Campaign Finance Report

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

Filer Identificat Number :	ion 202	00444			Repor Filed		CAND	IDATE		СОМІ	MITTEE	✓	LOBI	BYIST	
Name of Filing (Committee, Candi	date or Lo	obbyist:			-	FOR SU	PERIOR	COU	RT					
Street Address:	PO BOX 287	5													
City:	BALA CYNW	ſD					State:	PA Zip Code: 1900				004-9	998		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					DAY 1ARY	POST- 3.			AMENDMENT REPORT?		Yes	No	 Image: A start of the start of
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					DAY CTION	POST-	POST- 6.			ATION ?	Yes	No	\checkmark
report type)	ANNUAL REPOR	T 7. X	Year 2022				NG METH				PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by Candid	ate:					DATE (OF ELEC	CTIO	N	District Number		Par	ty Code	County Code
	2 /								YE	AR	Itumber	coue	DEN	1	coue
			11	L	8	2022		(SEE INS	STRUCTI	ONS FOR	CODES)				
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:	1	.1 29	20	022 1	ГО	12	2 3	31	2022					
A. Amount Bro	ught Forward Fro	om Last Ro	eport			4	5		1,8	845.92					
B. Total Monet	ary Contributions	And Rece	eipts (Fron	n Schee	dule I)	9	\$			0.00					
C. Total Funds Available (Sum Of Lines A and B) \$ 1,845.92															
D. Total Expen	ditures (From Sc	hedule III	[)			9	\$		8	61.49]				
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$		9	84.43					
F. Value Of In-	Kind Contributio	ns Receive	ed (From S	chedul	le II)		\$			0.00	1				
G. Unpaid Deb	ts And Obligation	s (From S	chedule IV	/)		5	\$			0.00					
				AFF	IDAV	IT SI	ECTION								
	s a Committee re	•	-					• •			-				
I swear (or affirm correct and compl) that this report, in ete.	cluding the	attached sc	hedules	filed or	ı papeı	r or by elec	tronic me	edium,	, are to	the best o	of my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before me th day of	is	20						S	ignatur	e of Perso	on Submitt	ing Rep	ort	
	Signat	ure				_					Prir	ited Name			
My Commission E	xpires										Ema	nil			
	МО	DA	Y	YR				Are	a Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a car	ndidate's a	authorized	Comm	nittee, (Candio	date shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of ed.	my knowle	dge and beli	ef this	political	l comr	nittee has i	not violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	cribed before me this day of	S	20							s	ignature	of Candida	ate		
			20			_					Printe	ed Name			
My Commission Exp	Signature					_					Ema	nil			
						_									
	МО	DA	Y	YR				Area (Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
JUDGE LANE FOR SUPERIOR COURT	From:	<u>11/29/202</u>	2 To:	<u>12/31/2022</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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)			\$	0.00
TOTAL for the Reporting	g 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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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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					
			Fro	om:		То	:			
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

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

0.00

\$

PART B 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 Candidat	e			orting P	eriod	_				
			Fro	m:		Тс):			
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City										
PAGE TOTAL										
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 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					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary 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	
	From:	То:

			D	ATE		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Employer Name			Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip Code ((Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	ummary Page, Sectio	on 3.		\$		бе тота L 0.00

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 Candidate	Name of Filing Committee or Candidate			Reporting Period						
Fror					om: To:					
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	i	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description		1				1				
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ΓAL	
		iiai y i uge,	Section				\$		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 Perio	od	
JUDGE LANE FOR SUPERIOR COURT	From:	<u>11/29/2022</u> то:	<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	TF)		
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 (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period						
	From:			То:			
				DATE		АМС	DUNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	5	0.00

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

Name of Filing Committee or Candidate					Reporting Period					
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	ion		1	
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip 4)	Code(Plus	Descri	ption of	Contribution

Enter Grand Total of Part G on Schedule	II. In-Kind C	ontributions De	tailed	PAGE TOTAL
Summary Page, Section 3.	,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period				
JUDGE LANE FOR SUPERIOR COURT			From	From <u>11/29/2022</u> To: <u>1</u>			<u>12/31/2022</u>	
				DATE				
To Whom Paid LV PRINT CENTER			мо	DAY	YEAR			
Mailing Address 1701 UNION BLVD			1	27	2022	\$	261.49	
City ALLENTOWN	State PA	Zip Code (Plus 4) 18109	Description of Expenditure PRINTING					
To Whom Paid PNC BANK			мо	DAY	YEAR			
Mailing Address 1600 MARKET ST			2	1	2022	\$	300.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19103	Description of Expenditure SERVICE FEE					
To Whom Paid PTC EZ PASS			мо	DAY	YEAR			
Mailing Address 300 E PARK DR #2729			4	27	2022	\$	100.00	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure TOLLS					
To Whom Paid PTC EZ PASS			мо	DAY	YEAR			
Mailing Address 300 E PARK DR #2729			8	9	2022	\$	100.00	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure TOLLS					
To Whom Paid PTC EZ PASS			мо	DAY	YEAR			
Mailing Address 300 E PARK DR #2729			11	21	2022	\$	100.00	
City HARRISBURG	State PA	Zip Code (Plus 4) 17111	Description of Expenditure TOLLS					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
Litter Grand Fotal of Experialtance of Fage 1, Report Cover Fage, Item D.						\$	861.49	