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 2023	3C0138			Rep File			CANE)ID/	ATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, Candid	late or L	obbyist:		DUG	AN,	PATE	RICK											
Street Address:																			
City:					State:								Zip Cod	Zip Code: 19154					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE-	- 2	2.	30 DA PRIMA		РО	ST-	3. X		AMENDME REPORT?	ENT	Yes	N	0	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	Y PRE	- 5	5.	30 DA		РО	ST-	6.		TERMINAT REPORT?	TION	Yes	N	0	\	
report type)	ANNUAL REPORT	7.	Year 2023					NG METH CHECK					PAPER		\	DISK	ETTE		
Name of Office S	ought by Candida		_					DATE	OF	ELEC	CTION		District Number	Office Code	Par	ty Cod	Code		
	· ,							МО	D	PAY	YEA	R	-1	SPR	DEN	1	51		
JUDGE OF THE	SUPERIOR COUR	π						1	1		7	2023		(SEE IN	STRUCTI	ONS FOR	CODES	5)	
Summary of		МО	DAY	YEAR	1			МО	D	DAY	YEA	R	FOI	OFFIC	E USE	ONLY			
Expenditures	from:		5 2	20	023	T	0		6		5	2023							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				•	0.00							
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$					0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$					0.00							
D. Total Expend	ditures (From Sch	edule II	I)				\$					0.00							
E. Ending Cash Balance (Subtract Line D From Line C) \$ 0.00																			
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II))	\$					0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$					0.00			•				
				AFF	IDA	VI	ΓSE	CTION	١										
	a Committee rep	-	_						-	-		_							
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached scl	hedules	filed	on	paper	or by ele	ctro	nic me	edium, a	re to t	he best of	my knov	vledge	and be	lief , tr	rue	
Sworn to and subs	cribed before me thi day of	s	20						_		Sig	nature	of Person	Submit	ing Rep	ort		_	
	Signatu	ıre					-		_				Print	ed Name	1			-	
My Commission Ex	xpires								_				Email						
	МО	D	AY	YR						Are	a Code		Daytime	Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	e, C	andid	ate sha	II si	gn he	re.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ef this	politi	ical	comm	ittee has	not	violat	ed any	provis	ions of the	act of J	ıne 3,1	937 (P.	L. 133	з,	
Sworn to and subsc	ribed before me this day of		20						-			s	ignature of	Candida	ate			_	
							-		-				Printed	Name				- $ $	
My Commission Exp	Signature						-		_				Email					-	
Try Commission Exp									_									_	
	МО	D	AY	YR						Area (Code		Da	ytime T	elephor	e Num	ber		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -								
Name of Filing Committee or Candidate	Reporting Period							
DUGAN, PATRICK	From:	<u>5/2/202</u>	<u>3</u> To:	6/5/2023				
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	:	
		·		DATE			AMOUNT
Full Name of Contributing Com	mittee		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.

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.

Name of Filing Committ	ee or Candidate		Reporting	Period			
			From:		To	o :	
		•		DATE			AMOUNT
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. 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	\$		0.00
Mailing Address							7		0.00
City	State	Zip Cod	e (Plus 4)						
							-	PAGE TO	TAL
Enter Grand Total of Part C on Scheo	lule 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	Rep	orting Pe	riod					
			From: T					
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address	ling Address						7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary 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				ing Peri	od					
			From:			To:				
				E	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	us 4)							
Receipt Description	'									
Futor Coand Total of Dant	Fan Cahadula I Datailad	I Commence Dance C	` !	4			ı	PAGE TOTAL		
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	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 Period	1	
DUGAN, PATRICK	From:	<u>5/2/2023</u> To:	6/5/2023
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 Co	Reporting Period						
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						= \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		!			<u> </u>	
Enter Grand Total of Dart E	on Schodulo II. In Vi	nd Contributions Data	ilad Sum	mary Da	ao [DACE TOTAL
Enter Grand Total of Part F Section 2.	on Scheaule II, In-Ki	nu Contributions Deta	ilea Sun	шагу Ра	ye,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					orting	Period				
				Fro	om: To:					
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY				
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 Zip Code(Plus 4) Description of Contril				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 Candidate				Reporting Period					
	From			То:					
				DATE			AMOUNT		
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip						
Enter Count Total of Francischer on Para 1 Parasit Cours Para Thomas							PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	0.00		