### **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	C0140				port ed B		CANE	DID	ATE	<b>√</b> [	ОММІТТЕ	E	LOBI	BYIST			
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		KAR	REN	L. MA	ISANO									_	
Street Address:																			
City:									State:				Zip Cod	le: 17	603				
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA		РО	ST-	3.	AMENDM REPORT?		Yes	No	•	/	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	E-	5. <b>X</b>	30 DA		РО	ST-	6.	TERMINA REPORT?		Yes	No	•	/	
report type)	ANNUAL	. REPORT	7.	<b>Year</b> 2023					IG MET				PAPER		⋈	DISKE	TTE		
Name of Office S	L Sought by	, Candidat	:e:						DATE	OF	ELEC	TION	District Number	Office Code	Par	ty Code	Count	ty	
									МО	D	PAY	YEAR	2	CPJ	DEN	1	Code		
JUDGE OF THE	COURT (	OF COMM	ON PLE	AS					1	1		7 202	3	(SEE INS	TRUCTI	ONS FOR	CODES)		
Summary of	Receipts	s and	МО	DAY	YEAF	2			МО	C	DAY	YEAR	FO	R OFFIC	E USE	ONLY			
Expenditures	from:			9 19	2	023	Т	0	1	.0	2	3 202	3						
A. Amount Bro	ught Forv	ward Fron	ı Last R	eport				\$	•	•		0.0	0						
B. Total Moneta	ary Contr	ibutions <i>A</i>	And Rec	eipts (From	Sche	dule	e I)	\$				0.0	0						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.0	0						
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				1,034.08	3						
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	[)	\$				0.00	)						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	<b>'</b> )			\$				0.00	ו	•					
					AFF	FID/	٩VI	T SE	CTIO	١									
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign	here.	If th	is is	a Car	ndidate	rep	ort, ca	andidate s	ign here.						
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedule	s file	d on	paper	or by ele	ctro	nic me	dium, are to	the best of	f my knov	vledge	and beli	ef , tru	ie,	
Sworn to and subs	cribed befo	ore me this		20						_		Signatu	re of Persoi	1 Submitt	ing Rep	oort		-	
	_	Signatur	·e					- -		-			Print	ted Name	1			-	
My Commission Ex	pires							_		_			Emai	i				-	
		МО	D/	AY	YR						Are	a Code	Daytim	e Teleph	one Nu	mber		╝	
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andid	ate sha	II si	gn he	re.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	tical	comm	ittee has	not	violate	ed any prov	isions of the	ns of the act of June 3,1937 (P.L. 1333,					
Sworn to and subsc		re me this								-			Signature o	of Candida	ite			-	
	day of —							-		-			Printe	d Name				-	
		Signature						-										_	
My Commission Exp	ires												Emai	iI					
	_	МО	D/	AY	YR	2		-		-	Area C	ode	Da	ytime Te	elephor	e Numb	er	۱ ٔ	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
KAREN L. MAISANO	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

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 Commit	tee or Candidate	R	eporting	Period			
		Fi	rom:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing	g 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.

## 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	e or Candidate		Rep	orting F	eriod			
			Fro	m:		To	):	
					DATE			AMOUNT
Full Name of Contributor				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.

#### **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			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	dule I, Detailed Sun	nmary 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.)

			Repo	orting Pe	riod			
			Fron	n:		T	0:	
				D	ATE			AMOUNT
				мо	DAY	YEAR	\$	0.00
State	Zi	p Code (Plus	s 4)					
				Occupa	tion			
ce of Business		City			State		Zip	Code (Plus 4)
dule I, Detailed	Sumn	mary Page,	Section	on 3.			\$	PAGE TOTAL 0.00
	State ce of Business	State Zi ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4)  ce of Business City	From:  MO  State Zip Code (Plus 4)  Occupa	From:  DATE  MO DAY  State Zip Code (Plus 4)  Occupation  ce of Business City State	State Zip Code (Plus 4)  State Zip Code (Plus 4)  Occupation ce of Business City State  cdule I, Detailed Summary Page, Section 3.	From: To:  DATE  MO DAY YEAR  State Zip Code (Plus 4)  Occupation  ce of Business City State Zip

## 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>	1					<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 Perio	d	
KAREN L. MAISANO	From:	<u>9/19/2023</u> <b>To:</b>	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	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 Car	ndidate		Reportin	g Period				
			From:			To	:	
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL	
Section 2.						\$	0	.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						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 <sub>l</sub>	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

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
KAREN L. MAISANO			From	<u>9/1</u>	9/2023	То:	10/23/2023
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
VISTAPRINT			MO	JA.	ILAK		
Mailing Address			7	24	2023	\$	123.14
City	State	Zip Code (Plus 4)	<b>Descrip</b> CARDS	tion of Exp	enditure		
To Whom Paid			МО	DAY	YEAR		
SOLANCO FAIR ASSOCIATION	I		MO	DAI	ILAK		
Mailing Address			9	11	2023	\$	140.00
City QUARRYVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17566	PARADE	E FEE &am	p; SPONS	SORSHIP	
To Whom Paid			МО	DAY	YEAR		
BUILD A SIGN LLC			140		IZAK		
Mailing Address				11	2023	\$	64.81
City State Zip Code (Plus 4)			Descrip	tion of Exp	enditure		
			MAGNE	TS FOR CA	.R		
To Whom Paid			мо	DAY	YEAR		
BUILD A SIGN LLC							
Mailing Address			9	13	2023	\$	22.39
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
			MAGNE	TS FOR CA	.R		
To Whom Paid			МО	DAY	YEAR		
HURST OF PARK AVE.			1.0				
Mailing Address			9	14	2023	\$	356.50
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17602	T-SHIR	TS			
To Whom Paid			МО	DAY	YEAR		
COSTCO							
Mailing Address			10	3	2023	\$	327.24
City LANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
			1				
	PA	17601	PARADE	SUPPLIES	<u> </u>		