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	20230	20138			Repor Filed		CANDI	DATE	✓	СС	OMMITTE		LOBE	YIST	
Name of Filing (Committee,	Candida	te or Lo	obbyist:		DUGAN	I, PAT	RICK								
Street Address:	Street Address:															
City:								State:				Zip Cod	e: 19	154		
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1. X	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST- 3.			AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRIDA ELECTION	Y PRE	5.	30 D ELEC	AY I TION	POST-	6.		TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL R	EPORT	7.	Year 2023				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office	L Sought by C	andidat	e:					DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code
JUDGE OF THE								мо	DAY	YEA	R	-1	SPR	DEM	I	51
JUDGE OF THE	SUPERIOR	COURT						11		7	2023		(SEE INS	TRUCTIO	ONS FOR (CODES)
Summary of		and	мо	DAY	YEAR	Ł		мо	DAY	YEA	R	FOI	ROFFIC	e use	ONLY	
Expenditures	s from:			1 1	2	023 1	Ο	3	2	27	2023					
A. Amount Bro	ught Forwa	ard From	Last R	eport	-		\$;			0.00	1				
B. Total Monet	ary Contrib	utions A	nd Rec	eipts (Fron	n Sche	dule I)	\$	5			0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	5			0.00					
D. Total Expen	ditures (Fro	om Sche	dule II	I)			\$	5			0.00					
E. Ending Cash	Balance (S	Subtract	Line D	From Line	C)		4	5			0.00					
F. Value Of In-	Kind Contri	ibutions	Receive	ed (From S	chedu	le II)	\$	5			0.00					
G. Unpaid Deb	ts And Oblig	gations	(From S	Schedule IV	')		\$	5			0.00					
					AFF	IDAV	IT SE	CTION								
PART I - If this i		-	•	-					• •			-				
I swear (or affirm correct and compl		port, inclu	iding the	e attached sc	hedule	s filed on	paper	or by elect	ronic me	edium, a	re to t	the best of	my know	/ledge a	and beli	ef , true
Sworn to and subs	scribed before day of	e me this		20						Sig	nature	e of Person	Submitt	ing Rep	ort	
		Signatur	e				_					Print	ed Name			
My Commission E	xpires	2.gnatar	-									Email				
	M	0	DA	AY	YR				Are	a Code		Daytime	Telepho	one Nu	nber	
Part II- If this is	a report o	f a cand	idate's	authorized	Comn	nittee, (Candio	late shall	sign he	ere.						
I swear (or affirm) No 320) as amend		best of m	y knowle	edge and beli	ef this	political	comn	nittee has n	iot violat	ed any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,
Sworn to and subse	cribed before day of	me this		20							S	ignature of	Candida	te		
							_					Printed	Name			
My Commission Exp		gnature					_					Email				
,							_									
		мо	D	AY	YR	1			Area	Code		Da	ytime Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DUGAN, PATRICK From: <u>1/1/2023</u> **To:** <u>3/27/2023</u> 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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 0.00 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				Reporting Period						
					From: To:					
· · ·					DATE	AMOUNT				
Full Name of Contributing Committee					DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								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 Candidate Reporting Period										
			From: To) :				
					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, 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						
				То:					
				DA	TE			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 Schedule I, Detailed Summary Page, Section 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				m:			То:			
				DATE				MOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Cod	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3							P. \$	AGE TOTAL 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			Reporting Period						
				om: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.0	00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·								
								PAGE TOTAL	
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary Page,	Section	4.			\$	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		
DUGAN, PATRICK	From:	<u>1/1/2023</u> To:	<u>3/27/2023</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	ſF)		
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 R			Reporting Period						
				From:			То:		
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	je,		PAGE TOTA	AL.			
						\$		0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
				m:		То:				
					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 Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00			

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
				From						
		DATE		AMOUNT						
To Whom Paid	мо	DAY	YEAR							
Mailing Address						\$	0.00			
City	Zip Code (Plus 4)) Description of Expenditure								
Enter Grand Tatal of Evnanditures	<u> </u>				PAGE TOTAL					
Enter Grand Total of Expenditures of				\$	0.00					