Campaign Finance Report

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

Filer Identification 2023C0037 Report CANDI Number : Filed By :								ANDID	ATE	✓	СО	MMITTEE		LOBE	BYIST	
	Committee, Candida	ate or L	obbyist:		GARCIA		AMARI	IS L								
Street Address:	Street Address:															
City:							Sta	te:				Zip Cod	e: 19	103		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.		DAY MARY	PO	POST- 3. X			AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				DAY CTION		POST- 6.			TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2023					IETHOD CK ONE				PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by Candidat	e:			₽		DA	TE OF	ELEO	CTION		District Number	Office Code	Par	ty Code	County Code
	COURT OF COMM				AT A		мо	D	YAQ	YEAR	2	1	CPJP	DEM	1	51
JODGE OF THE	COURT OF COMM		AS - FIILA	DLLFI	ПА			11		7 2	023		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	D	PAY	YEAR	2	FOF		E USE	ONLY	
Expenditures	s from:		5 2	20	023 T	0		6		5 2	023					
A. Amount Bro	ught Forward From	n Last R	eport				\$		(17,000.	.00)					
B. Total Monet	ary Contributions A	And Rec	eipts (From	1 Schee	dule I)		\$			C	0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$		(17,000.	.00)					
D. Total Expen	ditures (From Sche	dule II	I)				\$			0	0.00					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		_	\$		(:	17,000.	00)					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)		\$			0	.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()			\$			0	0.00					
				AFF	IDAVI	ΤS	ECTI	ON								
	s a Committee repo		-					•			-					
I swear (or affirm correct and compl) that this report, incluete.	uding the	e attached scl	hedules	filed on	pape	er or by	electro	nic me	edium, ar	e to ti	he best of	my knov	ledge	and beli	ef , true
Sworn to and subs	scribed before me this day of		20					_		Sign	ature	of Person	Submitt	ing Rep	oort	
	Signatur	e				_						Printe	ed Name			
My Commission E	-					_		_				Email				
	мо	D	AY	YR					Are	ea Code		Daytime	Teleph	one Nu	mber	
Part II- If this is	a report of a cand	idate's	authorized	Comm	nittee, C	Candi	idate	shall sig	gn he	ere.						
No 320) as amend		y knowle	edge and beli	ef this	political	com	mittee	has not	violat	ted any p	rovisi	ons of the	act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	cribed before me this day of		20					_	Signature of Candidate							
						_		_				Printed	Name			
My Commission Exp	Signature bires					_		_				Email				
	мо	D	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 Period** From: <u>5/2/2023</u> **To:** GARCIA, DAMARIS L <u>6/5/2023</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:			:			
		·			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: T			Тс	0:				
					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 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		A	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00	
Mailing Address							7 *	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectio							\$	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 R				Reporting Period						
From:				n:		Т	То:			
				D	ATE		АМ	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							P#	AGE 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:			То:			
				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 Sched	ule 1, Detailed Sumn	nary 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		
GARCIA, DAMARIS L	From:	<u>5/2/2023</u> то:	<u>6/5/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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	мо	DAY	YEAR						
Mailing Address] \$	0.0)0	
City	State	Zip Code (Plus 4)							
Description of Contribution:									
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.				ailed Summary Page, PAG			AGE TOTAL	_	
						\$	0.0	0	

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

Name of Filing Committee or Candidate	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	tion		•				
Employer Mailing Address/Principal Plac	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.						PAGE TOTAL 0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From							
		DATE		AMOUNT							
To Whom Paid	мо	DAY	YEAR								
Mailing Address						\$	0.00				
City State Zip Code (Plus 4)				Description of Expenditure							
Enter Crand Tatal of Evenenditures on Dags 1. Deposit Course Dags Theme							PAGE TOTAL				
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00				