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	20230	C0087				port		CAND	NDIDATE COMMITTEE LOI						BYIST				
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:		AAF	ROE,	NAN	CY											
Street Address:																				
City:									State:				Zip Code	e: 18	020					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3. X		AMENDME REPORT?	NT	Yes	No	Y			
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	E-	5.						TERMINAT REPORT?	ΓΙΟΝ	Yes	No	~			
report type)	ANNUAL	REPORT	7.	Year 2023					FILING METHOD () CHECK ONE				PAPER	PAPER / DISK			TTE			
Name of Office S	L Sought by	Candidat	e:						DATE C	F ELE	CTIO	١	District Number	Office Code	Par	ty Code	County	,		
									МО	DAY	YE	AR	3	CPJ	DEN	1	48			
JUDGE OF THE	COURT (OF COMM	ON PLE	AS					11		7	2023	-	(SEE INS	TRUCTI	ONS FOR	CODES)			
Summary of	Receipts	and	МО	DAY	YEAR	2			МО	DAY	YE	AR	FOF	ROFFIC	E USE	ONLY				
Expenditures	from:			5 2	2	023	Т	0	6	5	5	2023								
A. Amount Bro	ught Forv	vard Fron	Last R	eport	•		1	\$	-	•		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)						\$				0.00										
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				0.00]							
F. Value Of In-	Kind Cont	tributions	Receive	ed (From S	chedu	le I	I)	\$				0.00	_							
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$			29,80	7.00								
					AFF	ID	AVI	T SE	CTION											
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	ndidate r	eport, o	candid	ate sig	gn here.							
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper	or by elect	tronic m	edium,	are to	the best of	my know	/ledge	and beli	ef , true			
Sworn to and subs	cribed befo	ore me this		20							Si	gnature	e of Person	Submitt	ing Rep	ort				
		Signatur	·e					-					Printe	ed Name						
My Commission Ex	cpires							_					Email							
		МО	D/	AY	YR					Are	ea Code	1	Daytime	Teleph	one Nu	mber		╛		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate shall	sign h	ere.									
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	comm	ittee has r	not viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	l		
Sworn to and subsc	ribed before day of	re me this		20								s	ignature of	Candida	te					
								_					Printed	Name						
		Signature						-												
My Commission Exp	ires												Email							
	_	МО	D	AY	YR	ł		_		Area	Code		MO DAY YR Area Code Daytime Telephone Nu							

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -									
Name of Filing Committee or Candidate	Reporting	g Period							
AAROE, NANCY	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) \$									
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					
			1						
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			Reporting Period						
		F	rom:		То	:			
				DATE			AMOUNT		
Full Name of Contributing Committee			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.

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 Comm	ittee or Candidate	Re	Reporting Period						
Full Name of Contributor MO DAY YEAR	From:					o:				
MO DAY YEAR					DATE			AMOUNT		
Mailing Address	Full Name of Contribute	or		мо	DAY	YEAR				
Finding Address	Mailing Address						\$	0.00		
City State Zip Code (Plus 4)	City	State	Zip Code (Plus 4)							
				l		1		PAGE TOTAL		

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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page		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			Reporting Period							
Fron				n:		To	То:			
					D	ATE		AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00	
Mailing Address										
City	State Zip Code (Plus 4)									
Employer Name		•			Occupation					
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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 of	or Candidate		Report	ing Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	-	•			•	•	•	
Enter Grand Total of Part I	on Schodulo I. Dotailad	Summary Bago	Section	4				PAGE TOTAL
Enter Granu 10tal Of Part I	on Schedule 1, Detalled	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 Perio	d								
AAROE, NANCY	From:	<u>5/2/2023</u> To:	6/5/2023							
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR										
TOTAL for the Reporting Pe	eriod (1)	\$	0.00							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidate			Reporting Period					
						То:		
				DATE		AMOUNT		
Full Name of Contributor				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 Det Section 2.				mary Pag	je,		PAGE TOTAL	
Section 2.						\$	(0.00

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					Occup	ation				
Employer Mailing Address/Principal Place of Business City				Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.					0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period					
	From			То:					
		AMOUNT							
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City State Zip Code (Plus 4)) Description of Expenditure					
into Canad Total of Ermanditures on Dags 1 Depart Cover Dags Them							PAGE TOTAL		
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item						\$	0.00		

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate Report				ing Period						
AAROE, NANCY			From:		<u>5/2/2023</u>	То:		6/5/2023		
					DATE			standing ance of Debt		
Name of Creditor Nancy Aaroe				мо	DAY	YEAR				
Mailing Address 2568 Nazereth Rd					5	2023	\$	4,300.00		
City Easton	State Zip Code (Plus 4)				tion of Deb	t				
	PA		loan to	campaign						
Name of Creditor Nancy Aaroe				МО	DAY	YEAR				
Mailing Address 2568 Nazereth Rd				4	11	2023	\$	25,507.00		
City Easton	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t				
	PA	18045		loan to	campaign					
								PAGE TOTAL		
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item				G.			\$	29,807.00		