### **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	20230	C0087				port ed B		CAND	IDATE	<b>√</b>	cc	MMITTEE		LOBE	BYIST		
Name of Filing C	Committee	e, Candida	ate or L	obbyist:		AAF	ROE,	NAN	CY									_
Street Address:																		
City:									State:				Zip Code	e: 18	020			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2. <b>X</b>	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No	*	
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	Y	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2023					NG METH				PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	L Sought by	Candidat	·e:						DATE (	TE OF ELECTION District Office Number Code						ty Code	County	,
									МО						1	48	_	
JUDGE OF THE	COURT (	OF COMM	ON PLE	AS					11	11 7 2023 (SEE INSTRUCTIONS FO					ONS FOR	CODES)	_	
Summary of	Receipts	and	МО	DAY	YEAR	ł			МО	DAY	YEA	AR .	FOF	ROFFIC	E USE	ONLY		
Expenditures	from:			1 1	2	023	Т	0	5	5	1	2023						
A. Amount Bro	ught Forv	vard Fron	ı Last R	eport				\$	<u>'</u>	•		0.00	]					
B. Total Moneta	ary Contr	ibutions <i>A</i>	And Rec	eipts (From	1 Sche	dule	e I)	\$				0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash Balance (Subtract Line D From Line C) \$ 0.0							0.00	]										
F. Value Of In-	Kind Cont	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	<b>'</b> )			\$			29,80	7.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport,	candida	ate sig	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	d on	paper	or by elec	tronic m	edium,	are to 1	the best of	my know	/ledge	and beli	ef , true	<b>1</b> ,
Sworn to and subs	cribed befo	ore me this		20							Sig	nature	e of Person	Submitt	ing Rep	ort		
		Signatur	·e					-					Printo	ed Name				•
My Commission Ex	cpires							_					Email					
		МО	D	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has ı	not viola	ted any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,	ı
Sworn to and subsc	ribed before day of	re me this		20								s	ignature of	Candida	te			
								-					Printed	Name				
	5	Signature						-										.
My Commission Exp	ires												Email					
	_	мо	D	AY	YR	l		-		Area	Code		Day	time Te	lephon	e Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period				
AAROE, NANCY	From:	1/1/202	<u>3</u> To:	<u>5/1/2023</u>		
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) \$ 0.0						
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 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 Committee or Candidate			Reporting Period					
		F	rom:		То	:		
		·		DATE			AMOUNT	
Full Name of Contributing Commi	ttee		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.

#### **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.

Name of Filing Comn	nittee or Candidate	Re	eporting P				
	From: To:					<b>)</b> :	
		'		DATE			AMOUNT
Full Name of Contribut	or		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
							PAGE TOTAL

#### **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.

lame of Filing Committee or Candidate			Reporting Period					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							<b>-</b>   \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sc			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.)

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Reporting Period						
				Fron	n:		To	То:		
					D	DATE AMOUNT				
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address										
City	State	Zi	p Code (Plus	<b>(4)</b>						
Employer Name	•				Occupa	tion	-	-		
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.								PAGE 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 Candidate		Report	ing Peri	od			
			From:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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	I						
AAROE, NANCY	From:	<u>1/1/2023</u> <b>To:</b>	<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	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Cand	ame of Filing Committee or Candidate		Reportin				
						To:	
				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:	•		•	•	•		
	Enter Grand Total of Part F on Schedule II, In-Kind Contributions Det			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		Re	porting	Period					
				Fro	From:			То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				Reporting Period				
				From			То:		
		AMOUNT							
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State Zip Code (Plus 4) Description of Expenditure								
Futor Count Total of Funor ditures on Days 1 Depart Cours Days 1 tour							PAGE TOTAL		
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item l						\$	0.00		

# STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate Re				ting Period					
AAROE, NANCY			From:	<u>1/1/2023</u> <b>To:</b>			5/1/2023		
					DATE			itstanding lance of Debt	
Name of Creditor Nancy Aaroe				мо	DAY	YEAR			
Mailing Address 2568 Nazereth Rd		4	5	2023	\$	4,300.00			
City Easton	State Zip Code (Plus 4) Descrip				tion of Deb	t			
	PA	18045		Loan to campaign					
Name of Creditor Nancy Aaroe				мо	DAY	YEAR			
Mailing Address 2568 Nazereth Rd				4	11	2023	\$	25,507.00	
City Easton	State	Zip Code (P	Plus 4)	Descrip	tion of Deb	t			
	PA	18045		Loan to	campaign				
				_				PAGE TOTAL	
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	rt Cover Pa	ge, Item	ı G.			\$	29,807.00	