Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat	ion 2023	8C0275			Repor Filed E		CANDI	DATE	✓	СС	OMMITTE		LOBE	BYIST	
Name of Filing (Committee, Candic	late or Lo	obbyist:	B	BRAD M	10SS	<u> </u>			_					
Street Address:															
City:							State:	ate:				e: 19	130		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 D/ PRIM		POST-	OST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	• 5. X	30 D/ ELEC		POST-	6.		TERMINA REPORT?	TION	Yes	No	
report type)	ANNUAL REPORT	7.	Year 2023				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE O	FELE	CTION		District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEAI	ર	1	MCJ			coue
JUDGE OF THE	MUNICIPAL COU	RT					11		7 2	023		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of	Receipts and	мо	DAY	YEAR			мо	DAY	YEAI	R	FOI	R OFFIC	e use	ONLY	
Expenditures	s from:		9 19	20	23 T	0	10	2	23 2	2023					
A. Amount Bro	ught Forward Fro	m Last R	eport			\$			(1,378	.24)]				
B. Total Monet	ary Contributions	And Rec	eipts (From	n Sched	lule I)	\$		0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)			\$;		(0.00					
D. Total Expen	ditures (From Sch	edule II	I)			\$			970	0.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$			(2,348.	24)					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedule	e II)	\$			C	0.00	-				
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	')		\$			(0.00					
				AFFI	DAVI	T SE	CTION								
	s a Committee rep		-					• •			-				
I swear (or affirm correct and compl) that this report, inc ete.	luding the	e attached sc	hedules	filed on	paper	or by elect	ronic me	edium, ai	re to 1	the best of	my know	ledge	and beli	ef, true
Sworn to and subs	scribed before me thi day of	5	20						Sigr	nature	e of Person	Submitt	ing Rep	oort	
	Signatu	ire				_					Print	ed Name			
My Commission E	-					_					Email				
	мо	D	AY	YR				Are	ea Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized	Commi	ittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of ed.	ny knowle	edge and beli	ef this p	political	comm	iittee has n	ot violat	ed any p	orovis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,
Sworn to and subscribed before me this Signature of Candidate															
						_					Printeo	i Name			
My Commission Exp	Signature					-					Email	1			
						-									
	мо	D	AY .	YR				Area	Code		Da	ytime Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BRAD MOSS From: <u>9/19/2023</u> To: 10/23/2023 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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			Re	porting	Period			
Fro				om:				
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)			4)					
							Γ	PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

\$

0.00

PART B 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 or Candidat	e		Rep	orting P	eriod				
	From: 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 S	Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 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 Candidate			Reporting	J Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	0.00

PART D 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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

PART E **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	Name of Filing Committee or Candidate			Reporting Period						
Fro			From:	om: To:						
				D	ATE			AMOUNT	1	
Full Name				мо	DAY	YEAR	1			
Mailing Address	Mailing Address						\$	5	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description						•	•			
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL	
		illi y i uge,	Section				\$		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		
BRAD MOSS	From:	<u>9/19/2023</u> То:	<u>10/23/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſ F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
F						То:		
				DATE		АМО	UNT	
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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rej	oorting P	eriod				
					Fro	From: To:				
					DATE A					AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip Code(Plus 4) Description			ption of	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candio	Name of Filing Committee or Candidate			ng Period				
BRAD MOSS			From	<u>9/19</u>	9/2023	То:	<u>10/23/2023</u>	
				DATE			AMOUNT	
To Whom Paid REPUBLICAN CITY COMMITTEE			мо	DAY	YEAR			
Mailing Address 2637 EAST LEH	IGH AVENUE		7	22	2023	\$	300.00	
City PHILADELPHIA	PHIA State Zip Code (Plus 4) PA 19125			tion of Exp S FOR FUN				
To Whom Paid DEMOCRATIC CAMPAIGN COMMITTEE				DAY	YEAR			
Mailing Address 219 SPRING GA	RDEN ST, PHILAD	ELPHIA	10	4	2023	\$	150.00	
CityPHILADELPHIAStateZip Code (Plus 4)PA19123				Description of Expenditure TICKET FOR FUNDRAISER				
To Whom Paid PHILLY UNITED			мо	DAY	YEAR			
Mailing Address 3200 MAGEE AV	/ENUE		10	8	2023	\$	100.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19149		tion of Exp				
To Whom Paid REPUBLICAN CITY COMMITTEE	<u>.</u>		мо	DAY	YEAR			
Mailing Address 2637 EAST LEH:	IGH AVENUE		10	19	2023	\$	300.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19125		tion of Exp S TO FUNI				
To Whom Paid 26TH WARD GOP			мо	DAY	YEAR			
Mailing Address 1713 WOLF STR	REET		10	20	2023	\$	120.00	
CityPHILADELPHIAStateZip Code (Plus 4)PA19145				tion of Exp S TO FUNI				
Enter Grand Total of Expenditur	res on Page 1. Re	port Cover Page. Item I).				PAGE TOTAL	
			- •			\$	970.00	