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 202	3C0265				Repo Filed		:	CA	NDII	DATE	*		СОМ	MITTEE		LOB	BYI	ST		
Name of Filing C	ommittee, Candi	date or L	obbyist	t:	ŀ	HOLL)	Y J.	FOR	D												_
Street Address:																					
City:									State	e:				Z	Zip Code: 19147						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FF PRIMA		PRE-	2.		0 DA RIMA		Р	OST-	3.			MENDME EPORT?	NT	Yes]	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FI		/ PRE-	- 5.		0 DA		Р	OST-	6.	Х		ERMINAT EPORT?	TION	Yes	1	No	•	/
report type)	ANNUAL REPOR	T 7.	Year 2	2023					IG ME			_		P	PAPER DIS					TE	
Name of Office S	ought by Candid	ate:	•						DAT	ΕO	F ELE	CTI	ON		istrict umber	Office Code	Pa	rty (Code C	ount	у
JUDGE OF THE	COURT OF COM	MON DIE							мо		DAY		YEAR	1		CPJ			•		
JUDGE OF THE	COURT OF COM	MON PLE	A5							11		7	202	23		(SEE IN	STRUCT	ions	FOR CO	DES)	
Summary of	•	МО	DAY	Y	YEAR				МО		DAY		YEAR		FOR	OFFIC	CE USI	E 01	ILY		
Expenditures	irom:		10	24	20)23	то			11	:	27	202	23							
A. Amount Bro	ught Forward Fro	m Last R	eport					\$					0.0								
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 1,800.00										0											
C. Total Funds Available (Sum Of Lines A and B) \$ 1,800.0									1,800.0	0											
D. Total Expenditures (From Schedule III)							\$				1	,800.0	0								
E. Ending Cash	Balance (Subtra	ct Line D	From L	Line C	E)			\$					0.0	0							
F. Value Of In-	Kind Contribution	ns Receiv	ed (Fro	om Sc	hedul	e II)		\$					0.0	0							
G. Unpaid Debt	s And Obligation	s (From S	Schedu	le IV)			\$					0.0	0							
					AFFI	IDAV	/IT	SE	CTI	NC											
PART I - If this is	a Committee re	port, trea	surer s	sign h	nere. I	f this	is a	Can	ndida	te re	port, o	can	didate s	sign	here.						
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	e attache	ed sch	edules	filed o	n pa	per o	or by	electr	onic m	ediu	ım, are t	o the	best of	my knov	wledge	and	belief	, tru	e.
Sworn to and subs	cribed before me th day of	ıis	20										Signatu	ure of	f Person	Submitt	ting Re	port			-
	Signat	ture	 				_								Printe	ed Name	•				-
My Commission Ex	_									•					Email						-
	мо	D	AY		YR					,	Ar	ea C	ode		Daytime	Teleph	one Nu	ımbe	er		
Part II- If this is	a report of a ca	ndidate's	author	ized	Comm	ittee,	Car	ndida	ate s	halls	sign h	ere.									
I swear (or affirm) No 320) as amende		my knowl	edge and	d belie	ef this p	politic	al co	ommi	ittee l	as no	ot viola	ted	any prov	/ision	s of the	act of J	une 3,1	937	(P.L. :	1333	,
Sworn to and subsc		s	20											Sign	nature of	Candida	ate				-
	day of ————————————————————————————————————														Printed	Name					-
My Commission Exp	Signature	<u> </u>					_								Email						-
, commission exp																					
	МО	D	AY		YR						Area	Cod	le		Day	time T	elepho	ne N	umber		-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
HOLLY J. FORD	From:	10/24/202	<u>3</u> To:	11/27/2023			
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)			\$	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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	1,800.00			

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			From: To:				:	
		<u> </u>			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
	•	·			•	•	$\overline{}$	DACE TOTAL

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

PAGE TOTAL\$ 0.00

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 Filling Committee of Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL\$ 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 Candi	date		Reporting Period					
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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 Co	andidate			Rep	orting Pe	riod					
HOLLY J. FORD				Fron	m:	10/24	/202	<u>23</u> To:	To: <u>11/27/2023</u>		
					D	ATE			AN	10UNT	
Full Name of Contributor HOLLY J. FORD					мо	DAY		YEAR			
Mailing 1225 S. 4TH	STREET								\$	1,500.00	
City PHILADELPHIA	State PA		p Code (Plus 9147	s 4)	11		3	2023			
Employer Name AOPC	1				Occupa	tion	JUI	DGE (C	PJ)		
Employer Mailing Address/Prin Business	cipal Place of		City		•	State			Zip Code	e (Plus 4)	
1515 MARKET ST.STE 1414			PHILA.			PA			19102		
Full Name of Contributor HOLLY J. FORD					МО	DAY		YEAR			
Mailing 1225 S. 4TH	STREET						T		\$	300.00	
City PHILADELPHIA	State PA		p Code (Plus 9147	; 4)	8		6	2023			
Employer Name AOPC		•			Occupa	tion	JUI	DGE (C	PJ)		
Employer Mailing Address/Prin Business	cipal Place of		City		•	State			Zip Code	e (Plus 4)	
1515 MARKET ST.STE 1414			PHILA.			PA			19102		
Enter Grand Total of Part C	on Schedule I, Detai	led Sumn	nary Page,	Section	on 3.			\$	P/	1,800.00	

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 Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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 Peri	od	
HOLLY J. FORD	From:	10/24/2023 To:	11/27/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	1				Re	porting	Period				
					Fro	om:		То	o:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period				
HOLLY J. FORD			From	10/24	4/2023	То:	11/27/2023	
				DATE			AMOUNT	
To Whom Paid 26TH WARD REPUBLICAN COM	мо	DAY	YEAR					
Mailing Address 1615 W. PORTER STREET			8	6	2023	\$	300.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19145	Descri	Description of Expenditure				
To Whom Paid DEMOCRATIC CITY COMMITTEE	<u> </u>		мо	DAY	YEAR			
Mailing Address 219 SPRING	GARDEN STREET		11	3	2023	\$	1,500.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	Descri					
	I	<u> </u>					PAGE TOTAL	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

1,800.00