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	3C0193			Rep File			CAN	IIDI	IDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Candid	late or L	obbyist:	NICHOLE M. THOMPSON														
Street Address:																		
City:								State	:				Zip Cod	e : 19	9064			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	AY PRE	- 2		30 DA		Р	OST-	3.		AMENDM REPORT?	Yes		lo	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRI	E- 5		30 DA		Р	OST-			TERMINATION REPORT?		Yes	1 [lo	\
report type)	ANNUAL REPORT	7.	Year 2023	1				NG ME					PAPER		V	DISI	ETTE	
Name of Office S	ought by Candida		_					DAT	E O	F ELE	CTI	ON	District Number	Office Code	Pai	rty Coo	e Cou	
								МО		DAY	١	YEAR	32	СРЈ	REF	·	1000	
JUDGE OF THE	COURT OF COMM	10n Ple	AS						11		7	2023	 	(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of	•	МО	DAY	YEAF	2			МО		DAY	١	YEAR	FO	R OFFI	CE USE	ONL	1	
Expenditures	from:		1 1	. 2	023	T	0		3	:	27	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				•	0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	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)				\$					0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$					0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligations	From S	Schedule I	V)			\$					0.00						
				AFF	IDA	VIT	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	cand	lidate si	gn here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached so	hedule	s filed	l on p	paper	or by e	lectr	onic m	ediu	m, are to	the best of	my kno	wledge	and be	elief , tı	rue
Sworn to and subs	cribed before me thi day of	s	20									Signature	e of Person	Submit	ting Re	port		_
	Signati						- -						Print	ed Name	•			_
My Commission Ex	•								-				Emai	l				-
	МО	D	AY	YR			_			Are	ea Co	ode	Daytime	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	l Comr	nitte	e, Ca	andid	ate sh	alls	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and bel	ief this	polit	ical	comm	ittee h	as no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	937 (F	.L. 133	з,
Sworn to and subsc	ribed before me this	:										s	ignature o	f Candid	ate			-
	day of 		_ 20				-						Printe	d Name				-
	Signature						-											_
My Commission Exp	ires												Emai	I				
	МО	D	AY	YF	ł		•			Area	Code	e	Da	ytime T	elephor	ne Nun	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
NICHOLE M. THOMPSON	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

	his Part to itemize on with an aggregate val							
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•					-	Г	PAGE TOTAL

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

PAGE TOTAL \$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 Fining Committee of Candidate					Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						

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

PAGE TOTAL \$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 Candida	ame of Filing Committee or Candidate Repor			rting Period					
			From:			То:			
				DA	ΛΤΕ.		Α	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Sc	hedule I, Detail	ed Summary 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.)

ame of Filing Committee or Candidate				Reporting Period						
			Fron	n:		То	То:			
				D	ATE		АМО	DUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PAC	GE 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	ame of Filing Committee or Candidate				od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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		
NICHOLE M. THOMPSON	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	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
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 Candid	Name of Filing Committee or Candidate Re					Reporting Period					
	Fn						Го:				
				DATE			AMOUNT				
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 S	chedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL				
Section 2.						\$	0.00				

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candi	ame of Filing Committee or Candidate				Reporting Period						
					Fro	om:		To:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(F	Plus 4)							
Employer of Contributor			1			Occupa	tion		1		
Employer Mailing Address/Principal Business	Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution	
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL	
Summary Page, Section 3.	,									0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti						
	From			То:			
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure		
Enter Grand Total of Expenditures					PAGE TOTAL		
Lines Grand Total Of Expenditures	on rage 1, Ke	eport Cover Page, Item D	•			\$	0.00