Campaign Finance Report

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

Filer Identification 20220619 Number:						ort d B		CAND	IDAT	DATE COMM		IMITTEE	✓	LOBBYIST				
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		DUG	AN	2023											
Street Address:	PO BOX 6303	3																
City:	PHILADELPHIA	A						State:	PA			Zip Co	Zip Code: 19114					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- 2. 30 DAY PRIMARY						POST	POST- 3.			MENT ?	Yes	No		\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pri	≣- 5	5. 30 DAY POST- 6. ELECTION						TERMINATION Yes			No		\	
report type)	ANNUAL REPORT	7. X	Year 2022					NG METH CHECK (PAPER	PAPER DISKE					
Name of Office S	- Sought by Candida	te:	-		_	_		DATE	OF EL	ECT	ION	District Number		Par	ty Code	Coun		
								мо	DAY	7	YEAR	-1	10000	DEN	1	51	·	
								1	1	8	202	2	(SEE I	NSTRUCTI	ONS FOR	CODES)	
	Receipts and	МО	DAY	YEAR	Ł			МО	DAY	′	YEAR	FC	OR OFFI	CE USE	ONLY			
Expenditures	from:	1	11 29	2	022	T	0	1	2	31	202	2						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$	_			0.0	ס						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				5.0							
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				5.0)						
D. Total Expen	ditures (From Sch	edule II	I)				\$				0.00)						
E. Ending Cash	Balance (Subtrac	t Line D	From Line (C)			\$				5.00							
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II))	\$				0.00)						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$				0.00			•				
				AFF	IDA	VI	ΓSE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign l	here.	If thi	s is	a Can	ndidate	eport	, can	didate s	ign here.						
I swear (or affirm) correct and comple) that this report, incl ete.	luding the	attached scl	nedule	s filed	on p	paper (or by elec	tronic	medi	um, are to	the best o	of my kno	wledge	and beli	ef , tr	ue.	
Sworn to and subs	cribed before me this	5	20								Signatu	re of Perso	n Submit	tting Rep	ort		_	
			_				-					Prir	nted Nam	e			-	
My Commission Ex	Signatu kpires	re										Ema	nil				-	
	МО	D/	AY	YR			-			Area (Code	Daytin	ne Telep	hone Nu	mber		_	
Part II- If this is	a report of a cand	didate's	authorized	Comn	nitte	e, Ca	andida	ate shal	l sign	here) .							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	politi	ical	commi	ittee has	not vic	lated	any prov	isions of th	e act of I	June 3,1	937 (P.L	. 1333	3,	
Sworn to and subsc	ribed before me this											Signature	of Candid	late			-	
	day of ————————————————————————————————————						-					Print	ed Name				-	
	Signature						-										_	
My Commission Exp	_											Ema	ail					
	МО	D/	AY	YR	1				Are	ea Co	de	D	aytime 1	Γelephon	e Numb	er	⁻	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DUGAN 2023	From:	11/29/202	<u>2</u> To:	12/31/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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)			\$	5.00
TOTAL for the Reporting	y Period	(2)	\$	5.00
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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	5.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	Name of Filing Committee or Candidate				Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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 Candidate	Reporting Per	riod		
DUGAN 2023	From:	11/29/2022	То:	12/31/2022

DATE AMOUNT

Full Name of Contributor Shawn Murphy	МО	DAY	YEAR			
Mailing Address 1175 Taylor Dr						\$ 5.00
Langhorne	State PA	Zip Code (Plus 4) 19047	12	28	2022	

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

PAGE TOTAL \$ 5.00

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	ame of Filing Committee or Candidate Report			ing Period						
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule 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.)

lame of Filing Committee or Candidate			Reporting Period					
		From:				То:		
			D/	ATE		АМ	OUNT	
			МО	DAY	YEAR			
Mailing Address						\$	0.00	
State	Zip Code (Plus	s 4)						
			Occupat	tion				
e of	City			State		Zip Code	(Plus 4)	
dule I, Detailed Su	ımmary Page,	Section	on 3.				GE TOTAL 0.00	
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupati	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code	

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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Peri	od	
DUGAN 2023	From:	<u>11/29/2022</u> To:	<u>12/31/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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)	\$	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 Candid	ate		Reporting	g Period			
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Re	porting P	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						Occupa	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Deta Summary Page, Section 3.				etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate					Reporting Period					
	From			То:							
				DATE			AMOUNT				
To Whom Paid	мо	DAY	YEAR								
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure						
Enter Grand Total of Expenditures	anort Cover Dago Item D					PAGE TOTAL					
Lines Grand Total Of Expenditures	on rage 1, Ke	eport Cover Page, Item D	•			\$	0.00				