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	2023C	20037				eport led B		CANDI	NDIDATE COMMITTEE LOBBYIST								
Name of Filing C	Committee, Ca	andida	ite or Lo	obbyist:		GA	RCIA	, DAM	1ARIS L									
Street Address:																		
City:									State:				Zip Code	: 19	103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION					30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No		/		
report type)	ANNUAL REF	PORT	7.	Year 2023 FILING METHO () CHECK ON							PAPER		\checkmark	DISKE	TTE			
Name of Office S	Sought by Car	ndidat	e:						DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
			- N DI E						МО	DAY	YEAR	2	1	СРЈР	DEM	1	51	\neg
JUDGE OF THE	COURT OF C	COMMC	ON PLEA	AS - PHILA	DELP	AIA			11		7 2	023		(SEE INS	TRUCTIO	ONS FOR C	CODES)	,—
Summary of	•	nd	МО	DAY	YEAR	ł			МО	DAY	YEAR	2	FOR	OFFIC	E USE	ONLY		
Expenditures	≀from:			3 28	2	2023	<u>₹</u> T	О	5		1 2	023						
A. Amount Bro	ught Forward	d From	Last R	eport				\$		(17,000.	00)						ļ
B. Total Moneta	ary Contribut	tions A	nd Rec	eipts (From	ı Sche	:dul	e I)	\$			0	.00]					
C. Total Funds	Available (Su	um Of I	Lines A	and B)				\$		([17,000.	00)						
D. Total Expend	ditures (Fron	n Sche	dule II	(1)				\$			0	.00						ļ
E. Ending Cash	Balance (Su	btract	Line D	From Line (C)	_		\$		(17,000.	00)						J
F. Value Of In-	Kind Contribi	utions	Receive	ed (From So	chedu	le I	Ι)	\$			0	.00						
G. Unpaid Debt	s And Obliga	itions ((From S	chedule IV	')			\$			0	.00		1				
					AFF	ΊD	AVI	T SE	CTION									
PART I - If this is	s a Committe	e repo	rt, trea	surer sign l	here.	If th	his is	a Can	ndidate re	eport, o	candidat	e sig	ın here.					
I swear (or affirm) correct and comple		rt, inclu	ıding the	: attached sch	hedules	s file	ed on	paper o	or by elect	ronic m	edium, ar	e to t	the best of r	ny know	rledge a	and belie	ef , tru	ıe
Sworn to and subs	scribed before n day of	me this		20							Sign	ature	of Person	Submitti	ing Rep	ort		-
		Signature				_		<u>-</u>					Printe	d Name				-1
My Commission Ex		lynatur	a										Email					-
	мо		D.A	AY	YR			_		Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	a candi	idate's	authorized	Comr	nitt	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and beli	ef this	, poli	itical	commi	ittee has n	ot viola	ted any p	rovisi	ions of the a	act of Ju	ne 3,19	937 (P.L	. 1333	3,
Sworn to and subsc		e this										Si	ignature of	Candida	te			-
	day of			_ 20				-					Printed	Name				-
	Sign	ature						-					••••••					_
My Commission Exp	ires												Email					
	М	10	D/	AY	YR			-		Area	Code		Day	time Te	lephon	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -							
Name of Filing Committee or Candidate	Reporting	g Period					
GARCIA, DAMARIS L	From:	<u>3/28/202</u>	<u>3</u> To:	5/1/2023			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor							
TOTAL for the Reporting	J 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	y 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 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

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				Period				
		F	rom:		То	I		
		•		DATE			AMOUNT	
Full Name of Contributing Co	ommittee		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 Commit	tee or Candidate		Rep	orting F	Period			
			Fro	m:		To) :	
					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.

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 Cai	Reporting	Period						
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	on Schedule I, Detaile	d 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.)

Name of Filing Committee or Candidate	Rep	orting Pe	riod								
	om: To:										
DATE								AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00			
Mailing Address							1				
City	State	Zip Code (Plu	s 4)								
Employer Name		•		Occupa	tion						
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)			
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 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:			To:		
				E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	us 4)					
Receipt Description	'							
Futor Count Total of Dout	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	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 Perio	d	
GARCIA, DAMARIS L	From:	3/28/2023 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	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 Candidate	Reporting Period						
	From:		То:	·o:			
				DATE			AMOUNT
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
					!	\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					orting	Period				
Fro							To:			
DATE									AMOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address]	\$ 0.0	0
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zij	p Code(Plus 4)	Descr	iptio	on of Contribution	
Enter Grand Total of Part G on Scho	edule II. In-Kir	nd (Contributions D	etaile	ed				PAGE TOTAL	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.									0.0	0

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 Expenditures of	on Bago 1 Bonort C	Cover Page Item [PAGE TOTAL	
Lines Grand Total Of Expenditures C	ni rage 1, keport C	over rage, Item L	, .			\$	0.00	