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	C0175				port ed B		CANDI	ANDIDATE COMMITTEE LOBBYIST					BYIST			
Name of Filing C	Committee	e, Candida	ate or L	obbyist:		MA	TTHE	W S	WOLF									_
Street Address:																		
City:									State:				Zip Code	e: 19	130			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	•	/
(place X to the right of	6TH TUES PRE-ELEC		4. X	2ND FRIDA ELECTION	Y PRE	≣-	5.	30 DA ELECT		POST- 6. TERMINATION REPORT?					Yes	No	•	/
report type)	ANNUAL	REPORT	7.	Year 2023					IG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office S	L Sought by	Candidat	·e:						DATE 0	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Count	ty
name or office o	ought by	Cumunuu							МО							1	Code	
JUDGE OF THE	COMMON	NWEALTH	COURT	Ī					11		7	2023	-	(SEE INS	TRUCTIO	ONS FOR (CODES)	
Summary of	Receipts	and	МО	DAY	YEAR	ł			МО	DAY	YI	EAR	FOF	ROFFIC	E USE	ONLY		
Expenditures	from:			6 6	2	023	Т	0	9		18	2023						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport			•	\$	•		•	0.00						
B. Total Moneta	ary Contr	ibutions A	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 (F	rom Sche	dule II	I)				\$				0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				0.00						
F. Value Of In-	Kind Cont	tributions	Receiv	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	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate re	eport, o	candi	date sig	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper (or by elect	tronic m	edium	, are to t	the best of	my know	/ledge	and beli	ef , tru	ie,
Sworn to and subs	cribed befo	ore me this		20							S	Signature	e of Person	Submitt	ing Rep	ort		-
		Signatur	·e					-					Printe	ed Name				-
My Commission Ex	cpires							_					Email					-
		мо	D	AY	YR					Are	ea Cod	le	Daytime	Teleph	one Nu	mber		╝
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	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	commi	ittee has n	not viola	ted an	y provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333	,
Sworn to and subsc		re me this								-		s	ignature of	Candida	te			-
	day of —							-					Printed	Name				-
		Signature						-										_
My Commission Exp													Email					
	_	МО	D	AY	YR	1		-		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		
MATTHEW S WOLF	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)	\$	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 Candidate			Reporting Period						
		'	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)

(Exclude cont		om pontic	car commi	ttees	·Cp	orteu i	in raic	- ,		
Name of Filing Committee or Cand	idate			Reportir	ng Po	eriod				
From: To:) :				
			•			DATE			AMOUNT	,
Full Name of Contributor				МС)	DAY	YEAR			
Mailing Address								\$	(0.00
City	State	Zip (Code (Plus 4)							
									PAGE TOTA	\L

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.

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate		Reporting Period						
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR		0	0.00
Mailing Address							*	U	.00
City	State	Zip Code	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary P			age, Sectio	n 3.			\$	0.0	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					
					From:			То:		
	DATE						AMOUNT			
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address							7			
City	State	Zip Code (Plus	s 4)							
Employer Name				Occupa	tion					
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip Co	ode (Plus 4)		
Enter Grand Total of Part C on Sche	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:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>				•			
Futor Curred Total of Bout	For Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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		
MATTHEW S WOLF	From:	6/6/2023 To:	9/18/2023
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 Can	Name of Filing Committee or Candidate R					Reporting Period				
	Fi					То:				
				DATE			AMOUNT			
Full Name of Contributor				DAY	YEAR					
Mailing Address						7 \$	0.0	10		
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai			ailed Summary Page,			PAGE TOTAL				
Section 2.	Section 2.					\$	0.0	0		

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				
				Fro	From:					
						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 _l	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
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				Reporting Period				
	From			То:					
				DATE			AMOUNT		
To Whom Paid	МО	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Description of Expenditure						
Enter Grand Total of Evnanditures on Dags 1, Depart Cover Dags, Item P			`				PAGE TOTAL		
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D			<i>.</i>			\$	0.00		