Campaign Finance Report

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

Filer Identification	on	20230	C0156				eport led B		CANDI	IDIDATE COMMITTEE LOBBYIST								
Name of Filing C	ommittee,	Candida	ate or Lo	obbyist:		R. /	ANTH	HONY	DELUCA	A								
Street Address:																		
City:				,	,				State:				Zip Code	: 15	228			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		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 TUESDA PRE-ELECTI		4.	2ND FRIDAY	y pre	≣-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No	-	/
report type)	ANNUAL R	EPORT	7.	Year 2023					LING METHOD PAPER) CHECK ONE					/	DISKE	TTE		
Name of Office S	ought by C	andidat	:e:						DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
				_					мо	DAY	YEAR	ł	5	СРЈ	DEN	1	-	
JUDGE OF THE	COURT OF	СОММ	ON PLEA	AS					11		7 2	023		(SEE INS	TRUCTIO	ONS FOR C	CODES)	
Summary of l	•	and	МО	DAY	YEAR	Ł			МО	DAY YEAR FOR OFFICE USE ONLY								
Expenditures	from: 			3 28	2	2023	3 T	0	5		1 2	023						
A. Amount Bro	ught Forwa	rd From	ı Last R	eport				\$			C	0.00						
B. Total Moneta	ary Contrib	utions A	ınd Rec	eipts (From	Sche	dule	e I)	\$			C	0.00]					
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash	Balance (S	ubtract	Line D	From Line (C)			\$			0	.00						
F. Value Of In-l	Kind Contri	butions	Receive	ed (From So	chedu	le I	.I)	\$			0	.00						
G. Unpaid Debt	s And Oblig	jations ((From S	chedule IV)			\$			0	.00		1				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	a Committ	tee repo	ort, trea	surer sign l	here.	If th	his is	a Can	didate r	eport, o	candidat	e sig	ın here.					
I swear (or affirm) correct and comple		ort, inclu	ıding the	attached sch	nedules	s file	ed on	paper o	or by elect	tronic m	edium, ar	e to t	he best of r	ny know	/ledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before day of	e me this		20							Sign	ature	e of Person	Submitti	ing Rep	ort		-
		Signatur				_		- -					Printe	d Name				- [
My Commission Ex		Signatur	е										Email					-
	мс	o	D/	AY	YR					Are	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of	f a cand	idate's	authorized	Comr	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and beli	ef this	; poli	itical	commi	ittee has r	ot viola	ted any p	rovis	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this										s	ignature of	Candida	te			-
	day of —— —							_					Printed	Name				-
	Sig	gnature				—		-		-								_
My Commission Exp	_												Email					
		мо	Di	AY	YR			-		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		
R. ANTHONY DELUCA	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	J 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

Name of Filing Committee or Candidate			Reporting Period					
		From:		То	То:			
		I		DATE			AMOUNT	
Full Name of Contributing C	ommittee		МО	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

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 Cand	idate	Name of Filling Committee of Candidate			Reporting Period					
			Fro	From: To			o:			
					DATE		АМ	OUNT		
Full Name of Contributor				МО	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 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		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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 Candida	me of Filing Committee or Candidate				orting Pe	riod			
				Froi	n:		То	:	
					D	ATE		AN	MOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address State Zip Code (Plus 4)								\$	0.00
City	State	Zi	p Code (Plus	i 4)					
Employer Name	•	•			Occupa	tion	•	•	
Employer Mailing Address/Principal Business	Place of		City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on So	chedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P	AGE 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		Repor	ting Perio	od				
			From:			To:	:		
			•	D	ATE		AI	MOUNT	
Full Name				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)						
Receipt Description	•	•		•		•	•		
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL	
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammary rage,	500.011				\$	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	
R. ANTHONY DELUCA	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 Candid	ate		Reportin	g Period			
			From:			То:	
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	ımary 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	ame of Filing Committee or Candidate				Re	porting	Period				
					Fro	om:		То:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address									\$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor	-1		•			Occupa	ation				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate							
						То:		
		-		DATE			AMOUNT	
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	otion of Ex	penditure			
Forting Council Table 1 of Francis distance	P 1 P1 C						PAGE TOTAL	
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Page, Item L).			\$	0.00	