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	C0140				eport led B		CAND	DIDATE COMMITTEE LOBBYIST						BYIST		
Name of Filing C	ommittee,	, Candida	ate or Lo	obbyist:		KAF	REN	L MAI	SANO									
Street Address:																		
City:				,	,				State:				Zip Code	: 17	603			
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	2ND FRIDAY PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	MENDMENT Yes No LEPORT?				
(place X to the right of	6TH TUESE PRE-ELECT		4.	2ND FRIDAY ELECTION	Y PRE	≣	5.	30 DA		POST-	6.		TERMINAT REPORT?	ION	Yes	No		/
report type)	ANNUAL F	REPORT	7.	Year 2023					IG METH CHECK O				PAPER		√	DISKE	TTE	
Name of Office S	Sought by (Candidat	te:						DATE C)F ELE	Party District Number Code					ty Code	Coun	
	- ,			_					МО	DAY								
JUDGE OF THE	COURT OF	F COMM	ON PLEA	AS					11		7 2	023	3 (SEE INSTRUCTIONS FOR CO					
Summary of		and	МО	DAY	YEAR	Ł		-	МО	DAY	YEAI	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			3 28	2	023	3 T	0	5	5	1 2	2023						
A. Amount Bro	ught Forwa	ard From	า Last R	eport				\$			(0.00						
B. Total Moneta	ary Contrib	outions A	and Rec	eipts (From	Sche	dule	e I)	\$			(0.00						
C. Total Funds	Available ((Sum Of	Lines A	and B)				\$			(0.00						
D. Total Expend	ditures (Fr	om Sche	dule II	[)				\$			658	3.25						
E. Ending Cash	Balance (Subtract	Line D	From Line (Ξ)			\$			C	0.00						
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From So	chedu	le I	I)	\$			C	0.00						
G. Unpaid Debt	s And Obli	igations	(From S	chedule IV)			\$			C	0.00		'				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	a Commit	ttee repo	ort, trea	surer sign l	nere.	If th	his is	a Can	ndidate r	eport, o	candidat	te sig	ın here.					
I swear (or affirm) correct and comple		port, inclu	uding the	: attached sch	nedules	s file	ed on	paper o	or by elect	tronic m	edium, aı	re to t	he best of r	ny know	/ledge	and belie	ef , tru	ıe
Sworn to and subs	cribed befor day of	re me this		20							Sigr	nature	of Person	Submitti	ing Rep	ort		-
		C:anatur						<i>-</i> -					Printe	d Name				-
My Commission Ex	cpires	Signatur	e										Email					-
	M	10	D/	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report o	of a cand	lidate's	authorized	Comr	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		best of m	ıy knowle	edge and belie	ef this	poli	itical	commi	ittee has r	not viola	ted any p	rovis	ions of the a	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this										S	ignature of	Candida	te			-
	day of —— —							_					Printed	Name				-
	Si	ignature				—	—	-										_
My Commission Exp		_											Email					
	_	мо	D/	AY	YR	t .		-		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		
KAREN L MAISANO	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) 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

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	R	Reporting	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.

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)

(Exclus	de contributions no	in pontical comm	itte	es rep	or teu	ili Pait	~)	
Name of Filing Committee	e or Candidate		Rep	orting P	eriod			
			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 Candidate			Reporting	Period					
			From:			То:			
				DA	TE		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule I, Detailed Sun	nmary 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	2			Rep	orting Pe	riod			
				Fror	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	p Code (Plus	s 4)					
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 Sch	edule I, Detaile	ed Sumr	mary Page,	Section	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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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	d	
KAREN L MAISANO	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 Can	didate		Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	0.0	10
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•				
Enter Grand Total of Part F or	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	ge,		PAGE TOTAL	
Section 2.						\$	0.0	0

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						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	′	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Co	andidate		Reporti	ng Period			
KAREN L MAISANO			From <u>3/28/2023</u> To: <u>5/1/</u>				
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
AMAZON							
Mailing Address			4	18	2023	\$	22.25
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
			DOOR H	HANGER BA	AGS		
To Whom Paid			МО	DAY	YEAR		
HEIKE MARTIN PHOTOGRAPHY			140		LAK		
Mailing Address			3	15	2023	\$	636.00
City MOUNT JOY	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17552	HEADSI	HOTS			
							PAGE TOTAL
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item I).			\$	658.25