# **Campaign Finance Report**

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

| -                                      |                             |             |             |                       |          |                  |                                |                | DATE       |              |                             |             |              | DVICT    |                |
|--|-----------------------------|-------------|-------------|-----------------------|----------|------------------|--------------------------------|----------------|------------|--------------|-----------------------------|-------------|--------------|----------|----------------|
| Filer Identificat<br>Number :          | tion                        | 20220       | )573        |                       |          | Repor<br>Filed I |                                | CANDI          | DATE       | СОМ          | MITTEE                      | ✓           | LOBI         | BYIST    |                |
| Name of Filing                         | Committee,                  | Candida     | ate or Lo   | obbyist:              |          | DAMAR            | IS L                           | GARCIA F       | OR JUD     | GE           |                             | -           |              |          |                |
| Street Address:                        | :                           |             |             |                       |          |                  |                                |                |            |              |                             |             |              |          |                |
| City:                                  | PHILAD                      | DELPHIA     | <b>\</b>    |                       |          |                  |                                | State:         | PA         |              | <b>Zip Code:</b> 19103-8280 |             |              |          |                |
| TYPE OF<br>REPORT                      | 6TH TUESD<br>PRE-PRIMA      |             | 1.          | 2ND FRIDA<br>PRIMARY  | Y PRE    | - 2.             | 30 D<br>PRIM                   | DAY I<br>1ARY  | POST- 3    | 3.           | AMENDI<br>REPORT            |             | Yes          | No       | · •            |
| (place X to<br>the right of            | 6TH TUESD<br>PRE-ELECTI     |             | 4.          | 2ND FRIDA<br>ELECTION | Y PRI    | E- 5.            | 30 D<br>ELEC                   | DAY I<br>CTION |            |              |                             | ATION<br>?  | Yes          | No       | ° ▼            |
| report type)                           | ANNUAL R                    | EPORT       | 7. <b>X</b> | <b>Year</b> 2023      |          |                  | FILING METHOD<br>( ) CHECK ONE |                |            |              |                             |             | $\checkmark$ | DISK     | TTE            |
| Name of Office                         | <br>Sought by C             | andidat     | e:          |                       |          |                  |                                | DATE O         | F ELEC     | TION         | District<br>Number          |             | Par          | ty Code  | County<br>Code |
|  |                             |             |             |                       | הבוח     |                  |                                | MO DAY YE      |            |              | 1                           | CPJP        | DEM          | 1        | 51             |
| JUDGE OF THE                           | COURT OF                    |             | ON PLE      | AS - PHILA            | DELPI    | HIA              |                                | 11             | 7          | 7 2023       | ]                           | (SEE INS    | TRUCTI       | ONS FOR  | CODES)         |
| Summary of Receipts and MO DAY YEAR    |                             |             |             |                       |          |                  |                                | мо             | DAY        | YEAR         | FC                          | OR OFFIC    | E USE        | ONLY     |                |
| Expenditure                            | Expenditures from: 1 1 2022 |             |             |                       |          |                  |                                | 12             | 3:         | 1 2022       | - M                         |             |              |          |                |
| A. Amount Bro                          | ought Forwa                 | rd From     | ı Last R    | eport                 |          |                  | ¢,                             | \$             |            | 0.00         |                             |             |              |          |                |
| B. Total Monet                         | tary Contrib                | utions A    | nd Rec      | eipts (Fron           | n Sche   | dule I)          |                                | \$ 2,000.00    |            |              |                             |             |              |          |                |
| C. Total Funds                         | Available (                 | Sum Of      | Lines A     | and B)                |          |                  | 9                              | \$             |            | 2,000.00     |                             |             |              |          |                |
| D. Total Exper                         | nditures (Fro               | om Sche     | dule II     | I)                    |          |                  | 9                              | \$             |            | 0.00         |                             |             |              |          |                |
| E. Ending Casl                         | h Balance (S                | Subtract    | Line D      | From Line             | C)       |                  |                                | \$             |            | 2,000.00     | -                           |             |              |          |                |
| F. Value Of In                         | -Kind Contri                | butions     | Receiv      | ed (From S            | chedu    | le II)           | 9                              | \$             |            | 0.00         | -                           |             |              |          |                |
| G. Unpaid Deb                          | ots And Oblig               | gations     | (From S     | Schedule IV           | /)       |                  | 9                              | \$             |            | 2,000.00     |                             |             |              |          |                |
|  |                             |             |             |                       | AFF      | IDAVI            | IT SI                          | ECTION         |            |              |                             |             |              |          |                |
| PART I - If this                       |                             | -           |             |                       |          |                  |                                |                |            |              | -                           |             |              |          |                |
| I swear (or affirm<br>correct and comp |                             | port, inclu | iding the   | e attached sc         | nedule   | s filed on       | раре                           | r or by elect  | ronic med  | lium, are to | the best o                  | of my knov  | viedge       | and bei  | let , true     |
| Sworn to and sub                       | scribed before<br>day of    | e me this   |             | 20                    |          |                  |                                |                |            | Signatur     | e of Perso                  | on Submitt  | ing Rep      | oort     |                |
|  |                             | Signatur    | A           |                       |          |                  | _                              |                |            |              | Prir                        | nted Name   |              |          |                |
| My Commission E                        | xpires                      | Signatur    | -           |                       |          |                  |                                |                |            |              | Ema                         | ail         |              |          |                |
|  | M                           | 0           | D           | AY                    | YR       |                  | _                              |                | Area       | Code         | Daytin                      | ne Teleph   | one Nu       | mber     |                |
| Part II- If this is                    | s a report o                | f a cand    | idate's     | authorized            | Comr     | nittee, C        | Candi                          | date shall     | sign her   | ·e.          |                             |             |              |          |                |
| I swear (or affirm<br>No 320) as amend |                             | best of m   | y knowle    | edge and beli         | ief this | political        | comr                           | nittee has n   | ot violate | d any provis | ions of th                  | e act of Ju | ine 3,1      | 937 (P.I | L. 1333,       |
| Sworn to and subs                      | cribed before<br>day of     | me this     |             | 20                    |          |                  |                                |                |            | S            | Signature                   | of Candida  | ite          |          |                |
|  |                             |             |             |                       |          |                  | _                              |                |            |              | Print                       | ed Name     |              |          |                |
| My Commission Fr                       | _                           | gnature     |             |                       |          |                  | -                              |                |            |              | Ema                         | ail         |              |          |                |
| My Commission Ex                       | pires                       |             |             |                       |          |                  | _                              |                |            |              |                             |             |              |          |                |
|  |                             | мо          | D           | AY                    | YR       | 2                |                                |                | Area Co    | ode          | D                           | aytime Te   | elephor      | e Numb   | ber            |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DAMARIS L GARCIA FOR JUDGE From: <u>1/1/2022</u> **To:** 12/31/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 2,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 2,000.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 2,000.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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  |       |                  | Repor | rting F   | Period |      |    |            |
|--|-------|------------------|-------|-----------|--------|------|----|------------|
|  |       |                  |       | From: To: |        |      |    |            |
|  |       | ·                |       |           | DATE   |      |    | AMOUNT     |
| Full Name of Contributing Committee  |       |                  | м     | 10        | 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       |

| Use this Part to it                 | emize all othei<br>50.01 to \$250.0 | 1 TO \$250.00<br>contribution<br>00 in the repo | s wi<br>ortin | ith an<br>Ig per | aggreg<br>iod. |      |    | rom        |
|-------------------------------------|-------------------------------------|---|---------------|------------------|----------------|------|----|------------|
| Name of Filing Committee or Candida | te                                  |   | Rep           | orting P         | eriod          |      |    |            |
|                                     |                                     |   | Fror          | m:               |                | Тс   | ): |            |
|                                     |                                     |   |               |                  | 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, Detail                  | ed Summary Pag                                  | je, Se        | ection 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 |      |     |      |    |            |
|---------------------------------------|----------------------|----------|------------------|------|-----|------|----|------------|
|                                       |                      |          |                  |      |     | То:  |    |            |
|                                       |                      |          |                  | DA   | TE  |      | A  | AMOUNT     |
| Full Name of Contributing Committee   |                      |          |                  | мо   | DAY | YEAR |    | 0.00       |
| Mailing Address                       |                      |          |                  |      |     |      | \$ | 0.00       |
| City                                  | State                | Zip Cod  | e (Plus 4)       |      |     |      |    |            |
|                                       |                      |          |                  |      |     |      |    |            |
|                                       |                      |          |                  |      |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on Sched  | lule I, Detailed Sun | nmary 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      |            |        |                                |                            |
|---|---------------------|---------------|----------|-----------------------|------------|--------|--------------------------------|----------------------------|
| DAMARIS L GARCIA FOR JUDGE              |                     |               | Fror     | From: <u>1/1/2022</u> |            |        | <u>2</u> To: <u>12/31/2022</u> |                            |
|   |                     |               |          | DA                    | <b>ATE</b> |        |                                | AMOUNT                     |
| Full Name of Contributor                |                     |               |          | мо                    | DAY        | YEAR   | 2 4                            | \$ 2,000.00                |
| Herman L. Reid III                      |                     |               |          |                       |            |        | 1                              | 2,000.00                   |
| Mailing Address                         |                     |               |          | 12                    | 12         | 202    | 2                              |                            |
| City Evansville                         | State               | Zip Code (Plu | is 4)    |                       | 12         | 202    | 2                              |                            |
|   | IN                  | 47725         |          |                       |            |        |                                |                            |
| Employer Name Ascension St. Vincent     |                     |               |          | Occupat               | ion        | Doctor |                                |                            |
| Employer Mailing Address/Principal Plac | e of Business       | City          |          |                       | State      |        | Zip                            | Code (Plus 4)              |
|   |                     | Fort Brar     | nch      |                       | IN         |        | 476                            | 648                        |
| Enter Grand Total of Part C on Sche     | dule I, Detailed Su | ummary Page   | , Sectio | on 3.                 |            |        | \$                             | <b>PAGE TOTAL</b> 2,000.00 |

### 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 Can  | didate               |                 | Report   | ing Perio | od  |      |            |
|----------------------------------|----------------------|-----------------|----------|-----------|-----|------|------------|
|                                  |                      |                 |          |           |     | То:  |            |
|                                  |                      |                 |          | D         | ATE |      | AMOUNT     |
| Full Name                        |                      |                 |          | мо        | DAY | YEAR | \$<br>0.00 |
| Mailing Address                  |                      |                 |          |           |     |      |            |
| City                             | State                | Zip Code (      | Plus 4)  |           |     |      |            |
| Receipt Description              |                      |                 |          |           |     |      |            |
|                                  |                      |                 | <b>.</b> |           |     |      | PAGE TOTAL |
| Enter Grand Total of Part E on S | schedule I, Detailed | i Summary Page, | Section  | 4.        |     |      | \$<br>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 |                             |                   |
|---|------------------|-----------------------------|-------------------|
| DAMARIS L GARCIA FOR JUDGE  | From:            | <u>1/1/2022</u> <b>то</b> : | <u>12/31/2022</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  | T F)             |                             |                   |
| 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 (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 3 |                  | \$                          | 0.00              |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

### VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate              |                    |                   | Reporting |          |      |             |           |      |
|--|--------------------|-------------------|-----------|----------|------|-------------|-----------|------|
|  |                    |                   | From:     |          |      | То:         |           |      |
|  |                    |                   |           | DATE     |      |             | AMOUNT    |      |
| Full Name of Contributor                           |                    |                   | мо        | DAY      | YEAR |             |           |      |
| Mailing Address                                    |                    |                   |           |          |      | <b> </b> \$ |           | 0.00 |
| City   | State              | Zip Code (Plus 4) |           |          |      |             |           |      |
| Description of Contribution:                       |                    |                   |           |          |      | •           |           |      |
| Enter Grand Total of Part F on Sched<br>Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum  | mary Pag | ie,  |             | PAGE TOTA | L    |
|  |                    |                   |           |          |      | \$          |           | 0.00 |

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

| Name of Filing Committee or Candidate                          |                   |                   |        | porting I | Period       |        |                           |  |  |
|--|-------------------|-------------------|--------|-----------|--------------|--------|---------------------------|--|--|
|  |                   |                   |        |           |              | То:    | Fo:                       |  |  |
|  |                   |                   |        |           | DATE         |        | AMOUNT                    |  |  |
| Full Name of Contributor                                       |                   |                   |        | мо        | DAY          | YEAR   |                           |  |  |
| Mailing Address  |                   |                   |        |           |              |        | \$ 0.00                   |  |  |
| City   | State             | Zip Code(Plus 4)  |        |           |              |        |                           |  |  |
| Employer of Contributor  |                   | •                 |        | Occupa    | ation        |        |                           |  |  |
| Employer Mailing Address/Principal Plac                        | e of Business     | City              | State  | e Zip     | Code(Plus 4) | Descri | ption of Contribution     |  |  |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, In-Kind | d Contributions D | etaile | d         |              |        | <b>PAGE TOTAL</b><br>0.00 |  |  |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |   |                   |         | Reporting Period |          |    |            |  |
|---------------------------------------|---|-------------------|---------|------------------|----------|----|------------|--|
|                                       | From  |                   |         | То:              |          |    |            |  |
|                                       |   |                   |         | DATE             |          |    | AMOUNT     |  |
| To Whom Paid                          |   |                   |         | DAY              | YEAR     |    |            |  |
| Mailing Address                       |   |                   |         |                  |          | \$ | 0.00       |  |
| City                                  | State   | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure |    |            |  |
| Enter Crand Tatal of Evnenditures     | n Dago 1. Donort (  | Sover Dage Them I |         |                  |          |    | PAGE TOTAL |  |
| Enter Grand Total of Expenditures of  | Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                   |         |                  |          | \$ | 0.00       |  |

## SCHEDULE IV 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  |       |             |        | Reporting Period |                 |      |                   |                             |  |  |
|--|-------|-------------|--------|------------------|-----------------|------|-------------------|-----------------------------|--|--|
| DAMARIS L GARCIA FOR JUDGE From:       |       |             |        |                  | <u>1/1/2022</u> | То:  | <u>12/31/2022</u> |                             |  |  |
|  |       |             |        |                  | DATE            |      |                   | itstanding<br>lance of Debt |  |  |
| Name of Creditor<br>Herman L. Reid III |       |             |        | мо               | DAY             | YEAR |                   |                             |  |  |
| Mailing Address                        |       |             |        | 12               | 12              | 2022 | 2 \$              | 2,000.00                    |  |  |
| City Evansville                        | State | Zip Code (P | lus 4) | Descript         | tion of De      | bt   |                   |                             |  |  |
|  | IN    | 47725       |        | Loan             |                 |      |                   |                             |  |  |
|  |       |             |        |                  |                 |      |                   | PAGE TOTAL                  |  |  |
| Enter Grand Total of Unpaid Debt       | G.    |             |        | \$               | 2,000.00        |      |                   |                             |  |  |