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 | 3C0109 | | | Rep File | | | CAND | IDIDATE COMMITTEE LOBBYIST | | | | | | | | |
|--|---------------------------------|------------|------------------------|---------|-------------|-------|----------------|--------------------|------------------------------|----------|------------|--------------------|----------------|----------|--------|-----------|----------|
| Name of Filing C | Committee, Candid | late or L | obbyist: | • | TAM | IKA | WAS | HINGTO | N | _ | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | State: | | | | Zip Cod | e: 19 | 9150 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | - 2 | 2. | 30 DA PRIMA | | POST- 3. X AMENDMENT REPORT? | | | | | Yes | ١ | lo | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA' ELECTION | Y PRE | - 5 | 5. | 30 DA | | POST- | POST- 6. | | | TION | Yes | ľ | lo | \ |
| report type) | ANNUAL REPORT | 7. | Year 2023 | | | | | NG METH CHECK C | | | | PAPER | | V | DISK | ETTE | |
| Name of Office S | Sought by Candida | ite: | • | | | | | DATE (|)F ELE | СТ | ION | District Number | Office Code | Pai | ty Cod | e Cou | |
| - , | | | | | | | | МО | DAY | | YEAR | 1 | СРЈ | DEI | М | 1000 | |
| JUDGE OF THE | COURT OF COMM | 10n Ple | AS | | | | | 11 | | 7 | 2023 | 3 | (SEE IN | STRUCTI | ONS FO | R CODES | 5) |
| , | Receipts and | МО | DAY | YEAR | 1 | | | МО | DAY | | YEAR | FOI | OFFI | CE USE | ONL | ′ | |
| Expenditures | from: | | 5 2 | 2 | 023 | T | 0 | 6 | 5 | 5 | 2023 | 3 | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | • | • | 0.00 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From | Sche | dule | I) | \$ | | | | 0.00 | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line (| C) | | | \$ | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From S | chedu | le II) |) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | Schedule IV |) | | | \$ | | | | 0.00 | | | | | | |
| | | | | AFF | IDA | VI | ΓSE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign | here. 1 | [f thi | s is | a Car | ndidate r | eport, | can | didate si | gn here. | | | | | |
| I swear (or affirm) correct and complete |) that this report, inc ete. | luding the | e attached scl | hedules | filed | on p | paper | or by elec | tronic m | nediu | ım, are to | the best of | my kno | wledge | and be | lief , tr | rue |
| Sworn to and subs | cribed before me thi | s | 20 | | | | | | | | Signatu | e of Person | Submit | ting Re | oort | | _ |
| | Signatu | | | | | | - | | | | | Print | ed Name | • | | | - |
| My Commission Ex | _ | ii e | | | | | | | | | | Email | | | | | _ |
| | МО | D | AY | YR | | | - | | Aı | rea C | Code | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized | Comn | nittee | e, Ca | andid | ate shall | sign h | ere | • | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of red. | ny knowle | edge and beli | ef this | politi | ical | comm | ittee has i | not viola | ated | any provi | sions of the | act of J | une 3,1 | 937 (P | .L. 133 | з, |
| Sworn to and subsc | ribed before me this | | | | | | | | | | : | Signature of | Candid | ate | | | - |
| | day of | | | | | | - | | | | | Printed | Name | | | | - J |
| | Signature | | | | | | - | | | | | | | | | | _ |
| My Commission Exp | pires | | | | | | | | | | | Email | | | | | |
| | мо | D | AY | YR | | | • | | Area | Cod | le | Da | ytime T | elephor | ne Nun | ber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|----------|--------------|----------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| TAMIKA WASHINGTON | 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

| | this Part to itemize only with an aggregate valu | | | | | | | |
|---------------------------------------|--|------------------|-----|---------|--------|------|---------------|------------|
| Name of Filing Committee or Candidate | | | | porting | Period | | | |
| | | | Fre | om: | | То | : | |
| | | <u> </u> | | | DATE | | | AMOUNT |
| Full Name of Contributi | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 |) | | | | | |
| | • | · | | | • | • | $\overline{}$ | DACE TOTAL |

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

PAGE TOTAL\$ 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 of Candidate | | | | | Reporting Period From: To: | | | | | |
|---------------------------------------|-------|-------------------|---|----|-----------------------------|------|----|--------|--|--|
| | | | | | 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 Reportin | | | | | ng Period | | | | | |
|--|-----------------------|----------|-------------|------|-----------|------|----|------------|--|--|
| | | | From: | | | То: | | | | |
| | | | | DA | TE | | А | MOUNT | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Cod | e (Plus 4) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part C on Scho | edule 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 | | | | Reporting Period | | | | | | |
|---|--------------------|---------------|---------|------------------|---------|------|---------|--------------------|--|--|
| From: | | | | | om: To: | | | | | |
| | | | | D | ATE | | А | MOUNT | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plu | s 4) | | | | | | | |
| Employer Name | | • | | Occupa | tion | | • | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | • | State | | Zip Cod | de (Plus 4) | | |
| Enter Grand Total of Part C on Sche | dule I, Detailed S | ummary Page | , Secti | on 3. | | | P \$ | 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 C | Name of Filing Committee or Candidate | | | ting Perio | od | | | |
|-------------------------------|---------------------------------------|------------------|---------|------------|-----|------|----|-----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | А | MOUNT |
| Full Name | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | | - | | | | | | |
| Enter Grand Total of Part E o | n Schedule I. Detailed | l Summary Page | Section | 4 | | | P. | AGE TOTAL |
| Enter Grand Fotol of Fart E | Jenedale I, Detance | . Janimary rage, | Section | | | | \$ | 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 | | |
|--|------------------|----------------------------|-----------------|
| TAMIKA WASHINGTON | From: | <u>5/2/2023</u> To: | <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 Candidat | Name of Filing Committee or Candidate Re | | | | | | |
|--------------------------------------|--|-----------------------|-------------|-------------|-------|-----------|------------|
| | From: | | | | | | |
| | | | | 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 Sch | andula II. In-Kir | nd Contributions Data | ilad Sum | mary Pag | | | DACE TOTAL |
| Section 2. | iedule II, III-KII | ia contributions Deta | iiieu Suiii | iliai y Pag | , je, | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Re | porting l | Period | | | | |
|--|-------------|---------|------------|---------|--------|-----------|-----------|-------|----------|------------------------|--|
| | | | | | Fro | om: | | To: | То: | | |
| | | | | | • | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | | | \$ \$ | 0.00 | |
| City | State | | Zip Code(I | Plus 4) | | | | | | | |
| Employer of Contributor | | | | | | Occupa | ition | | | | |
| Employer Mailing Address/Principal Plac Business | ce of | City | | State | | Zip 4) | Code(Plus | Descr | ption | of Contribution | |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, I | in-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or (| Reporting Period | | | | | | |
|-------------------------------|--|-------------------|--------|-------------|-----------|----|------------|
| | From | | | То: | | | |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | Descri | ption of Ex | penditure | | |
| | | | | | | | PAGE TOTAL |
| Enter Grand Total of Expen | Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D | | | | | \$ | 0.00 |