# **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 20	23C0037			Repo Filed			ANDI	DATE	✓	co	OMMITTE	E	LOBI	BYIST	
Name of Filing	Committee, Can	lidate or L	obbyist:			-	AMARI	SL								
Street Address:																
City:							Stat	te:				Zip Cod	l <b>e:</b> 19	19103		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRID PRIMARY	AY PRE	- 2.		DAY IMARY	F	POST- 3.			AMENDM REPORT?		Yes	No	, 🔨
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID								TERMINATION Yes REPORT?			No	) 🗸	
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 202	3			LING M ) CHE					PAPER		$\checkmark$	DISK	TTE
Name of Office	⊥ Sought by Candi	date:					DA	TE O	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code
							мо		DAY	YEA	R	1	CPJP	DEN	1	51
JUDGE OF THE	COURT OF COI		AS - PHIL	ADELPI	ΠΙΑ			11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAF	2		мо		DAY	YEA	R	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		1	1 2	023	то		3	2	27	2023					
A. Amount Bro	ought Forward F	rom Last R	leport				\$				0.00					
B. Total Monet	ary Contributio	ns And Red	eipts (Fro	m Sche	edule I)	)	\$		0.00							
C. Total Funds	Available (Sum	Of Lines A	and B)				\$				0.00					
D. Total Expen	ditures (From S	chedule II	II)				\$			17,00	0.00					
E. Ending Cash	n Balance (Subtr	act Line D	From Line	e C)			\$		(	17,000	.00)					
F. Value Of In-	Kind Contributi	ons Receiv	ed (From	Schedu	le II)		\$				0.00					
G. Unpaid Deb	ts And Obligatio	ns (From	Schedule 1	<b>V)</b>			\$		0.00							
				AFF	IDAV	'IT S	SECTI	ON								
PART I - If this i	is a Committee r	eport, trea	asurer sigr	n here.	If this	is a C	Candida	ate re	eport, c	andida	te si	gn here.				
I swear (or affirm correct and compl	) that this report, lete.	including th	e attached s	chedule	s filed o	n pap	er or by	elect	ronic m	edium, a	ire to	the best of	my know	ledge	and bel	ef , true
Sworn to and sub	scribed before me day of	this	20							Sig	natur	e of Persor	n Submitt	ing Rep	ort	
	Sign	ature				_						Print	ed Name			
My Commission E	xpires											Emai	I			
	мо	D	AY	YR					Are	ea Code		Daytim	e Telepho	one Nu	mber	
Part II- If this is	a report of a c	andidate's	authorize	d Comr	nittee,	Cand	lidate s	shall	sign he	ere.						
I swear (or affirm No 320) as amend	) that to the best of ed.	of my knowl	edge and be	elief this	s politica	al con	nmittee	has n	ot viola	ed any	provis	ions of the	e act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subscribed before me this											S	ignature o	f Candida	te		
	day of											Printe	d Name			
	Signatu	re														
My Commission Ex	pires											Emai	I			
	мо	D	ΑΥ	YR	ł	_			Area Code Daytime Telephone Number							er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>1/1/2023</u> **To:** GARCIA, DAMARIS L <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	мо	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			0:				
					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						
				To:					
				DA	TE		A	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, Sectio							\$	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:			
				D	ATE		АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Sche	on 3.			P#	<b>AGE TOTAL</b> 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							
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (	Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Sched	ule 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		
GARCIA, DAMARIS L	From:	<u>1/1/2023</u> <b>To:</b>	<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	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 R			Reporting Period					
	From:			То:				
	DATE			AMOUNT				
Full Name of Contributor	мо	DAY	YEAR					
Mailing Address		_				<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.				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						
				From:						
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							<b>\$</b> 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	tion		•			
Employer Mailing Address/Principal Place of Business City				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			<b>PAGE TOTAL</b> 0.00			

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporting Period							
GARCIA, DAMARIS L	GARCIA, DAMARIS L				<u>1/2023</u>	То:	<u>3/27/2023</u>			
				DATE			AMOUNT			
To Whom Paid			мо	DAY	YEAR					
Damaris L. Garcia for Judge										
Mailing Address PO Box 30280	1	4	2023	\$	6,000.00					
City Philadelphia State Zip Code (Plus 4)				Description of Expenditure						
	PA	19103	Loan to Committee							
To Whom Paid			мо	DAY	YEAR					
Damaris L. Garcia for Judge										
Mailing Address PO Box 30280	)		1	4	2023	\$	4,000.00			
City Philadelphia	State	Zip Code (Plus 4)	Description of Expenditure							
	PA	19103	Loan to Committee							
To Whom Paid			мо	DAY	YEAR					
Damaris L. Garcia for Judge										
Mailing Address PO Box 30280	)		3	1	2023	\$	7,000.00			
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•				
PA 19103				Loan to Committee						
			_				PAGE TOTAL			
Enter Grand Total of Expendit	ures on Page 1, Re	port Cover Page, Item I	).			\$	17,000.00			