#### **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	C0216				port ed B		CAN	ANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	committe	e, Candida	ate or Lo	obbyist:		LIN	DA F	R. COI	RDARC	)									
Street Address:																			
City:									State:					Zip Code	e: 15	425			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	POST-	3.		AMENDME REPORT?	NT	Yes	No	)	<b>\</b>
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pri	<u>-</u>	5. <b>X</b>	30 DA		Р	OST-	6.		TERMINATION Yes REPORT?			No	)	<b>\</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2023					IG MET CHECK					PAPER / D:				TTE	
Name of Office S	ought by	, Candidat	te:						DATE	0	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
									МО		DAY	Y	/EAR	14	CPJ			Couc	
JUDGE OF THE	COURT (	OF COMM	ON PLE	AS					:	11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		s and	МО	DAY	YEAR	ł			МО		DAY	١	/EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			9 19	2	023	Т	0		10	2	23	2023						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$					0.00						
B. Total Moneta	ary Contr	ibutions <i>F</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 Expenditures (From Schedule III) \$ 0.00																			
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 II	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$					0.00		,				
					AFF	IDA	AVI	T SE	CTIO	Ν									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	nis is	a Car	didate	re	port, c	and	lidate sig	ın here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper	or by ele	ectr	ronic me	ediui	n, are to t	he best of	my know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed befo	ore me this		20									Signature	of Person	Submitt	ing Rep	ort		-
	_	Signatur	re					-		•				Printe	ed Name				-
My Commission Ex	cpires									•				Email					_
		мо	D#	AY	YR						Are	ea Co	ode	Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nitte	ee, C	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and beli	ef this	poli	tical	comm	ittee ha	s no	ot violat	ted a	iny provisi	ions of the	act of Ju	ne 3,1	937 (P.L	133	3,
Sworn to and subsc		re me this											Si	ignature of	Candida	te			-
	day of —							_						Printed	Name				-
		Signature						-											_
My Commission Exp	ires													Email					
	_	МО	D/	AY	YR	ł		-			Area	Code	•	Day	time Te	lephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting Period							
LINDA R. CORDARO	From:	9/19/202	<u>3</u> To:	10/23/2023				
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor								
TOTAL for the Reporting	g 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	(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	J Period	(3)	\$	0.00				
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)								
TOTAL for the Reporting	g 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

Use this Part to itemize only contributions received from political co								
Name of Fining Committee of Candidate			From:			То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	<b>!</b>	<b>I</b>	!		<u> </u>			DAGE 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 Fining Committee of Camulate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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	me of Filing Committee or Candidate		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	ame of Filing Committee or Candidate		Rep	orting Pe	riod			
			Fron	n:		To	<b>)</b> :	
				D	ATE		ı	AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address  City State Zip Code (Plus 4)							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		A	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	·	·						
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, <b>200</b> 0000		22300				\$	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 Perio	d	
LINDA R. CORDARO	From:	9/19/2023 <b>To:</b>	10/23/2023
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 Candid	ate		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	me of Filing Committee or Candidate				Re	porting F	Period				
					Fro	om:		To:	То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								<b>\$</b>	0.00		
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	tion		•		
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								PAGE TOTAL 0.00			

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (	ame of Filing Committee or Candidate				Reporting Period				
			From	From					
				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 Expenditures on Page 1, Report Cover Page, Item							PAGE TOTAL		
			).			\$	0.00		