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	C0171				port		CAND	DATE	√	cc	MMITTEE		LOBI	BYIST		
Name of Filing C	Committe	e, Candida	ate or L	obbyist:		CHI	RIST	INA P	ARSONS	;								
Street Address:																		
City:									State:				Zip Code	e: 17	601			
TYPE OF REPORT	6TH TUES	_	1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA		POST-	3.		AMENDME REPORT?	NT	Yes	No	*	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRE	Ē-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	Y	
report type)	ANNUAL	. REPORT	7.	Year 2023					NG METH CHECK O				PAPER		✓	DISKE	TTE	
Name of Office S	Sought by	, Candidat	·e:						DATE ()F ELE	CTION	1	District Number	Office Code	Par	ty Code	County	,
									МО	DAY	YEA	AR.	2	CPJ	REP		code	_
JUDGE OF THE	COURT (OF COMM	ON PLE	AS					11		7	2023	-	(SEE INS	TRUCTI	ONS FOR (CODES)	_
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	YE	AR	FOF	ROFFIC	E USE	ONLY		
Expenditures	from:			3 28	2	023	Т	0	5	5	1	2023						
A. Amount Bro	ught Forv	ward Fron	Last R	eport	•		1	\$	'	•		0.00	1					
B. Total Moneta	ary Contr	ibutions <i>A</i>	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 (I	From Sche	dule II	I)				\$			10,29	9.56						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00						
G. Unpaid Debt	ts And Ob	oligations	(From S	chedule IV)			\$				0.00		,				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, o	candida	ate si	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elect	tronic m	edium,	are to	the best of	my know	/ledge	and beli	ef , true	ħ.
Sworn to and subs	cribed before day of	ore me this		20							Sig	gnatur	e of Person	Submitt	ing Rep	ort		
	_	Signatur	·e					- -					Printe	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	idate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has r	not viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	l
Sworn to and subsc		re me this										s	ignature of	Candida	te			
	day of —							_					Printed	Name				.
	;	Signature						-										.
My Commission Exp	oires												Email					
	_	МО	D	AY	YR	<u> </u>		-		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		
CHRISTINA PARSONS	From:	3/28/20	<u>)23</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
			Ī	
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 Committe	e or Candidate		Re	eporting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing	Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	5 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.

Name of Filing Comm	nittee or Candidate	Re	porting I	Period			
		Fro	om:		To	o:	
		l .		DATE			AMOUNT
Full Name of Contribut	or		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						l	
							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.

Name of Filing Committee or Candidate			Reporting	Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(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:			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 Perio	od	
CHRISTINA PARSONS	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 Car	ndidate		Reporting Period						
			From:			To	:		
				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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	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				Re	porting	Period				
				Fro	m:		To:			
						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	Reporting Pe			
CHRISTINA PARSONS	From	3/28/2023	То:	5/1/2023

				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
WARWICK AREA REPUBLICAN CO)MMITTEE		1.0					
Mailing Address 6 SHERRI LAN	NE .		1	27	2023	\$	255.00	
City LITITZ	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17543	CONTRI	BUTION				
To Whom Paid			мо	DAY	YEAR			
REPUBLICAN COMMITTEE OF LAN	NCASTER COUNTY		1.10					
Mailing Address 2260 ERIN CO	DURT		1	30	2023	\$	500.00	
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17601	CONTRI	BUTION				
To Whom Paid			мо	DAY	YEAR			
WALMART			1.10		1 Z / LIK			
Mailing Address 2030 FRUITVI	ILLE PIKE		1	31	2023	\$	70.22	
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17601	FOOD F	OR EVENT				
To Whom Paid			МО	DAY	YEAR			
UNITED STATES POST OFFICE			MO	DAI	ILAK			
Mailing Address 1400 HARRIS	BURG PIKE		1	31	2023	\$	189.00	
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17604	STAMPS FOR MAILING					
To Whom Paid			мо	DAY	YEAR			
THE H&H GROUP			MO	DAI	ILAK			
Mailing Address 854 N. PRINC	E STREET		1	31	2023	\$	215.18	
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17603	PRINTI	NG				
To Whom Paid			Mo	DAY	VEAD			
THE H&H GROUP			МО	DAY	YEAR			
Mailing Address 854 N. PRINC	E STREET		1	31	2023	\$	79.50	
City LANCASTER State Zip Code (Plus 4)			4) Description of Expenditure					
	PA	17603	LOGO DESIGN					
			•					

To Whom Paid				МО	DAY	YEAR					
VISTAPRINT											
Mailing Address 275 WYMAN STREET				2	1	2023	\$	247.07			
City WALTHAM		State	Zip Code (Plus 4)	Description of Expenditure							
		MA	02451	STICKE	RS AND BA	ANNER					
To Whom Paid					DAY	YEAR					
ELIZABETHTOWN REPUBLICAN COMMITTEE											
Mailing Address P.O. BOX 60				2	4	2023	\$	250.00			
City ELIZABETHT	OWN	State	Zip Code (Plus 4)	Description of Expenditure							
		PA	17022	CONTRI	BUTION						
To Whom Paid AMAZON					DAY	YEAR					
Mailing Address 410 TERRY AVE.				2	5	2023	\$	40.68			
City SEATTLE		State	Zip Code (Plus 4)	Description of Expenditure							
WA 98109					FOOD FOR EVENT						
To Whom Paid GIANT					DAY	YEAR					
Mailing Address	550 CENTERVILLE R	OAD		2	14	2023	\$	17.99			
City LANCASTER		State	Zip Code (Plus 4)	Description of Expenditure							
		PA	17601	FOOD FOR EVENT							
To Whom Paid				МО	DAY	YEAR					
GIANT				МО	DAT	TEAR					
Mailing Address 550 CENTERVILLE ROAD				2	28	2023	\$	100.89			
City LANCASTER State Zip Code (Plus 4)				Description of Expenditure							
	PA 17601					MONEY ORDER FOR FILING FEE					
To Whom Paid					DAY	YEAR					
REPUBLICAN COMMITTEE OF LANCASTER COUNTY											
Mailing Address	2260 ERIN COURT			3	6	2023	\$	500.00			
City LANCASTER		State	Zip Code (Plus 4)	Description of Expenditure							
		PA	17601	CONTRI	BUTION						
To Whom Paid THE FARM AT EAGLES RIDGE					DAY	YEAR					
Mailing Address	465 LONG LANE			3	22	2023	\$	275.00			
City LANCASTER		State	Zip Code (Plus 4)	Descript	l tion of Exp	 enditure					
PA 17603				VENUE FOR EVENT							
To Whom Paid					DAY	YEAR					
THE FARM AT EAGLES RIDGE					DAT	TEAK					
Mailing Address	465 LONG LANE			4	6	2023	\$	275.00			
City LANCASTER		State	Zip Code (Plus 4)	Descript	tion of Exp	enditure					
		PA	17603	VENUE FOR EVENT							
				1							

To Whom Paid	мо	DAY	YEAR						
LANCASTER COUNTY ACTION	110		ILAK						
Mailing Address P.O. BOX 29	4	8	2023	\$	20.00				
City ELIZABETHTOWN State Zip Code (Plus 4)			Description of Expenditure						
	PA	17022	BREAKFAST						
To Whom Paid	мо	DAY	YEAR						
PENN MANOR REPUBLICAN COMMITTEE	MO		ILAK						
Mailing Address 454 HAWTHORN DR	4	16	2023	\$	60.00				
City LANCASTER	State	Zip Code (Plus 4)	Description of Expenditure						
	PA 17603 CONTRIBUTI					Т			
To Whom Paid				DAY	YEAR				
COMMITTEE TO ELECT CHRISTINA PARS	МО		ILAK						
Mailing Address 624 MANOR STREET	4	25	2023	\$	5,000.00				
City COLUMBIA	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	17512	CONTRIBUTION						
To Whom Paid	мо	DAY	YEAR						
TEKA LLC D/B/A SIMPLY FROM SCRATC	М		ILAK						
Mailing Address 555 S. WATER ST.	4	30	2023	\$	2,204.03				
City LANCASTER State Zip Code (Plus 4)				Description of Expenditure					
PA 17603 CATERER FOR EVENT									
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL		
							10,299.56		