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 202	3C0138				port ed B		CAND	COMMITTEE LOBBYIST									
Name of Filing C	ommittee, Candi	date or L	obbyist:		DUC	GAN,	PATE	RICK										
Street Address:																		
City:	_							State:				7	Zip Code	e: 19	154			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRII PRIMARY		-		30 DA PRIMA		POST-	- 3			MENDME EPORT?	NT	Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRII		E-		30 DA		POST-	- 6			ERMINAT	ΓΙΟΝ	Yes	N	0	\
report type)	ANNUAL REPORT	7.	Year 202	23				IG METH CHECK (P	PAPER		\	DISK	ETTE	
Name of Office S	ought by Candida	ate:						DATE	OF EL	EC1	ΓΙΟΝ		District Number	Office Code	Par	ty Code	Cou	
								МО	DAY	7	YEAR		1	SPR	DEN	1	51	
JUDGE OF THE	SUPERIOR COUF	₹T						1	1	7	20	23		(SEE IN	STRUCTI	ONS FOR	CODES	5)
Summary of		МО	DAY	YEAF	₹			МО	DAY	7	YEAR		FOF	OFFIC	E USE	ONLY		
Expenditures	from:		3 2	28 2	2023	T	0		5	1	. 20	23						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				0.	00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fr	om Sche	edule	e I)	\$				0.	00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				0.	00						
D. Total Expend	ditures (From Scl	nedule II	I)				\$				0.0	00						
E. Ending Cash	Balance (Subtra	ct Line D	From Lin	e C)			\$				0.0	00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From	Schedu	ıle II	I)	\$				0.0	00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	IV)			\$				0.0	00			•			
				AFF	FIDA	AVI	ΓSE	CTION										
PART I - If this is	a Committee re	ort, trea	surer sig	n here.	If th	nis is	a Can	ndidate	report	, ca	ndidate	sign	here.					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	attached	schedule	s file	d on p	paper (or by ele	tronic	med	ium, are	to the	e best of	my knov	vledge	and be	lief , tr	rue
Sworn to and subs	cribed before me th day of	is	20								Signa	ture o	of Person	Submitt	ing Re	ort		-
	Signat						• •						Printe	ed Name	1			_
My Commission Ex	_												Email					-
	мо	D.	AY	YR			-			Area	Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a car	didate's	authorize	ed Comr	nitte	ee, Ca	andida	ate shal	l sign	her	e.							
I swear (or affirm) No 320) as amende	that to the best of	my knowle	edge and b	elief this	s poli	itical	commi	ittee has	not vio	late	d any pro	ovision	ns of the	act of Ju	ıne 3,1	937 (P.	L. 133	з,
Sworn to and subsc		ì										Sign	nature of	Candida	ate			- $ $
	day of —— ————		_ 20				-						Printed	Name				-
	Signature						-							-				_
My Commission Exp	ires												Email					
	МО	D	AY	YF	2		•		Are	a Co	ode		Day	time To	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DUGAN, PATRICK	From:	3/28/202	<u>23</u> To:	5/1/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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 Committe	Name of Filing Committee or Candidate					Reporting Period						
				Fro	om:		To	1				
			•			DATE			AMOUNT			
Full Name of Contributing	Committee				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.

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		Re	porting P	eriod			
			Fro	m:		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.

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		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00
Mailing Address							+	U	.00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.0	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 Candidate					Reporting Period						
Fr						T	То:				
					ATE		AMOUNT				
				мо	DAY	YEAR	\$	0.00			
State	Zi	p Code (Plus	s 4)								
				Occupa	tion						
ce of Business		City			State		Zip	Code (Plus 4)			
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00			
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: MO State Zip Code (Plus 4) Occupa	From: DATE MO DAY State Zip Code (Plus 4) Occupation ce of Business City State	State Zip Code (Plus 4) State Zip Code (Plus 4) Occupation ce of Business City State cdule I, Detailed Summary Page, Section 3.	From: To: DATE MO DAY YEAR State Zip Code (Plus 4) Occupation ce of Business City State Zip			

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	Name of Filing Committee or Candidate			Reporting Period					
			From:			To:			
				C	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address	_						\neg		
City	State	Zip Code (Plus 4)						
Receipt Description	•	•		•	•	•	•		
			. .:	_				PAGE TOTAL	
Enter Grand Total of Part	E on Schedule I, Detailed	Summary 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 Perio	od	
DUGAN, PATRICK	From:	3/28/2023 To :	5/1/2023
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 Candi	Reporting Period						
	From:			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 on	Schedule II, In-Ki	nd Contributions Detai	led 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 Candidate	Name of Filing Committee or Candidate					Period			
F					m:	То:			
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Evnenditures					PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	0.00