

Commonwealth of Pennsylvania  
**Campaign Finance Statement**



**File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.**

<b>FILER IDENTIFICATION NUMBER:</b> 2023C0037		<b>REPORT FILED ON BEHALF OF:</b> Candidate	
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST		GARCIA, DAMARIS L	
STREET ADDRESS 1600 ARCH STREET, APT 1513			
CITY PHILADELPHIA	STATE PA	ZIP CODE	19103
<b>TYPE OF REPORT</b> 2nd Friday Pre-Election			
<b>NAME OF OFFICE SOUGHT BY CANDIDATE</b>		JUDGE OF THE COURT OF COMMON PLEAS - PHILADELPHIA	
<b>DISTRICT CODE</b>	1st Judicial District (Philadelphia County)	<b>PARTY CODE</b>	DEM
<b>DATE OF ELECTION</b> 11/7/2023			
<b>DATES OF REPORTING PERIOD</b>		9/19/2023	<b>TO</b> 10/23/2023
<b>AMENDMENT REPORT?</b> NO		<b>TERMINATION REPORT?</b> NO	
<b>CASH BALANCE AT THE END OF REPORTING PERIOD:</b> 0.00  <b>TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:</b> (17,000.00)		<b>For Office Use Only</b>  <div style="border: 1px solid black; height: 100px;"></div>	

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidate's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

**SWORN TO AND SUBSCRIBED BEFORE ME THIS**

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON SUBMITTING REPORT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_

**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

**SWORN TO AND SUBSCRIBED BEFORE ME THIS**

\_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON SUBMITTING REPORT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

MY COMMISSION EXPIRES \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ AREA CODE \_\_\_\_\_ DAYTIME TELEPHONE NUMBER \_\_\_\_\_