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 :	tion 2023	C0127			Repo Filed	-	•	CANDI	DATE	✓	СС	OMMITTE	E	LOBI	BYIST			
	Committee, Candid	ate or L	obbyist:		PRINC	-	SHU	A GAR	ET									
Street Address:																		
City:							St	ate:				Zip Cod	Zip Code: 18011					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY MARY		POST-	3. X		AMENDM REPORT?		Yes	No)	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	2ND FRIDAY PRE- 5. ELECTION				F	POST- 6.			TERMINATION REPORT?		Yes	No)	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2023					METHO ECK O				PAPER		\checkmark	DISK	TTE		
Name of Office	Sought by Candidat	Le:					D/	ATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	Cour		
			÷				м	D	DAY	YEA	R	-1	CCJ	REP		06		
JUDGE OF THE	E COMMONWEALTH	1 CUUK	I					11		7	2023	 	(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	2		M	D	DAY	YEA	R	FO	R OFFIC	E USE	ONLY			
Expenditure	s from:		5 2	. 2	2023	то		6		5	2023							
A. Amount Bro	ought Forward From	n Last R	eport				\$			(150	.00)							
B. Total Mone	tary Contributions	And Rec	eipts (From	n Sche	dule I))	\$				0.00							
C. Total Funds	Available (Sum Of	[:] Lines A	and B)				\$			(150	.00)							
D. Total Exper	nditures (From Scho	edule II	1)				\$				0.00							
E. Ending Casl	h Balance (Subtract	t Line D	From Line	C)			\$			(150	.00)	-						
F. Value Of In	-Kind Contributions	Receiv	ed (From S	chedu	le II)		\$				0.00	-						
G. Unpaid Deb	ots And Obligations	(From S	Schedule IV	()			\$				0.00						_	
				AFF	IDAV	'IT S	ECT	ION										
	is a Committee repond) that this report, incl	-	-									-	my know	uladaa	and hal	of the		
correct and comp		uding the	attached sci	nequie	s med o	п раре		y elect	ronic m	earum, a	reto	the best of	ту кном	vieuge	anu bei	er, tr	Je'	
Sworn to and sub	scribed before me this day of	3	20							Sig	nature	e of Persor	Submitt	ing Rep	oort		_	
	Signatu	re				_						Print	ed Name				-	
My Commission E	-											Emai	I				-	
	мо	D/	AY	YR					Ar	ea Code		Daytim	e Teleph	one Nu	mber			
Part II- If this is	s a report of a cand	lidate's	authorized	Com	nittee,	Cand	idate	shall	sign h	ere.								
I swear (or affirm No 320) as amend) that to the best of n led.	ny knowle	edge and beli	ief this	s politica	al com	mitte	e has n	ot viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.I	. 133	3,	
Sworn to and subscribed before me this day of 20											s	ignature o	f Candida	ite			-	
												Printe	d Name				-	
My Commission Ex	Signature					_						Emai	1				-	
,	· ··																_	
	мо	D	AY	YR	ł				Area	Code		Da	ytime Te	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PRINCE, JOSHUA GARET From: <u>5/2/2023</u> **To:** <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			м	10	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 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 Candida	te		Rep	orting P	eriod					
			From: To			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	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Secti							\$	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						
			Fror	n:		Т):			
				DA	ATE		АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Plu	s 4)							
Employer Name		-		Occupation						
Employer Mailing Address/Principal Pla	ce of Business	City			State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	, Sectio	on 3.			РА \$	GE 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			Report	ing Peric	d				
			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		
PRINCE, JOSHUA GARET	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	T 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 Ro			Reporting Period						
F						То:			
	DATE			AMOUNT					
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	je,		PAGE TOTA	AL.			
						\$		0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
				om:		То:				
					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 Plac	e 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.					PAGE TOTAL 0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period			
	From			То:			
				DATE			AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	Zip Code (Plus 4)) Description of Expenditure					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
	JII Page 1, Report C	lover Page, menn i				\$	0.00