Campaign Finance Report

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

Filer Identificat	ion 202	3C0127			Repo	rt	CAND	IDATE	\checkmark	СС	OMMITTE	E	LOBI	BYIST		
Number :	-				Filed											
Name of Filing (Committee, Candi	date or L	obbyist:		PRINC	E, JOS	Shua gai	KE I								
Street Address:																
City:							State:				Zip Cod	Zip Code: 18011				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	AY PRE	- 2.	30 D PRIM	DAY 1ARY	POST-				AMENDMENT REPORT?		Nc	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE- 5. ELECTION				DAY CTION	POST-	POST- 6.			TION	Yes	No	 Image: A start of the start of	
report type)	ANNUAL REPOR	T 7.	Year 2023	3			NG METH				PAPER		\checkmark	DISKE	TTE	
Name of Office	Name of Office Sought by Candidate:							OF ELE	CTION		District Number	Office Code	Par	ty Code	County Code	
JUDGE OF THE		мо	DAY	YEA	R	-1	CCJ	REP		06						
JOD 01 01 1112								L	7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAF	2		мо	DAY	YE/	R	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		1 1	1 2	.023	то		3	27	2023						
A. Amount Bro	ought Forward Fro	om Last R	Report	•		ģ	5 5			0.00						
B. Total Monet	ary Contributions	s And Rec	eipts (Fror	n Sche	edule I)) 9	\$ 0.00									
C. Total Funds	Available (Sum C	Of Lines A	and B)			9	\$			0.00						
D. Total Expen	ditures (From Sc	hedule II	II)			9	\$		15	0.00						
E. Ending Cash	n Balance (Subtra	ct Line D	From Line	C)			\$		(150	0.00)						
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	Schedu	le II)		\$			0.00						
G. Unpaid Deb	ts And Obligation	s (From S	Schedule I	V)		9	\$			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	e attached so	chedule	s filed o	n papei	r or by elec	tronic m	edium, a	are to	the best of	f my know	vledge	and beli	ef , true	
Sworn to and sub	scribed before me th day of	nis	20						Sig	Inatur	e of Persor	ı Submitt	ing Rep	oort		
	Signat	ture				_					Print	ed Name				
My Commission E	-										Emai	I				
	мо	D	AY	YR				Ar	ea Code		Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	d Comr	nittee,	Candi	date shall	sign h	ere.							
I swear (or affirm) No 320) as amend) that to the best of ed.	my knowl	edge and bel	lief this	s politica	al comr	nittee has	not viola	ted any	provis	ions of the	e act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subscribed before me this Signature of Candidat							ite									
	day of 										Printer	d Name				
	Signature	•				_										
My Commission Ex	-										Emai					
	мо	D	ΑΥ	YF	ł			Area	Code		Da	iytime Te	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PRINCE, JOSHUA GARET 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			Re	porting	Period			
Fro				From: To:				
					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

\$

PAGE 3

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				
	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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed 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	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Princi Business	pal Place of		City		State		Zip Code ((Plus 4)
Enter Grand Total of Part C o	n Schedule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	- ,						5	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		Report	ting Perio	od				
				From: 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 Schodulo I. Dotailog		Section	4				PAGE TOT	AL
Linter Granu Total of Part E		i Suillilai y Page,	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 Period		
PRINCE, JOSHUA GARET	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	ΓF)		
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					
F						То:		
				DATE		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	Mailing Address					\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			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						
					Fro	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						Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descri	ption (of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

nter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed ummary Page, Section 3.	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
PRINCE, JOSHUA GARET	PRINCE, JOSHUA GARET					То:	<u>3/27/2023</u>
				AMOUNT			
To Whom Paid Department of State			мо	DAY	YEAR		
Mailing Address 401 NORTH ST 210	2	15	2023	\$	20.00		
City HARRISBURG	Descrip	tion of Exp	penditure				
	PA	17120	Voter L	ist			
To Whom Paid Warwick Area Republican Committee			мо	DAY	YEAR		
Mailing Address 14 S SPRUCE ST			1	27	2023	\$	130.00
City LITITZ	State	Zip Code (Plus 4)	Descrip	otion of Exp	oenditure		
	РА	17543	Contrib	oution			
							PAGE TOTAL
Enter Grand Total of Expenditures of	on Page 1, Report (Cover Page, Item I	D .			\$	150.00