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	C0099				port		CANDI	DATE	√	cc	MMITTEE		LOBE	BYIST	
Name of Filing C	Committe	e, Candida	ate or Lo	obbyist:					FRANCIS								
Street Address:																	
City:									State:				Zip Code	e: 19	154		
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	≣-	5.	30 DA		POST-	6.		TERMINAT	ΓΙΟΝ	Yes	√ No	
report type)	ANNUAL	REPORT	7.	Year 2023					NG METH				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by	· Candidat	:e:						DATE C	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
									МО	DAY	YE	AR	1	MCJ	DEN	1	code
JUDGE OF THE	MUNICIF	PAL COUR	T						11		7	2023	-	(SEE INS	STRUCTIO	ONS FOR C	ODES)
Summary of	Receipts	s and	МО	DAY	YEAR	ł			МО	DAY	YE	AR	FOF	OFFIC	E USE	ONLY	
Expenditures	from:			5 2	2	023	Т	0	6		5	2023	100011102				
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$			•	0.00					
B. Total Moneta	ary Contr	ibutions <i>A</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)				\$			15,1	59.89					
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	chedule IV	')			\$				0.00					
					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	candic	late si	gn 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,	are to	the best of	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed befo	ore me this		20							S	ignatur	e of Person	Submitt	ing Rep	ort	
	<u>-</u>	Signatur	·e					- -					Printe	ed Name			
My Commission Ex	cpires												Email				
		мо	D/	AY	YR					Are	ea Cod	е	Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate'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	ot viola	ted an	y provis	ions of the	act of Ju	ıne 3,19	937 (P.L.	. 1333,
Sworn to and subsc		re me this								-		s	ignature of	Candida	ite		
	day of —							-					Printed	Name			
		Signature						-									
My Commission Exp	ires												Email				
	_	МО	D	AY	YR	1		-		Area	Code		Day	time Te	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MELISSA M. FRANCIS	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 ar 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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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 Candidat	re		Rep	oorting Po	eriod	То	n:	
					DATE		AMOUN	т
			_				71.10011	•
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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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			Rep	orting Pe	riod	To: TE AMOUNT DAY YEAR		
			Fron	n:		То):	
				D/	ATE		АМО	JNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupat	tion	•	•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code (I	Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.		,	PAGI	E TOTAL 0.00
						L		

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 Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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							
MELISSA M. FRANCIS	From:	<u>5/2/2023</u> To:	<u>6/5/2023</u>					
L. 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 Candi	date		Reportin	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
				_			
Enter Grand Total of Part F on Section 2.	Schedule II, In-Kir	nd Contributions Deta	iled Sum	ımary Pag	ge,		PAGE TOTAL
5551511 21						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	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	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Condide	•-	T	Reporting Period					
Name of Filing Committee or Candida	te		Reportii	ng Period				
MELISSA M. FRANCIS			From	<u>5/2</u>	2/2023	То:	6/5/2023	
		,		DATE			AMOUNT	
To Whom Paid MELISSA FRANCIS FOR JUDGE			МО	DAY	YEAR			
Mailing Address 3454 BROOKVIEV	V ROAD		5	3	2023	\$	100.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	ption of Exp	penditure	<u> </u>		
	PA	19154	LOAN					
To Whom Paid MELISSA FRANCIS FOR JUDGE			МО	DAY	YEAR			
Mailing Address 3454 BROOKVIEV	V ROAD		5	5	2023	\$	13,000.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip					
	PA	19154	LOAN					
To Whom Paid MELISSA FRANCIS FOR JUDGE			мо	DAY	YEAR			
Mailing Address 3454 BROOKVIEV	V ROAD		5	12	2023	\$	2,000.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	19154	LOAN					
To Whom Paid UNITED STATES POSTAL SERVICE			мо	DAY	YEAR			
Mailing Address 10380 DRUMMON	D ROAD		5	4	2023	\$	28.75	
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	ption of Exp	penditure			
	PA	19154	MAILIN	IG FINANC	E REPOR	Т		
To Whom Paid STAPLES			МО	DAY	YEAR			
ling Address 2329 STREET ROAD				4	2023	\$	6.28	

Zip Code (Plus 4)

19020

Description of Expenditure

COPIES

State

PΑ

City

BENSALEM

								TAGE 12
To Who	Non-Address -			мо	DAY	YEAR		
Mailing	Address 2329 STRE	ET ROAD		5	12	2023	\$	24.86
City	State Zip Code (Plus 4) Description of Expenditure PA 19020 PRINTING					penditure	•	
								PAGE TOTAL
Enter (Grand Total of Expen	ditures on Page 1, Re	port Cover Page, Item D	•			\$	15,159.89