# **Campaign Finance Report**

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

Filer Identificat Number :	ion 2023	C0164			Repor Filed I		CANDI	DATE	✓	co	OMMITTEI		LOB	BYIST	
	Committee, Candida	ate or Lo	bbyist:			-	UGHLIN								
Street Address:	Street Address:														
City:							State:				Zip Cod	<b>e:</b> 19	114		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. <b>X</b>	30 DA PRIM		POST- 3.			AMENDMI REPORT?	ENT	Yes	Nc	· 🗸
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.				30 D/ ELEC		POST- 6.			TERMINATION REPORT?		Yes	Nc	· 🗸
report type)	ANNUAL REPORT	7.	<b>Year</b> 2023				NG METHO CHECK O				PAPER		$\checkmark$	DISKE	TTE
Name of Office	Sought by Candidat	te:					DATE O	FELE	CTION	N	District Number	Office Code	Par	ty Code	County Code
	COURT OF COMM		.c				мо	DAY	YEA	AR	1	СРЈ	DEN	1	
JODGE OF THE			10				11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE/	AR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		3 28	2	023 <b>1</b>	0	5		1	2023					
A. Amount Bro	ought Forward Fron	n Last Re	eport			\$				0.00					
B. Total Monet	ary Contributions A	And Rece	eipts (From	1 Sche	dule I)	\$	5	0.00							
C. Total Funds	Available (Sum Of	Lines A	and B)			\$	;			0.00					
D. Total Expen	ditures (From Sche	edule III	)			\$	5		34,90	00.00					
E. Ending Cash	n Balance (Subtract	Line D I	rom Line	C)		\$	;			0.00					
	Kind Contributions		•		le II)	\$				0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()		\$				0.00					
							CTION				-				
I swear (or affirm	s a Committee report) that this report, incl											my know	vledge	and beli	ef , true
correct and compl	ete. scribed before me this	1													
	day of		20						Sig	gnatur	e of Person	Submitt	ing Rep	oort	
	Signatu	re				_					Print	ed Name			
My Commission E	xpires					_					Email				
	мо	DA	Y	YR				Are	ea Code		Daytime	e Telepho	one Nu	mber	
	a report of a cand							-		-					4000
No 320) as amend		iy knowle	dge and beli	er this	political	comm	littee has n	ot viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	1333,
Sworn to and subse	cribed before me this day of		20							S	ignature o	f Candida	ite		
			·			_					Printeo	i Name			
My Commission Exp	Signature pires					_					Emai				
	мо	DA	Y	YR	1	_		Area	Code		Da	ytime Te	elephor	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period BRIAN MCLAUGHLIN** From: <u>3/28/2023</u> To: <u>5/1/2023</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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:			1			
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4	)							
								PAGE TOTAL		
Enter Grand Total of Part A on	\$	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					
				То:				
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00
Mailing Address							<b>7</b> *	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.							\$	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:				m:			То:			
				DATE AMOUNT				IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (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							
				m: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (	Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, 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 Period										
BRIAN MCLAUGHLIN	From:	<u>3/28/2023</u> то:	<u>5/1/2023</u>								
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR											
TOTAL for the Reporting Pe	riod (1)	\$	0.00								
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)											
TOTAL for the Reporting Pe	riod (2)	\$	0.00								
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)											
TOTAL for the Reporting Pe	riod (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, 1		\$	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:					
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address						<b>7</b> \$	0.0		
City	State	Zip Code (Plus 4)							
Description of Contribution:	•	-	- <b>!</b>						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, PAGE TOTAL Section 2.									
						\$	0.0		

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

Name of Filing Committee or Candidate				Reporting Period						
				From:						
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address			-				\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor				Occupa	ation					
Employer Mailing Address/Principal Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						<b>PAGE TOTAL</b> 0.00				

# SCHEDULE III STATEMENT OF EXPENDITURES

Name	Name of Filing Committee or Candidate				Reporting Period							
BRIA	BRIAN MCLAUGHLIN				<u>3/28</u>	<u>8/2023</u>	То:	<u>5/1/2023</u>				
				DATE AMOU								
To Whom Paid				мо	DAY	YEAR						
BRIAN	I MCLAUGHLIN FOR JUDGE											
Mailing Address				3	29	2023	\$	15,000.00				
City PHILADELPHIA State Zip Code (Plus 4)				Descrip	tion of Exp	enditure						
		РА	19114	LOAN								
To Wh	om Paid			мо	DAY	YEAR						
BRIAN	I MCLAUGHLIN FOR JUDGE			MO								
Mailin	g Address			5	3	2023	\$	19,900.00				
City	PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•					
		PA	19114									
						PAGE TOTAL						
Enter	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	34,900.00				