DA		POST-	6		TERMINAT REPORT?	TION	Yes	No)	√
report type)	ANNUAL	REPORT	7.	Year 2009					IG MET				PAPER		✓	DISKE	TTE	
Name of Office S	Sought by	Candidat	:e:						DATE	OF EL	ECT	TION	District Number	Office Code	Par	ty Code	Cour	
									МО	DAY	•	YEAR	-1	SPR	DEN	1	51	<u>- </u>
JUDGE OF THE	SUPERIC	OR COURT							1	1	3	2009		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	Receipts	and	МО	DAY	YEAR	2			МО	DAY	,	YEAR	FOF	ROFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	009	T	0		3	30	2009						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$		•		0.00						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$			1	.0,000.00	00					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			1	.0,000.00						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$			1	.0,000.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	ts And Ob	ligations	(From S	Schedule IV	')			\$				0.00						
					AFF	ID	AVI	T SE	CTIO	N								
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate	report,	, ca	ndidate si	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	ed on	paper	or by ele	ctronic	med	ium, are to	the best of	my knov	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed befo	ore me this		20								Signature	e of Person	Submitt	ing Rep	ort		
	_	Signatur	·e					- -					Printo	ed Name				-
My Commission Ex	cpires							_					Email					
		мо	D	AY	YR					A	Area	Code	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate sha	ll sign	her	e.						
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and beli	ef this	poli	itical	comm	ittee has	not vio	late	d any provis	ions of the	act of Ju	ine 3,1	937 (P.L	133	3,
Sworn to and subsc	ribed before day of	re me this		20								s	ignature of	Candida	te			_
								_					Printed	Name				-
		Signature						_										_
My Commission Exp	ires												Email					
	_	МО	D	AY	YR	ł		-		Are	a Co	ode	Day	ytime Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
PATRICK, PAULA	From:	1/1/200	<u>9</u> To:	3/30/2009
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)			\$	10,000.00
TOTAL for the Reporting	Period	(3)	\$	10,000.00
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			\$	10,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the			
				om:	renou	То	:	
		<u> </u>			DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	_		!		<u> </u>			DAGE TOTAL

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

PAGE TOTAL \$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 Filling Committee of Canadate				Reporting Period From: To:					
					DATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0	0.00
City	State	Zip Code (Plus 4))						

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

ame of Filing Committee or Candidate					riod	porting Period				
PATRICK, PAULA			Fror	n:	<u>1/1/2</u>	<u>009</u> To	: <u>3/30/2009</u>			
				D	ATE		AMOUNT			
Full Name of Contributor PAULA A. PATRICK				мо	DAY	YEAR				
Mailing 7017 SHERWOOD RD							\$ 5,000.00			
City PHILADELPHIA	State PA	Zip Code (Plus 19151-232	s 4)	1	10	2009				
Employer Name COMMONWEALTH OF	PA			Occupat	tion	UDGE	-			
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code (Plus 4)			
1801 VINE ST RM 349		PHILADE	LPHIA		PA		19103			
		1				1				
Full Name of Contributor PAULA A. PATRICK		<u>'</u>		МО	DAY	YEAR				
				МО			\$ 5,000.00			
PAULA A. PATRICK Mailing 7017 SHERWOOD RD	State PA	Zip Code (Plus 19151-232	s 4)	MO	DAY 20	YEAR 2009				
PAULA A. PATRICK Mailing 7017 SHERWOOD RD	PA		s 4)		20					
PAULA A. PATRICK Mailing 7017 SHERWOOD RD City PHILADELPHIA	PA PA		s 4)	1	20	2009				
PAULA A. PATRICK Mailing 7017 SHERWOOD RD City PHILADELPHIA Employer Name COMMONWEALTH OF Employer Mailing Address/Principal Place	PA PA	19151-232		1	20	2009				

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	l Summary Page.	Section	4.			P	AGE TOTAL
	2, 2000		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 Period		
PATRICK, PAULA	From:	<u>1/1/2009</u> To:	<u>3/30/2009</u>
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candi	date				Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			1			Occupa	tion		1	
Employer Mailing Address/Principal Business	Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	late		Reporti	ng Period			
PATRICK, PAULA			From	1/2	<u>1/2009</u>	To:	<u>3/30/2009</u>
		•		DATE			AMOUNT
To Whom Paid COM TO ELECT JUDGE PATRICK TO	SUPERIOR		мо	DAY	YEAR		
Mailing Address PO BOX 42801			1	10	2009	\$	5,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19101	1	otion of Exp			
To Whom Paid COM TO ELECT JUDGE PATRICK TO	SUPERIOR		мо	DAY	YEAR		
Mailing Address PO BOX 42801			1	20	2009	\$	5,000.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19101	1	otion of Exp			
Enter Grand Total of Expenditur	es on Page 1. R	eport Cover Page, Item I).).				PAGE TOTAL

10,000.00