

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 2023C0171		Report Filed By :		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>				
Name of Filing Committee, Candidate or Lobbyist: CHRISTINA PARSONS										
Street Address:										
City:			State:		Zip Code: 17601					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2023	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
JUDGE OF THE COURT OF COMMON PLEAS				MO	DAY	YEAR	2	CPJ	REP	
				11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		3	28	2023		5	1	2023		
A. Amount Brought Forward From Last Report				\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		0.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		0.00				
D. Total Expenditures (From Schedule III)				\$		10,299.56				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		0.00				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
CHRISTINA PARSONS	From: <u>3/28/2023</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)	\$ 0.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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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
	From: To:
DATE AMOUNT	

Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

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 Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT	
Full Name of Contributor					\$	0.00
Mailing Address	MO	DAY	YEAR			
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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: _____ To: _____

			DATE	AMOUNT
Full Name	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Receipt Description				

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 CHRISTINA PARSONS	Reporting Period From: <u>3/28/2023</u> To: <u>5/1/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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: _____ To: _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Description of Contribution:				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor			Occupation		
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
CHRISTINA PARSONS	From <u>3/28/2023</u> To: <u>5/1/2023</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
WARWICK AREA REPUBLICAN COMMITTEE	1	27	2023	\$ 255.00
Mailing Address 6 SHERRI LANE				
City LITITZ	State PA	Zip Code (Plus 4) 17543	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
REPUBLICAN COMMITTEE OF LANCASTER COUNTY				
Mailing Address 2260 ERIN COURT	1	30	2023	\$ 500.00
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure CONTRIBUTION	
To Whom Paid	MO	DAY	YEAR	
WALMART				
Mailing Address 2030 FRUITVILLE PIKE	1	31	2023	\$ 70.22
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure FOOD FOR EVENT	
To Whom Paid	MO	DAY	YEAR	
UNITED STATES POST OFFICE				
Mailing Address 1400 HARRISBURG PIKE	1	31	2023	\$ 189.00
City LANCASTER	State PA	Zip Code (Plus 4) 17604	Description of Expenditure STAMPS FOR MAILING	
To Whom Paid	MO	DAY	YEAR	
THE H&H GROUP				
Mailing Address 854 N. PRINCE STREET	1	31	2023	\$ 215.18
City LANCASTER	State PA	Zip Code (Plus 4) 17603	Description of Expenditure PRINTING	

To Whom Paid THE H&H GROUP			MO	DAY	YEAR	
Mailing Address 854 N. PRINCE STREET			1	31	2023	
City LANCASTER	State PA	Zip Code (Plus 4) 17603	Description of Expenditure LOGO DESIGN			
To Whom Paid VISTAPRINT			MO	DAY	YEAR	
Mailing Address 275 WYMAN STREET			2	1	2023	
City WALTHAM	State MA	Zip Code (Plus 4) 02451	Description of Expenditure STICKERS AND BANNER			
To Whom Paid ELIZABETHTOWN REPUBLICAN COMMITTEE			MO	DAY	YEAR	
Mailing Address P.O. BOX 60			2	4	2023	
City ELIZABETHTOWN	State PA	Zip Code (Plus 4) 17022	Description of Expenditure CONTRIBUTION			
To Whom Paid AMAZON			MO	DAY	YEAR	
Mailing Address 410 TERRY AVE.			2	5	2023	
City SEATTLE	State WA	Zip Code (Plus 4) 98109	Description of Expenditure FOOD FOR EVENT			
To Whom Paid GIANT			MO	DAY	YEAR	
Mailing Address 550 CENTERVILLE ROAD			2	14	2023	
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure FOOD FOR EVENT			
To Whom Paid GIANT			MO	DAY	YEAR	
Mailing Address 550 CENTERVILLE ROAD			2	28	2023	
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure MONEY ORDER FOR FILING FEE			

To Whom Paid REPUBLICAN COMMITTEE OF LANCASTER COUNTY			MO	DAY	YEAR	
Mailing Address 2260 ERIN COURT			3	6	2023	
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Description of Expenditure CONTRIBUTION			
To Whom Paid THE FARM AT EAGLES RIDGE			MO	DAY	YEAR	
Mailing Address 465 LONG LANE			3	22	2023	
City LANCASTER	State PA	Zip Code (Plus 4) 17603	Description of Expenditure VENUE FOR EVENT			
To Whom Paid THE FARM AT EAGLES RIDGE			MO	DAY	YEAR	
Mailing Address 465 LONG LANE			4	6	2023	
City LANCASTER	State PA	Zip Code (Plus 4) 17603	Description of Expenditure VENUE FOR EVENT			
To Whom Paid LANCASTER COUNTY ACTION			MO	DAY	YEAR	
Mailing Address P.O. BOX 29			4	8	2023	
City ELIZABETHTOWN	State PA	Zip Code (Plus 4) 17022	Description of Expenditure BREAKFAST			
To Whom Paid PENN MANOR REPUBLICAN COMMITTEE			MO	DAY	YEAR	
Mailing Address 454 HAWTHORN DRIVE			4	16	2023	
City LANCASTER	State PA	Zip Code (Plus 4) 17603	Description of Expenditure CONTRIBUTION/BREAKFAST			
To Whom Paid COMMITTEE TO ELECT CHRISTINA PARSONS			MO	DAY	YEAR	
Mailing Address 624 MANOR STREET			4	25	2023	
City COLUMBIA	State PA	Zip Code (Plus 4) 17512	Description of Expenditure CONTRIBUTION			

To Whom Paid TEKA LLC D/B/A SIMPLY FROM SCRATCH			MO	DAY	YEAR	\$ 2,204.03
Mailing Address 555 S. WATER ST.			4	30	2023	
City LANCASTER	State PA	Zip Code (Plus 4) 17603	Description of Expenditure CATERER FOR EVENT			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 10,299.56

