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	C0175				port ed B		CANDI	ANDIDATE COMMITTEE LOBBYIST								
Name of Filing C	Committe	e, Candida	ate or Lo	obbyist:		MA	TTHE	W S.	WOLF									_
Street Address:																		
City:									State:				Zip Code	: 19	130			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2. X	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	E-	5.	30 DA ELECT		POST- 6. TERMINATION Yes REPORT?					No	•		
report type)	ANNUAL	. REPORT	7.	Year 2023					IG METHO				PAPER		√	DISKE	TTE	
Name of Office S	L Sought by	, Candidat	e:						DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	Count	y
	,								МО							1	code	_
JUDGE OF THE	COMMOI	NWEALTH	COURT	Γ					11		7 2	2023		(SEE INS	TRUCTI	ONS FOR (CODES)	
Summary of	Receipts	s and	МО	DAY	YEAR	2			МО	DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			3 28	2	023	Т	0	5		1 2	2023						
A. Amount Bro	ught Forv	ward Fron	1 Last R	eport	•			\$		•	•	0.00						
B. Total Moneta	ary Contr	ibutions <i>F</i>	And Rec	eipts (From	Sche	dule	e I)	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00						
D. Total Expend	ditures (I	From Sche	edule II	I)				\$			(0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$			(0.00						
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$			(0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$			(0.00		,				
					AFF	ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate re	eport, o	candida	te sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	ed on	paper (or by elect	ronic m	edium, a	re to t	he best of	my know	/ledge	and beli	ef , tru	e,
Sworn to and subs	cribed befo	ore me this		20							Sig	nature	of Person	Submitt	ing Rep	ort		-
	_	Signatur	re					<u>-</u>					Printe	ed Name				-
My Commission Ex	cpires							_					Email					-
		мо	D	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	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	commi	ittee has n	ot viola	ted any _l	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,	.
Sworn to and subsc		re me this										s	ignature of	Candida	te			-
	day of —							-					Printed	Name				-
		Signature						-										_
My Commission Exp	ires												Email					
	_	МО	D	AY	YR	<u> </u>		-		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		
MATTHEW S. WOLF	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) 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 Candidat	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.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committe	Name of Filing Committee or Candidate					Reporting Period						
			Froi	m:		To):					
					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.

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	nme 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							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOT	AL
Enter Grand Total of Part C on School	dule 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				Repo	orting Pe	riod				
							т	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR		\$	0.00
Mailing Address										
City	State	Zip	Code (Plus	4)						
Employer Name					Occupa	tion				
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Sเ	umm	ary Page,	Section	on 3.			\$	PAGE TOTA	AL 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		Report	ting Peri	od			
			From:			To:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						\neg	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	•	
			. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	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	
MATTHEW S. WOLF	From:	3/28/2023 To :	<u>5/1/2023</u>
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		Reporting Period					
			From:			То:		
		•		DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	-	•	•		•		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai			led Sum	mary Pag	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	lame of Filing Committee or Candidate				porting	Period					
						From:			То:		
						DATE			AMOUN	т	
Full Name of Contributor					мо	DAY	YEAR				
Mailing Address								1	\$	0.00	
City	State		Zip Code(Plus 4)								
Employer of Contributor					Occup	oation					
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi _l	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion	
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL	
Summary Page, Section 3.										0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame 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	tion of Exp	enditure					
Enter Grand Total of Expenditures	on Page 1 Penert C	Cover Page Item F					PAGE TOTAL			
Lines Grand Total of Expenditures	on rage 1, Report C	Lovei Fage, Itelli L	, .			\$	0.00			