#### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                              | Filer Identification 20220573<br>Number : |             |                          |                              | Repor       |          | CAND       | IDATE     |        | СОМ        | <b>4ITTEE</b>      | ✓              | LOBE     | SYIST     |                |
|---|---|-------------|--------------------------|------------------------------|-------------|----------|------------|-----------|--------|------------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C  | Committee, Candi                          | date or L   | obbyist:                 | D                            | AMAR        | IS L G   | ARCIA I    | OR JUI    | OGE    |            |                    |                |          |           |                |
| Street Address:   | PO BOX 302                                | 30          |                          |                              |             |          |            |           |        |            |                    |                |          |           |                |
| City:   | PHILADELPH                                | ΙA          |                          |                              |             |          | State:     | PA        |        |            | Zip Cod            | <b>ie:</b> 19  | 9103-8   | 280       |                |
| TYPE OF<br>REPORT   | 6TH TUESDAY<br>PRE-PRIMARY                | 1.          | 2ND FRIDAY PR<br>PRIMARY | E-                           | 2.          | 30 DA    |            | POST-     | 3.     |            | AMENDMENT REPORT?  |                | Yes      | No        |                |
| (place X to<br>the right of                                 | 6TH TUESDAY<br>PRE-ELECTION               | 4.          | 2ND FRIDAY PRELECTION    | RE-                          | 5.          | 30 DA    |            | POST- 6.  |        |            | TERMINA<br>REPORT  |                | Yes      | No        | <b>~</b>       |
| report type)  | ANNUAL REPORT                             | 7. <b>X</b> | <b>Year</b> 2022         | FILING METHO<br>( ) CHECK OF |             |          |            |           |        |            |                    |                | <b>/</b> | DISKE     | TTE            |
| Name of Office S  | Sought by Candida                         | ate:        | •                        |                              | •           |          | DATE       | OF ELE    | CTIO   | N          | District<br>Number | Office<br>Code | Par      | ty Code   | County<br>Code |
|   | ,   |             |                          |                              |             |          | МО         | DAY       | YE     | AR         | Number             | code           | DEM      | 1         | 51             |
|   |   |             |                          |                              |             |          | 1:         | L         | 8      | 2022       |                    | (SEE IN        | STRUCTIO | ONS FOR C | ODES)          |
|   | Receipts and                              | МО          | DAY YEA                  | \R                           |             |          | МО         | DAY       | YE     | AR         | FO                 | R OFFI         | CE USE   | ONLY      |                |
| Expenditures  | o ii oiii:                                |             | 1 1                      | 20                           | 22 <b>T</b> | 0        | 1          | 2         | 31     | 2022       |                    |                |          |           |                |
| A. Amount Brought Forward From Last Report                  |   |             |                          |                              |             | \$       |            |           |        | 0.00       |                    |                |          |           |                |
| B. Total Monetary Contributions And Receipts (From Schedule |   |             |                          |                              |             | \$       |            | 2,000.00  |        |            |                    |                |          |           |                |
| C. Total Funds Available (Sum Of Lines A and B)             |   |             |                          |                              |             | \$       |            |           | 2,0    | 00.00      |                    |                |          |           |                |
| D. Total Expenditures (From Schedule III)                   |   |             |                          |                              |             | \$       |            |           |        | 0.00       |                    |                |          |           |                |
| E. Ending Cash Balance (Subtract Line D From Line C)        |   |             |                          |                              |             | \$       |            |           | 2,0    | 00.00      |                    |                |          |           |                |
| F. Value Of In-   | Kind Contribution                         | s Receiv    | ed (From Sched           | ule                          | iI)         | \$       |            |           |        | 0.00       |                    |                |          |           |                |
| G. Unpaid Debt  | s And Obligation                          | s (From S   | Schedule IV)             |                              |             | \$       |            |           | 2,0    | 00.00      |                    |                | 1        |           |                |
|   |   |             | AF                       | FΙ                           | DAVI        | T SE     | CTION      |           |        |            |                    |                |          |           |                |
|   | s a Committee rep                         | -           | _                        |                              |             |          |            |           |        |            |                    |                |          |           |                |
| I swear (or affirm) correct and comple                      | ) that this report, in<br>ete.            | cluding the | e attached schedul       | es f                         | filed on    | paper    | or by elec | tronic m  | edium  | , are to t | he best o          | f my kno       | wledge a | and belie | ef , true      |
| Sworn to and subs   | cribed before me th<br>day of             | is          | 20                       |                              |             |          |            |           | S      | ignature   | of Perso           | n Submit       | ting Rep | ort       |                |
|   | Signat                                    | ure         |                          |                              |             | <b>-</b> |            |           |        |            | Prin               | ted Name       | e        |           |                |
| My Commission Ex  | _   | uic         |                          |                              |             |          |            |           |        |            | Ema                | il             |          |           |                |
|   | мо  | D           | AY Y                     | R                            |             | _        |            | Ar        | ea Cod | le         | Daytim             | e Teleph       | one Nu   | mber      |                |
| Part II- If this is   | a report of a car                         | didate's    | authorized Com           | ımi                          | ttee, C     | andid    | ate shal   | sign h    | ere.   |            |                    |                |          |           |                |
| I swear (or affirm)<br>No 320) as amende                    | that to the best of ed.                   | my knowl    | edge and belief th       | is p                         | olitical    | comm     | ittee has  | not viola | ted an | y provis   | ions of th         | e act of J     | une 3,19 | 937 (P.L. | 1333,          |
| Sworn to and subsc  | ribed before me this                      | i           |                          |                              |             |          |            | -         |        | s          | ignature o         | of Candid      | ate      |           |                |
|   | day of                                    |             |                          |                              |             | _        |            |           |        |            | Drint              | d Name         |          |           |                |
|   | Signature                                 |             |                          |                              |             | _        |            |           |        |            |                    |                |          |           |                |
| My Commission Exp   | _   |             |                          |                              |             |          |            |           |        | _          | Ema                | il             | _        |           |                |
|   | МО  | D           | AY Y                     | /R                           |             | _        |            | Area      | Code   |            | Da                 | aytime T       | elephon  | e Numbe   | er             |

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |          |              |            |
|--|-----------|----------|--------------|------------|
| Name of Filing Committee or Candidate  | Reporting | g Period |              |            |
| DAMARIS L GARCIA FOR JUDGE   | From:     | 1/1/202  | <u>2</u> To: | 12/31/2022 |
| 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  | (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)   |           |          | \$           | 2,000.00   |
| TOTAL for the Reporting  | Period    | (3)      | \$           | 2,000.00   |
| 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 |           |          | \$           | 2,000.00   |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                         | this Part to itemize onl<br>with an aggregate val |                |    |         |        |      |               |            |
|-------------------------|---|----------------|----|---------|--------|------|---------------|------------|
| Name of Filing Comm     | nittee or Candidate                               |                | Re | porting | Period |      |               |            |
|                         |   | From:          |    |         | То     | :    |               |            |
|                         |   | •              |    |         | DATE   |      |               | AMOUNT     |
| Full Name of Contributi | ing Committee                                     |                |    | МО      | DAY    | YEAR |               |            |
| Mailing Address         |   |                |    |         |        |      | \$            | 0.00       |
| City                    | State   | Zip Code (Plus | 4) |         |        |      |               |            |
|                         | •   | •              |    | •       | •      | •    | $\overline{}$ | PAGE 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 Filing Committee of Candidate |       |                   | Reporting Period From: To: |    |      |      |    |        |
|---------------------------------------|-------|-------------------|----------------------------|----|------|------|----|--------|
|                                       |       |                   |                            |    | DATE |      |    | AMOUNT |
| Full Name of Contributor              |       |                   |                            | МО | DAY  | YEAR |    |        |
| Mailing Address                       |       |                   |                            |    |      |      | \$ | 0.00   |
| City                                  | State | Zip Code (Plus 4) | 1                          |    |      |      |    |        |

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 | ame of Filing Committee or Candidate |               | 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.)

| Name of Filing Committee or Candidate                                     | me or Filing Committee or Candidate Re |                   |           |       | orting Pe | riod  | eporting Period       |                       |             |  |  |  |  |
|---|--|-------------------|-----------|-------|-----------|-------|-----------------------|-----------------------|-------------|--|--|--|--|
| DAMARIS L GARCIA FOR JUDGE  |  |                   |           | Fror  | n:        | 1/1/2 | <u>022</u> <b>T</b> o | To: <u>12/31/2022</u> |             |  |  |  |  |
|   |  |                   |           |       | D/        | ATE   |                       | А                     | MOUNT       |  |  |  |  |
| Full Name of Contributor  |  |                   |           |       | МО        | DAY   | YEAR                  |                       |             |  |  |  |  |
| Herman L. Reid III  |  |                   |           |       | МО        | DAT   | TEAR                  |                       |             |  |  |  |  |
| Mailing 18920 Roscommon Rd<br>Address                                     |  |                   |           |       |           |       |                       | \$                    | 2,000.00    |  |  |  |  |
| City Evansville   | State                                  | Zip Code (Plus 4) |           |       | 12        | 12    | 2022                  |                       |             |  |  |  |  |
|   | IN                                     | 47                | 7725      |       |           |       |                       |                       |             |  |  |  |  |
| Employer Name Ascension St. Vince   | nt                                     |                   |           |       | Occupat   | ion [ | octor                 | •                     |             |  |  |  |  |
| Employer Mailing Address/Principal Pla<br>Business                        | ace of                                 |                   | City      |       |           | State |                       | Zip Cod               | le (Plus 4) |  |  |  |  |
| 7839 South Professional Dr  |  |                   | Fort Brar | ich   |           | IN    |                       | 47648                 | 3           |  |  |  |  |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section |  |                   |           | on 3. |           |       | P                     | AGE TOTAL             |             |  |  |  |  |
|   | -,                                     |                   | <b>,.</b> |       | 0.        |       |                       | \$                    | 2,000.00    |  |  |  |  |
|   |  |                   |           |       |           |       | _                     |                       |             |  |  |  |  |

# 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 Candid | ate               |                 | Reporting Period |    |     |      |    |            |
|------------------------------------|-------------------|-----------------|------------------|----|-----|------|----|------------|
|                                    |                   |                 | From:            |    |     | To:  |    |            |
|                                    |                   |                 |                  | D  | ATE |      |    | AMOUNT     |
| Full Name                          |                   |                 |                  | МО | DAY | YEAR |    |            |
| Mailing Address                    |                   |                 |                  |    |     |      | \$ | 0.00       |
| City                               | State             | Zip Code (      | Plus 4)          |    |     |      |    |            |
| Receipt Description                |                   | ·               |                  |    |     |      |    |            |
| Enter Grand Total of Part E on Sch | edule I. Detaile  | d Summary Page  | Section          | 4  |     |      |    | PAGE TOTAL |
| The stand rotal of rare E on och   | caale 1, betallet | a cammary rage, | 5000001          | •• |     |      | \$ | 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>To:</b> | 12/31/2022 |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER 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 Candid | ate                 |                       | Reporting Period |               |      |           |            |  |
|------------------------------------|---------------------|-----------------------|------------------|---------------|------|-----------|------------|--|
|                                    |                     |                       | 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 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   | Period                 |        |       |                 |  |
|---|--------------------------------------|------|------------|---------|------------|-----------|------------------------|--------|-------|-----------------|--|
|   |                                      |      |            |         | From:      |           |                        | То:    | То:   |                 |  |
|   |                                      |      |            |         | •          |           | DATE                   |        |       | AMOUNT          |  |
| Full Name of Contributor  |                                      |      |            |         |            | мо        | DAY                    | YEAR   |       |                 |  |
| Mailing Address   |                                      |      |            |         |            |           |                        | \$     | 0.00  |                 |  |
| City  | State                                |      | Zip Code(I | Plus 4) |            |           |                        |        |       |                 |  |
| Employer of Contributor   | 1                                    |      | •          |         | Occupation |           |                        |        |       |                 |  |
| Employer Mailing Address/Principal Pla<br>Business  | ace of                               | City |            | State   |            | Zip<br>4) | Code(Plus              | Descri | ption | of Contribution |  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |                                      |      |            |         |            |           | <b>PAGE TOTAL</b> 0.00 |        |       |                 |  |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                                  | ame of Filing Committee or Candidate |                            |      |        |  |     |            |  |
|--|--------------------------------------|----------------------------|------|--------|--|-----|------------|--|
|  |                                      |                            | From |        |  | То: |            |  |
|  |                                      |                            |      | AMOUNT |  |     |            |  |
| To Whom Paid   | мо                                   | DAY                        | YEAR |        |  |     |            |  |
| Mailing Address  |                                      |                            |      |        |  | \$  | 0.00       |  |
| City   | Zip Code (Plus 4)                    | Description of Expenditure |      |        |  |     |            |  |
| Enter Crand Tatal of Evacaditures on Dago 1, Depart Cover Dago, Item D |                                      |                            |      |        |  |     | PAGE TOTAL |  |
| nter Grand Total of Expenditures on Page 1, Report Cover Page, Item    |                                      |                            |      |        |  | \$  | 0.00       |  |

# 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 Com  | me of Filing Committee or Candidate |             |                              |       | Reporting Period       |                            |      |                            |                                |  |  |
|---|-------------------------------------|-------------|------------------------------|-------|------------------------|----------------------------|------|----------------------------|--------------------------------|--|--|
| DAMARIS L GARCIA  | DAMARIS L GARCIA FOR JUDGE From:    |             |                              |       |                        | <u>1/1/2022</u> <b>To:</b> |      |                            | 12/31/2022                     |  |  |
|   |                                     |             |                              |       |                        | DATE                       |      |                            | Outstanding<br>Balance of Debt |  |  |
| Name of Creditor Herman L. Reid III                                     |                                     |             |                              |       |                        | DAY                        | YEAR |                            |                                |  |  |
| Mailing Address   | 18920 Roscommo                      | n Rd        |                              |       | 12                     | 12                         | 2022 | \$                         | 2,000.00                       |  |  |
| <b>City</b> Evansville  |                                     | State<br>IN | <b>Zip Code (Pl</b><br>47725 | us 4) | <b>Descrip</b><br>Loan | otion of Del               | bt   |                            |                                |  |  |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |                                     |             |                              |       |                        |                            | \$   | <b>PAGE TOTAL</b> 2,000.00 |                                |  |  |
|   |                                     |             |                              |       |                        |                            |      |                            |                                |  |  |