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	C0175				port ed B		CANI	NDIDATE COMMITTEE LOBBYIST					BYIST				
Name of Filing C	ommittee, Ca	andida	ite or Lo	obbyist:		MA	TTHE	W S V	WOLF									•	
Street Address:																			
City:									State:					Zip Code	: 19	130			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	/ PRE-	-	2.	30 DA PRIMA		P	OST-	3.		AMENDME REPORT?	NT	Yes	No		\
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRIDAY ELECTION	/ PRE	≣-	5. X	30 DA ELECT		P	OST-	6.		TERMINAT REPORT?	ION	Yes	No		/
report type)	ANNUAL REF	PORT	7	Year 2023	FILING M () CHEC									PAPER		√	DISKE	TTE	
Name of Office S	ought by Car	ndidat	e:						DATE	OF	FELEC	CTION		District Number	Office Code	Par	ty Code	Coun	
									МО		DAY	YEAR	₹	-1	CCI	DEN	1	-	
JUDGE OF THE	COMMONWE	:AL1H	COURI	,					1	.1		7 2	2023		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of		nd	МО	DAY	YEAR	R			МО		DAY	YEAI	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			9 19	2	023	Т	0	1	LO	2	23 2	2023						
A. Amount Bro	ught Forward	l From	Last R	eport				\$	_			(0.00						
B. Total Moneta	ary Contribut	ions A	nd Rec	≥ipts (From	Sche	dule	e I)	\$				(0.00						
C. Total Funds	Available (Su	ım Of	Lines A	and B)				\$				(0.00						
D. Total Expend	ditures (From	1 Sche	dule II	[]				\$				C	0.00						
E. Ending Cash	Balance (Sul	btract	Line D	From Line C	2)			\$				C	0.00						
F. Value Of In-	Kind Contribu	utions	Receive	ed (From So	hedu	le II	I)	\$				C	0.00						
G. Unpaid Debt	s And Obliga	tions	(From S	chedule IV)			\$				C	0.00		,				
					AFF	ΊD	AVI	T SE	CTIO	V									
PART I - If this is	a Committe	e repo	rt, trea	surer sign h	nere. I	If th	nis is	a Can	didate	re	port, c	andidat	te sig	ın here.					
I swear (or affirm) correct and comple		rt, inclu	ıding the	attached sch	iedules	s file	d on	paper o	or by ele	ctr	onic me	edium, aı	re to t	the best of i	my know	/ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before n day of	ne this		20						-		Sigr	nature	of Person	Submitti	ing Rep	ort		
-	- <u>-</u>	ignatur		·				- -		-				Printe	d Name				-
My Commission Ex		gilatui	C							-				Email					-
	мо		D#	Y	YR					-	Are	a Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a	cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	II s	ign he	ere.							
I swear (or affirm) No 320) as amende		st of m	y knowle	dge and belie	ef this	poli	itical	commi	ittee has	no	t violat	ed any p	rovis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e this											S	ignature of	Candida	te			-
	day of — —							-						Printed	Name				-
	Signa	ature						-		_									_
My Commission Exp	ires													Email					
	М	10	D#	AY	YR			-		•	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						
MATTHEW S WOLF	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	g 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 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 Committee or Candidat	e	F	Reporting Period						
		F	rom:		То	:			
				DATE			AMOUNT		
Full Name of Contributing 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 Committe	e or Candidate		Reporting Period						
				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 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	ame of Filing Committee or Candidate		Reporting Period							
			From:			То:				
				DA	TE		A	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOT	AL	
Enter Grand Total of Part C on School	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.)

Name of Filing Committee or Candidate				Repo	orting Pe	riod					
				Fron	From:			То:			
					DATE				AMOUNT		
Full Name of Contributor					мо	DAY	YEAR		\$	0.00	
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupation						
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip	Code (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Sเ	umm	ary Page,	Section	on 3.			\$	PAGE TOTA	AL 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		Report	ting Peri	od			
			From:			To:		
				C	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						\neg	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	•	
			. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page,	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	
MATTHEW S WOLF	From:	<u>9/19/2023</u> To:	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 Period					
			From:			То:		
		-		DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•	-	•	•		•		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai			led Sum	mary Pag	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	ame of Filing Committee or Candidate			Re	porting	Period				
				Fro	From:			То:		
						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 _l	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 Candidate	ame of Filing Committee or Candidate					Reporting Period				
F				From						
				DATE			AMOUNT			
To Whom Paid	мо	DAY	YEAR							
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL			
Lines Grand Total of Expenditures	on rage 1, Report C	Lovei Fage, Itelli L	, .			\$	0.00			