

Campaign Finance Report

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

Filer Identification Number :		2023C0265		Report Filed By :		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: HOLLY J. FORD												
Street Address:												
City:						State:		Zip Code: 19147				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes		No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2023		FILING METHOD () CHECK ONE		PAPER	<input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
JUDGE OF THE COURT OF COMMON PLEAS						MO	DAY	YEAR	1	CPJ		
						11	7	2023	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		9	19	2023		10	23	2023				
A. Amount Brought Forward From Last Report						\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		1,969.00				
C. Total Funds Available (Sum Of Lines A and B)						\$		1,969.00				
D. Total Expenditures (From Schedule III)						\$		1,969.00				
E. Ending Cash Balance (Subtract Line D From Line C)						\$		0.00				
F. Value Of In-Kind Contributions Received (From Schedule II)						\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)						\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are 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

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall 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 Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
HOLLY J. FORD	From: <u>9/19/2023</u> To: <u>10/23/2023</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 9.00

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)	\$ 160.00
TOTAL for the Reporting Period (2)	\$ 160.00

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)	\$ 1,800.00
TOTAL for the Reporting Period (3)	\$ 1,800.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 1,969.00
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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 Candidate HOLLY J. FORD	Reporting Period From: <u>9/19/2023</u> To: <u>10/23/2023</u>
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				DATE			AMOUNT	
Full Name of Contributor HOLLY J. FORD					MO	DAY	YEAR	\$ 100.00
Mailing Address 1225 S. 4TH STREET					10	13	2023	
City PHILADELPHIA		State PA	Zip Code (Plus 4) 19147					

Full Name of Contributor				MO	DAY	YEAR	\$	60.00
HOLLY J. FORD								
Mailing Address				10	20	2023		
1225 S. 4TH STREET								
City		State	Zip Code (Plus 4)					
PHILADELPHIA		PA	19147					

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

PAGE TOTAL
\$ 160.00

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 Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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 HOLLY J. FORD	Reporting Period From: <u>9/19/2023</u> To: <u>10/23/2023</u>
---	---

				DATE	AMOUNT		
Full Name of Contributor	MO	DAY	YEAR				
HOLLY J. FORD Mailing Address 1225 S. 4TH STREET <table style="width: 100%;"> <tr> <td style="width: 33%;">City PHILADELPHIA</td> <td style="width: 15%;">State PA</td> <td style="width: 52%;">Zip Code (Plus 4) 19147</td> </tr> </table>	City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147	11	3	2023	\$ 1,500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147					
Employer Name AOPC				Occupation JUDGE (CPJ)			
Employer Mailing Address/Principal Place of Business 1515 MARKET ST.STE 1414		City PHILA		State PA	Zip Code (Plus 4) 19102		

HOLLY J. FORD Mailing Address 1225 S. 4TH STREET <table style="width: 100%;"> <tr> <td style="width: 33%;">City PHILADELPHIA</td> <td style="width: 15%;">State PA</td> <td style="width: 52%;">Zip Code (Plus 4) 19147</td> </tr> </table>	City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147	8	6	2023	\$ 300.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19147					
Employer Name AOPC				Occupation JUDGE (CPJ)			
Employer Mailing Address/Principal Place of Business 1515 MARKET ST.STE 1414		City PHILA		State PA	Zip Code (Plus 4) 19102		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 1,800.00

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	Reporting Period From: To:
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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	
HOLLY J. FORD		From: <u>9/19/2023</u> To: <u>10/23/2023</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
HOLLY J. FORD	From <u>9/19/2023</u> To: <u>10/23/2023</u>

			DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR	
Mailing Address				\$ 9.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
To Whom Paid	MO	DAY	YEAR	
26TH WARD REPUBLICAN COMMITTEE				
Mailing Address	8	6	2023	\$ 300.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
PHILADELPHIA	PA	19145		
To Whom Paid	MO	DAY	YEAR	
PHILLY UNITED (PICNIC)				
Mailing Address	10	13	2023	\$ 100.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
PHILADELPHIA	PA	19111		
To Whom Paid	MO	DAY	YEAR	
26TH WARD REPUBLICAN COMMITTEE				
Mailing Address	10	20	2023	\$ 60.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
PHILADELPHIA	PA	19145		
To Whom Paid	MO	DAY	YEAR	
DEMOCRATIC CITY COMMITTEE				
Mailing Address	11	3	2023	\$ 1,500.00
City	State	Zip Code (Plus 4)	Description of Expenditure	
PHILADELPHIA	PA	19123		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL
				\$ 1,969.00

