### **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		CAND	NDIDATE COMMITTEE LOBBYIS						BYIST		
Name of Filing C	ommittee, (	Candida	te or Lo	obbyist:		CHF	RIST	INA P	ARSONS	6								
Street Address:																		
City:									State:				Zip Code	: 17	601			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-	POST- 3. <b>X</b>			NT	Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND FRIDAY ELECTION	' PRE	PRE- 5. 30 DAY F ELECTION				POST-	6.		TERMINAT REPORT?	ION	Yes	No		<b>/</b>
report type)	ANNUAL RE	EPORT	7.	<b>Year</b> 2023				FILIN				PAPER		<b>√</b>	DISKE	TTE		
Name of Office S	ought by Ca	andidat	e:						DATE (	OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	- ,								МО	DAY	YEAF	2	2	СРЈ	REP		Couc	
JUDGE OF THE	COURT OF	COMM	ON PLE	AS					1:	1	7 2	023		(SEE INS	TRUCTI	ONS FOR O	CODES	)
Summary of		and	МО	DAY	YEAR	l			МО	DAY	YEAF	₹	FOR	OFFIC	E USE	ONLY		
Expenditures	Trom:			5 2	2	023	T	0	(	5	5 2	2023						
A. Amount Bro	ught Forwai	rd From	Last R	eport				\$	-		(	0.00						
B. Total Moneta	ary Contribu	ıtions A	and Rec	eipts (From	Sche	dule	e I)	\$			(	0.00						
C. Total Funds	Available (S	Sum Of	Lines A	and B)				\$			(	0.00						
D. Total Expend	ditures (Fro	m Sche	dule II	[)				\$			72	2.87						
E. Ending Cash	Balance (S	ubtract	Line D	From Line C	:)			\$			0	.00						
F. Value Of In-	Kind Contrib	butions	Receive	ed (From Sc	hedu	le I	I)	\$			0	.00						
G. Unpaid Debt	s And Oblig	ations	(From S	chedule IV	)			\$			C	0.00		,				
					AFF	ΙD	AVI	T SE	CTION									
PART I - If this is		•	•	_						•								
I swear (or affirm) correct and comple		ort, inclu	uding the	attached sch	edules	file	ed on	paper (	or by elec	tronic m	edium, ar	e to t	he best of r	ny know	/ledge	and belie	ef , tru	ıe'
Sworn to and subs	cribed before day of	me this		20							Sign	ature	e of Person	Submitti	ing Rep	ort		-
		Signatur						_					Printe	d Name				-
My Commission Ex		Signatui	-										Email					-
	мо	)	D/	λΥ	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of	a cand	idate's	authorized (	Comn	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and belie	f this	poli	itical	commi	ittee has	not viola	ted any p	rovis	ions of the a	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this								-		s	ignature of	Candida	te			-
	day of ————————————————————————————————————							_					Printed	Name				-
	Sigi	nature						-				_					_	_
My Commission Exp	_												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	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

**PAGE TOTAL** 

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 Candida	te		Reporting	Period			
			From:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Committee			мо	DAY	YEAR		
Mailing Address	_					\$	0.00
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$

7/27/2024 2:07:31 AM

## 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	Name of Filing Committee or Candidate			Reporting Period						
			Fro	m:		To	<b>)</b> :			
					DATE			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)	)							

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL \$** 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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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	2			Rep	orting Pe	riod			
				Fron	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	<b>(4)</b>					
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 Sumr	mary 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 Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>						<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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		
CHRISTINA PARSONS	From:	<u>5/2/2023</u> <b>To:</b>	<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	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					Reporting Period					
			From:			To	:			
				DATE			AMOUNT			
Full Name of Contributor			МО	DAY	YEAR					
Mailing Address						<b>7</b> \$		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	ımary 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				Re	porting	Period				
				Fro	m:		To:			
						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	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	Reporting Period					
CHRISTINA PARSONS	From	<u>5/2</u>	2/2023	To:	6/5/2023	
		DATE			AMOUNT	
To Whom Paid	МО	DAY	VEAD			

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
AMAZON			МО	DAT	TEAR		
Mailing Address 410 TERRY AVE. N.			5	5	2023	\$	15.89
City SEATTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
WA 98109				NERY			
To Whom Paid AMAZON			мо	DAY	YEAR		
Mailing Address 410 TERRY AVE. N.			5	19	2023	\$	31.78
City SEATTLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	WA	98109	STATIO	NERY			
<b>To Whom Paid</b> GIANT			МО	DAY	YEAR		
Mailing Address 550 CENTERVILLE F	ROAD		5	20	2023	\$	25.20
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
PA 17601 STAMPS							
			·			_	PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report (	Cover Page, Item D	).			\$	72.87