## **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	20230	20083			Repor Filed I		CANDI	DATE	✓	СС	OMMITTEE		LOBE	BYIST		_
Name of Filing	Committee	, Candida	ate or Lo	bbyist:	!		-	, DEBORA	AH ANN	IE							_
Street Address:																	
City:								State:				Zip Cod	<b>Zip Code:</b> 15001				
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	- 2. <b>X</b>	30 D PRIM		POST-	3.		AMENDME REPORT?	ENT	Yes	No	)	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pre	E- 5.	30 D ELEC	AY I TION	POST-	6.		TERMINA REPORT?	TION	Yes	No	) 🔨	
report type)	report type) ANNUAL REPORT 7. Year 2023 FILING METHOD () CHECK ONE										$\checkmark$	DISKE	TTE				
Name of Office Sought by Candidate: DATE OF										CTION		District Number	Office Code	Par	ty Code	County	,
			Ŧ					мо	DAY	YEA	R	-1	SPM	DEN	1	04	
JUSTICE OF TH	TE SUPKEN	ME COUR	.1					11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of		and	мо	DAY	YEAR	2		мо	DAY	YEA	R	FOI	R OFFIC	e use	ONLY		
Expenditure	s from:			3 28	2	023 <b>1</b>	0	5	5	1	2023						
A. Amount Bro	ought Forw	ard From	ı Last Re	eport			\$	5			0.00						
B. Total Monet	tary Contri	butions A	nd Rece	eipts (From	n Sche	dule I)	\$	5	0.00								
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$	5			0.00						
D. Total Exper	nditures (Fi	rom Sche	dule III	.)			\$	5			0.00						
E. Ending Casl	h Balance (	Subtract	Line D I	From Line	C)			5			0.00						
F. Value Of In	-Kind Cont	ributions	Receive	d (From S	chedu	le II)	\$	5			0.00	-					
G. Unpaid Deb	ots And Obl	igations	(From S	chedule IV	')		\$	5			0.00						
					AFF	IDAV	T SE	CTION									
PART I - If this		-	-	_								-					
I swear (or affirm correct and comp		eport, incli	iding the	attached sci	hedule	s filed on	paper	or by elect	ronic m	edium, a	ire to	the best of	my know	ledge	and beli	ef , true	ţ
Sworn to and sub	scribed befo day of	re me this		20						Sig	natur	e of Person	Submitti	ing Rep	ort		
		Signatur	e				_					Print	ed Name				·
My Commission E	xpires						_					Email					
	M	мо	DA	Y	YR				Ar	ea Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's a	authorized	Comn	nittee, G	Candio	late shall	sign h	ere.							
I swear (or affirm No 320) as amend	led.		y knowle	dge and beli	ef this	olitical	comn	nittee has n	iot viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.I	. 1333,	
Sworn to and subs	cribed before day of	e me this		20							s	ignature of	<sup>F</sup> Candida	te			
							_					Printed	l Name				
My Commission Ex		ignature					_					Email					
	_						_										
		мо	DA	Y	YR	1			Area	Code		Da	ytime Te	lephon	e Numt	ber	

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
KUNSELMAN, DEBORAH ANNE	From:	<u>3/28/202</u>	<u>3</u> To:	<u>5/1/2023</u>
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	(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 Commit	Reporting	Period					
			From:	i cirioù	То		
			From:		10	•	
				DATE			AMOUNT
Full Name of Contributing	) Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of Pa	art A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00

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

\$

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				
			Fro	m:		Тс	):		
					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						
			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		АМ	OUNT
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/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

### 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				
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	
		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		
KUNSELMAN, DEBORAH ANNE	From:	<u>3/28/2023</u> To:	<u>5/1/2023</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 PART	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	Reporting Period							
	From:			То:				
				DATE		АМО	UNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	,					
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

0.00

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

Name of Filing Committee or Candidate						Reporting Period					
					Fro	om:		То:			
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(	Plus 4)							
Employer of Contributor	I		1			Occupat	tion		1		
Employer Mailing Address/Principal Business	Place of	City		State		Zip 4)	Code(Plus	Descri	ption o	f Contribution	
										PAGE TOTAL	

_ 1	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

## 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)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00