#### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

					Repo Filed			CAND	IDATE	<b>✓</b>	CC	OMMITTEE		LOBBYIST			
Name of Filing C	ommittee, Can	didate or L	obbyist:	Ŋ	MEGA	۸N	MART	IN								•	
Street Address:																	
City:								State:				Zip Code	: 17	050			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-	2.		30 DA PRIMA		POST-	3.	AMENDME REPORT?	Yes	No		<b>/</b>		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. <b>X</b>	2ND FRIDAY ELECTION	PRE-	- 5.		30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No		<b>\</b>
report type)	ANNUAL REPO	<b>RT</b> 7.	<b>Year</b> 2023					IG METH CHECK C	METHOD ECK ONE			PAPER		<b>√</b>	DISKE	TTE	
Name of Office S	ought by Cand	idate:						DATE (	OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YEA	R	-1	CCI	REP			
JUDGE OF THE	COMMONWEA	LTH COUR	Γ					11		7 2	2023	<b> </b>	(SEE INS	TRUCTI	ONS FOR (	CODES	)
Summary of Receipts and MO DAY YEAR								МО	DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		6 6	20	23	T	0	Ç	9	18 2	2023						
A. Amount Bro	ught Forward I	rom Last R	leport				\$		(	(61,189	.02)						
B. Total Monetary Contributions And Receipts (From Schedule I)										10,84	0.82						
C. Total Funds Available (Sum Of Lines A and B)							\$		(	(50,348	.20)						
D. Total Expenditures (From Schedule III)							\$			50,348	3.20						
E. Ending Cash Balance (Subtract Line D From Line C)						\$		(	50,348	.20)							
F. Value Of In-	Kind Contribut	ions Receiv	ed (From Sche	edule	e II)		\$			(	0.00						
G. Unpaid Debt	s And Obligation	ons (From S	Schedule IV)				\$			50,348	3.20		•				
			А	FFI	[DA\	۷I	T SE	CTION									
PART I - If this is	a Committee	report, trea	surer sign her	e. If	f this	is	a Can	ididate r	eport,	candida	te sig	gn here.					
I swear (or affirm) correct and comple		including the	e attached sched	ules	filed	on	paper o	or by elec	tronic m	edium, a	re to 1	the best of i	my know	/ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before me	this	20							Sig	nature	e of Person	Submitt	ing Rep	ort		_
	Sign	nature					-					Printe	d Name				
My Commission Ex	-											Email					-
	мо	D	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	andidate's	authorized Co	mmi	ittee	, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		of my knowl	edge and belief t	this p	politic	cal	commi	ittee has	not viola	ted any p	orovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		:his									s	ignature of	Candida	te			-
	day of —— ———						-					Printed	Name				-
	Signati						-						_				_
My Commission Exp	ires											Email					
	МО		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					
MEGAN MARTIN	From:	<u>6/6/202</u>	<u>3</u> To:	9/18/2023			
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) \$							
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	Name of Filing Committee or Candidate				Reporting Period						
			From:		То	•					
		•		DATE			AMOUNT				
Full Name of Contributing Co	ommittee		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 Committee or Candidate			Re	Reporting Period					
			Fro	From:			<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.

#### **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.

ame 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							<b>-</b>   \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	nter Grand Total of Part C on Schedule I, Detailed Summary Page, S						\$	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	ame of Filing Committee or Candidate			orting Pe	riod				
Fro			Fror	From:			То:		
				D	ATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR	\$	0.00	
Mailing Address							1		
City	State	Zip Code (Plu	s 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip C	Code (Plus 4)	
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary 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								
MEGAN MARTIN	From:	6/6/2023 <b>To:</b>	9/18/2023						
1. 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	TF)								
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 Candidate	ame of Filing Committee or Candidate			Reporting Period				
F			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	<b>-</b>	•	•	•			
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Re	porting	Period	Reporting Period				
				Fro	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	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	

10,009.22

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	r Candidate		Reporti	ing Period					
MEGAN MARTIN			From	<u>6/</u>	<u>6/2023</u>	То:	9/18/2023		
		•	DATE AMOU						
To Whom Paid			МО	DAY	YEAR				
SCOTT & MEGAN MART	ΓΙΝ								
Mailing Address				\$	9,158.21				
City MECHANICSBURG	Descrip	otion of Exp	enditure						
	PA	17050	MILEAG	GE					
To Whom Paid			мо	DAY	YEAR				
SCOTT & amp; MEGAN MART	ΓIN				LAK				
Mailing Address						\$	851.01		
City MECHANICSBURG	State	Zip Code (Plus 4)	) Description of Expenditure						
PA 17050 EXP'S INCURRED FO				FOR LOD	OGING MEA	ALS, MTGS,			
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D			,				PAGE TOTAL		

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name	of Filing Committee or Candidate			Reporti	ng Period					
MEGAI	N MARTIN			From:		<u>6/6/2023</u>	То:	9/18	s/2023	
						DATE		Outstar Balance	nding e of Debt	
Name	of Creditor				МО	DAY	YEAR			
MEGA	N MARTIN FOR PA				HO	DAI	ILAK			
Mailin	g Address				1	6	2023	\$	25,000.00	
City	HARRISBURG	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t			
		PA	17110		LOAN TO COMM					
	of Creditor T & MEGAN MARTIN				мо	DAY	YEAR			
Mailin	g Address				3	27	2023	\$	5,365.31	
City	MECHANICSBURG	State	Zip Code (P	lus 4)	Descrip	l tion of Deb	t			
		PA	17050		MTGS, SHIPPING, CARDS, PARKING, DINNERS LODGING, ETC					
Name	of Creditor				мо	DAY	YEAR			
SCOT	SCOTT & amp; MEGAN MARTIN						TEAR			
Mailing Address								\$	3,580.69	
City	MECHANICSBURG	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t			
		PA	17050		MILEAG	iE				
Name	of Creditor				мо	DAY	YEAR			
SCOT	T & MEGAN MARTIN				140		TEAR			
Mailin	g Address							\$	2,867.71	
City	MECHANICSBURG	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t			
		PA	17050		MTGS,	PARKING,	MEALS, L	ODGING,	DINNERS	
Name	of Creditor				МО	DAY	YEAR			
SCOT	T & MEGAN MARTIN				MO	DAT	TEAR			
Mailin	g Address				6	5	2023	\$	3,525.21	
City	MECHANICSBURG	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t			
		PA	17050		LOAN T	О СОММ М	IILEAGE 5	5/2-6/5		
Name	of Creditor				МО	DAY	YEAR			
SCOT	T & MEGAN MARTIN				HO	DAI	ILAK			
Mailin	Mailing Address							\$	9,158.21	
City	City MECHANICSBURG State Zip Code (Plus 4)				Descrip	tion of Deb	t			
	PA 17050					iΕ				

Name of Creditor SCOTT & MEGAN MARTIN Mailing Address			МО	DAY	YEAR		
			9	18	2023	\$	851.01
City MECHANICSBURG	State	Zip Code (Plus 4)	Descrip	ion of Debt			
	PA	17050	LOAN TO COMM EXPENSES, LODGING, MEALS, TICKETS				
							PAGE TOTAL
Enter Grand Total of Unpaid	d Debts on Page 1	, Report Cover Page, Ite	m G.			\$	50,348.14