Campaign Finance Report

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

Filer Identificati Number :	on 2023	3C0127			Rep File			CAN	IIDI	DATE	*	C	OMMITTE	MITTEE LOBBYIST				
Name of Filing C	ommittee, Candid	late or L	obbyist:		PRIN	NCE,	JOSI	HUA G	SARI	ET								
Street Address:																		
City:								State	:				Zip Cod	Zip Code: 18011				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	AY PRE	- 2	2.	30 DA		Р	OST-	3.		AMENDM REPORT?	N	0	\		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRI	E- 5	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPORT	7.	Year 2023					NG ME					PAPER		V	DISK	ETTE	
Name of Office S	ought by Candida	te:	•		-			DATI	E O	F ELE	CTI	ION	District Number	Office Code	Pai	ty Cod	e Cou	
1115.0E 0E TUE	COMMONIMENT	I COUR	-					мо		DAY	,	YEAR	-1	CCJ	REF)	06	
JUDGE OF THE						11		7	2023		(SEE IN	STRUCTI	ONS FOR	CODES	5)			
Summary of		МО	DAY	YEAR	2			МО		DAY		YEAR	FO	R OFFI	CE USE	ONLY	7	
Expenditures	Trom:		1 1	. 2	.023	T	0		3	:	27	2023	3					
A. Amount Bro	ught Forward Froi	m Last R	eport				\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fror	n Sche	dule	I)	\$					0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$					150.00]					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				(150.00)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$					0.00	<u> </u>					
G. Unpaid Debt	s And Obligations	(From S	Schedule I	/)			\$					0.00			•			
				AFF	IDA	VI	ΓSE	CTIC	N									
PART I - If this is	a Committee rep	ort, trea	surer sign	here.	If thi	is is	a Car	ndidat	e re	port, o	can	didate si	gn here.					
I swear (or affirm) correct and complete	that this report, inc ete.	luding the	e attached so	hedule	s filed	l on	paper	or by e	lectr	onic m	ediu	ım, are to	the best of	my kno	wledge	and be	lief , tı	rue
Sworn to and subs	cribed before me this	S	20									Signatur	e of Persor	Submit	ting Re	oort		-
	Signatu						-						Print	ed Name	=			_
My Commission Ex	-								-				Emai	ı				-
	мо	D	AY	YR			_			Ar	ea C	ode	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comr	nitte	e, Ca	andid	ate sh	alls	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of red.	ny knowle	edge and bel	ief this	polit	ical	comm	ittee h	as no	ot viola	ted	any provi	sions of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me this												Signature o	f Candid	ate			-
	day of 						-						Printe	d Name				_
	Signature						-											_
My Commission Exp	ires												Emai	I				
	мо	D.	AY	YR	ł		•			Area	Cod	le	Da	ytime T	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -							
Name of Filing Committee or Candidate	Reporting Period						
PRINCE, JOSHUA GARET	From:	1/1/202	<u>3</u> To:	3/27/2023			
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) 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	Period	(3)	\$	0.00			
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			\$	0.00			

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	1	Reporting	Period			
			From:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Com	mittee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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 Period						
			Fro	m:		To) :		
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address	<u> </u>						\$	0.00	
City	State	Zip Code (Plus 4))						

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

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 Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7 *		0.00
City	State	Zip Cod	e (Plus 4)						
<u> </u>	I	ı			ı	<u> </u>			
		_		_				PAGE TOT	AL
Enter Grand Total of Part C on Scheo	lule 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.)

Name of Filing Committee or Candida	te			Rep	orting Pe	eriod			
				Fror	n:		Т	o:	
					D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	ip Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal F	lace of Business		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sc	nedule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE TOTAL 0.00

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 Candidate		Report	ing Peri	od			
			From:	DATE MO DAY YEAR on 4.				
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 Perio	od	
PRINCE, JOSHUA GARET	From:	<u>1/1/2023</u> To:	3/27/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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	TF)		
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 Car	Reporting Period							
	ailing Address					То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	•
Section 2.						\$	(0.00

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

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				Fro	m:		To:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zip Code(Plus 4)							
Employer of Contributor					Occu	pation		<u> </u>	
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Z	ip Code(Plus 4) Descri	ption o	of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Ki	nd (Contributions D	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate			Reporti	ng Period				
PRINCE, JOSHUA GARET				From	1/1	1/2023	То:	3/27/2023	
					DATE			AMOUNT	
epartment of State				МО	DAY	YEAR			
Mailing Address				2	15	2023	\$	20.00	
City HARRISBURG	State	Zip Co	ode (Plus 4)	Description of Expenditure					
	PA	17120)	Voter Li	st				
To Whom Paid Warwick Area Republican Cor				мо	DAY	YEAR			
Mailing Address	ailing Address			1	27	2023	\$	130.00	
City LITITZ	City LITITZ State Zip Code (Plus 4)			Descrip	tion of Exp	enditure			