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	C0171				port		CANDI	DATE	✓	co	MMITTEE		LOBI	BYIST	
Name of Filing C	Committe	e, Candida	ate or L	obbyist:		CHI	RIST	INA P	ARSONS								
Street Address:																	
City:									State:				Zip Code	e: 17	601		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		POST-	3. X		AMENDME REPORT?	NT	Yes	No	\
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	E-	5.	30 DA		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	No	\
report type)	ANNUAL	REPORT	7.	Year 2023					NG METHO CHECK O				PAPER	PAPER		DISKE	TTE
Name of Office S	ought by	· Candidat	:e:						DATE 0	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code
									МО	DAY	YEA	R	2	CPJ	REP		code
JUDGE OF THE	COURT (OF COMM	ON PLE	AS					11		7 2	2023		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of	Receipts	s and	МО	DAY	YEAF	2			МО	DAY	YEA	R	FOF	OFFIC	E USE	ONLY	
Expenditures	from:			5 2	2	023	T	0	6		5 2	2023					
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport			•	\$	•	•		0.00					
B. Total Monet	ary Contr	ibutions A	and Rec	eipts (From	Sche	dul	e I)	\$				0.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00					
D. Total Expend	ditures (I	From Sche	dule II	I)				\$			7.	2.87					
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$			(0.00					
F. Value Of In-	Kind Con	tributions	Receive	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		-		_								_					
I swear (or affirm) correct and complete		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 , true
Sworn to and subs	cribed befo	ore me this		20							Sig	nature	of Person	Submitt	ing Rep	ort	
	_	Signatur	·e					_					Printe	ed Name			
My Commission Ex	cpires							_					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	Comr	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 n	ot viola	ted any p	orovis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed befo day of	re me this		20								S	ignature of	Candida	te		
								_					Printed	Name			
		Signature						_					E ''				
My Commission Exp	ires												Email				
		МО	D	AY	YR	ł		-		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		
CHRISTINA PARSONS	From:	5/2/202	<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 Candidat	e		Reporting	Period			
		1	From:		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.

0.00

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	ee or Candidate		Rep	orting P	eriod			
			Froi	m:		To) :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
						•		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		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	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	1			Repo	orting Pe	riod			
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary 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			Report	ing Perio	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address		_					
City	State	Zip Code (Plus 4)				
Receipt Description	•	•			•	•	
		_		_			PAGE TOTAL
Enter Grand Total of Part E on Schedu	lie 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	I							
CHRISTINA PARSONS	From:	<u>5/2/2023</u> To:	6/5/2023						
. 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 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 Car	ndidate		Reportin	g Period				
			From:			To	:	
				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 o	n Schedule II, In-Ki	nd Contributions Detai	led Sun	mary Pa	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				Rep	porting	Period			
				Fro	m:		То:		
						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 Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Re	Reporting Period						
CHRISTINA PARSONS	Fre	rom	<u>5/2</u>	<u>2/2023</u>	To:	6/5/2023		
			DATE			AMOUNT		
To Whom Paid								

MAZON MO DAY YEAR									
MAZON MO DAY YEAR					DATE			AMOUNT	
MAZON	To Whom Paid			MO	DAY	VEAD			
ity SEATTLE State WA 98109 Description of Expenditure STATIONERY o Whom Paid MAZON latiling Address 5 19 2023 \$ 31.78 ity SEATTLE State WA 98109 STATIONERY o Whom Paid WA 98109 STATIONERY o Whom Paid WA 98109 STATIONERY o Whom Paid SIANT latiling Address 5 20 2023 \$ 25.20 ity LANCASTER State Zip Code (Plus 4) Description of Expenditure STAMPS PAGE TOTAL PAGE TOTAL PAGE TOTAL	AMAZON			MO		ILAK			
WA 98109 STATIONERY STA	Mailing Address			5	5	2023	\$	15.89	
MO	City SEATTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	•			
MAZON Italian Address State WA 98109 STATIONERY O Whom Paid SIANT Italian Address State VA 17601 STAMPS PAGE TOTAL PAGE TOTAL PAGE TOTAL		WA	98109	STATIO	NERY				
State WA 98109 STATIONERY To Whom Paid STANT Tailing Address State YEAR State WA 98109 STATIONERY MO DAY YEAR STATIONERY To Whom Paid STANT Tailing Address State Zip Code (Plus 4) PA 17601 PAGE TOTAL PAGE TOTAL	To Whom Paid			мо	DAY	YEAR			
ity SEATTLE State WA 98109 STATIONERY O Whom Paid SIANT Italiang Address State PA 17601 PAGE TOTAL PAGE TOTAL PAGE TOTAL PAGE TOTAL	AMAZON								
WA 98109 STATIONERY O Whom Paid SIANT Itailing Address State PA 17601 PAGE TOTAL PAGE TOTAL	Mailing Address			5	19	2023	\$	31.78	
O Whom Paid SIANT Tailing Address State PA 17601 PAGE TOTAL PAGE TOTAL	City SEATTLE	State	Zip Code (Plus 4)	Description of Expenditure					
STANT Railing Address State PA 17601 PAGE TOTAL PAGE TOTAL		WA	98109	STATIO	NERY				
Tailing Address 5 20 2023 \$ 25.20 LANCASTER State PA 17601 STAMPS PAGE TOTAL PAGE TOTAL	To Whom Paid			МО	DAY	VEAD			
ity LANCASTER State PA 17601 PAGE TOTAL State Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	GIANT			MO	DAT	ILAK			
PA 17601 STAMPS PAGE TOTAL Inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	Mailing Address			5	20	2023	\$	25.20	
PAGE TOTAL Inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.		PA	17601	STAMPS	5				
								PAGE TOTAL	
	Enter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item D).			\$	72.87	