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	C0256				port ed B		CAN	NDIDATE COMMITTEE LOBBYIST					BYIST				
Name of Filing C	ommittee,	, Candida	ate or Lo	obbyist:		ME	RRIL	L M. S	SPAHN	, JF	₹.								
Street Address:																			
City:									State:	ł				Zip Code	: 17	602			
TYPE OF REPORT	6TH TUESE PRE-PRIMA		1.	2ND FRIDAY PRIMARY	Y PRE-	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	•	\
(place X to the right of	6TH TUESE PRE-ELECT		4.	2ND FRIDAY ELECTION	Y PRE	≣-	5. X	30 DA		Р	OST-	6.		TERMINAT REPORT?	ION	Yes	No		\
report type)	ANNUAL F	REPORT	7.	Year 2023					NG MET					PAPER		\	DISKE	TTE	
Name of Office S	ought by (Candidat	e:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YEA	R	2		002			
JUDGE OF THE	COURT O	F COMM	ON PLE	AS						11		7 :	2023		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of	•	and	МО	DAY	YEAR	R			мо		DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	trom:			9 19	2	023	T	0		10	2	23	2023						
A. Amount Bro	ught Forwa	ard Fron	ı Last R	eport				\$				·	0.00						
B. Total Moneta	ary Contrib	outions 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 (Fr	om Sche	dule II	[)				\$				60	5.00						
E. Ending Cash	Balance (Subtract	Line D	From Line (2)			\$				(0.00						
F. Value Of In-	Kind Contr	ibutions	Receive	ed (From So	chedu	le I	I)	\$				(0.00						
G. Unpaid Debt	s And Obli	igations	(From S	chedule IV)			\$					0.00						
					AFF	ID	AVI	T SE	CTIO	N									
PART I - If this is	a Commit	ttee repo	ort, trea	surer sign l	nere. I	If th	nis is	a Can	ndidate	e re	port, c	andida	te sig	jn here.					
I swear (or affirm) correct and comple		eport, incl	uding the	attached sch	redules	s file	ed on	paper (or by el	ectr	onic me	edium, a	re to t	the best of 1	my know	/ledge	and beli	ef , tru	ue
Sworn to and subs	cribed befor day of	re me this		20						•		Sig	nature	e of Person	Submitt	ing Rep	oort		_
		Signatur						- -						Printe	d Name				_
My Commission Ex	pires	Signatui	e							-				Email					-
	M	10	D/	AY .	YR						Are	ea Code		Daytime	Teleph	one Nu	mber		_
Part II- If this is	a report o	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	ıy knowle	edge and belie	ef this	poli	itical	commi	ittee ha	s no	ot viola	ted any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this											s	ignature of	Candida	te			-
	day of — –							-						Printed	Name				-
	Si	gnature						-											_
My Commission Exp		-												Email					
		мо	D/	AY	YR	1		-			Area	Code		Day	rtime Te	lephor	ne Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MERRILL M. SPAHN, JR.	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) 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

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting				
			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 Filling Committee of Candidate			Reporting Period From: To:					
			l		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 Candi	date		Reporting Period					
			From:			То:		
				DA	TE		А	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	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			
			Fror	n:		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 Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary 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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	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	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	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	
MERRILL M. SPAHN, JR.	From:	<u>9/19/2023</u> To:	10/23/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Candidat	:e		Reporting	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 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	1				Re	porting l	Period			
					Fro	om:		To:		
							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 Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candid	ate		Reporti	ng Period				
MERRILL M. SPAHN, JR.			From	9/19	9/2023	То:	10/23/2023	
				DATE			AMOUNT	
To Whom Paid WARWICK AREA REPUBLICAN COMM	1ITTEE		мо	DAY	YEAR			
Mailing Address 6 SHERRI LANE			1	27	2023	\$	130.00	
City LITITZ	State	Zip Code (Plus 4)	Description of Expenditure					
22	PA	17543	1	DINNER EVENT				
To Whom Paid SOLANCO AREA REPULICAN COMMITTEE			МО	DAY	YEAR			
Mailing Address 1293 NOBLE ROAD			2	25	2023	\$	20.00	
City CHRISTIANA State Zip Code (Plus 4) PA 17509				otion of Exp				
To Whom Paid COMMITTEE TO ELECT SHAWN MCL	AUGHLIN		МО	DAY	YEAR			
Mailing Address 2260 ERIN COUR	RT		4	17	2023	\$	35.00	
City LANCASTER	State PA	Zip Code (Plus 4) 17601	Descrip MIXER	otion of Exp	penditure			
To Whom Paid TODD BROWN FOR JUDGE			МО	DAY	YEAR			
Mailing Address 1076 OLDE FORG	GE CROSSING		4	17	2023	\$	35.00	
City LANCASTER State Zip Code (Plus 4) PA 17601			Descrip MIXER	otion of Exp	penditure			
To Whom Paid COMMITTEE TO ELECT CHRISTINE F	PARSONS		МО	DAY	YEAR			
Mailing Address 624 MANOR STR	ailing Address 624 MANOR STREET				2023	\$	35.00	

Zip Code (Plus 4)

17512

Description of Expenditure

MIXER EVENT

State

PΑ

City

COLUMBIA

						PAGE 12
To Whom Paid PENN MANOR AREA REPUBLICAN	I COMMITTEE		мо	DAY	YEAR	
Mailing Address 454 HAWTHO	RN DRIVE		5	13	2023	\$ 75.00
City LANCASTER	State PA	Zip Code (Plus 4) 17603		otion of Exp		
To Whom Paid HEMPFIELD AREA REPUBLICAN C	COMITTEE		МО	DAY	YEAR	
Mailing Address 2708 SADDLE	BACK DRIVE		6	24	2023	\$ 75.00
City LANCASTER	Descrip MIXER	otion of Exp	penditure			
To Whom Paid LANCASTER CITY REPUBLICAN C	OMMITTEE		МО	DAY	YEAR	
Mailing Address 441 NORTH PRINCE STREET			10	6	2023	\$ 75.00
City LANCASTER	State PA	Zip Code (Plus 4) 17603		otion of Exp FAST EVEN		
To Whom Paid LANCASTER COUNTY ACTION	-		МО	DAY	YEAR	
Mailing Address P.O. BOX 29			10	14	2023	\$ 25.00
City ELIZABETHTOWN	State PA	Zip Code (Plus 4) 17022		otion of Exp FAST EVEN		
To Whom Paid REPUBLICAN COMMITTEE OF LAN	NCASTER COUNTY		мо	DAY	YEAR	
Mailing Address 2260 ERIN COURT			10	16	2023	\$ 100.00
City LANCASTER	State PA	Zip Code (Plus 4) 17601		otion of Exp	penditure	
Enter Grand Total of Expendit	ures on Page 1 De	nort Cover Page Item D				PAGE TOTAL
Enter Grand Potal of Expendit	uics on raye 1, Re	port cover Page, Item D	·•			\$ 605.00