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	3C0274				eport iled B		CAN	IIDI	DATE	√	C	OMMITTEE		LOB	BYIS	ST	
Name of Filing C	ommittee, Candi	date or L	obbyist:		W	ILLIAN	1 A. N	1EEH <i>A</i>	۸N, .	JR.								
Street Address:																		
City:								State	:				Zip Code	e: 19	9116			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR		RE-		30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTION		PRE-		30 DA ELECT							Yes	1	No	\	
report type)	ANNUAL REPOR	T 7.	Year 20	023				IG ME					PAPER		\	DIS	KETTE	
Name of Office S	ought by Candid	ate:						DAT	E O	F ELE	CTI	ON	District Number	Office Code	Pa	rty C	ode Cou	
								МО		DAY	١	YEAR	1	MCJ			1900	
JUDGE OF THE	MUNICIPAL COL	JRT							11		7	2023	 	(SEE IN	STRUCT	ONS F	OR CODE	S)
Summary of		МО	DAY	YE	AR			МО		DAY	1	YEAR	FOF	OFFI	CE USE	ON	LY	
Expenditures	from:		10	24	202	3 T (0		11	:	27	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport	•		•	\$	•				0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (F	rom Sc	hedu	ile I)	\$					0.00						
C. Total Funds	Available (Sum ()f Lines A	and B)				\$					0.00						
D. Total Expend	ditures (From Sc	hedule II	I)				\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Li	ne C)			\$					0.00						
F. Value Of In-	Kind Contribution	ns Receiv	ed (Fro	n Sche	dule	II)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule	e IV)			\$					0.00						
				А	FFIC	OAVIT	ΓSE	CTIC	N									
PART I - If this is	a Committee re	port, trea	surer si	gn her	e. If t	this is	a Car	ndidat	e re	port, o	cand	didate si	gn here.					
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	e attache	d schedu	ıles fil	led on p	oaper (or by e	lectr	onic m	ediu	m, are to	the best of	my kno	wledge	and	belief , t	rue
Sworn to and subs	cribed before me th day of	ıis	20						•			Signatur	e of Person	Submit	ting Re	port		_
	Signat						• •						Printe	ed Name	•			_
My Commission Ex	_								-				Email					_
	мо	D	AY	,	YR		-			Arc	ea Co	ode	Daytime	Teleph	one Nu	ımbe	•	
Part II- If this is	a report of a car	ndidate's	authori	zed Coı	nmit	tee, Ca	andid	ate sh	alls	sign he	ere.							
I swear (or affirm) No 320) as amende		my knowle	edge and	belief t	his po	olitical	comm	ittee h	as no	ot viola	ted a	any provis	ions of the	act of J	une 3,1	.937	(P.L. 13	33,
Sworn to and subsc		S										9	ignature of	Candid	ate			-
	day of		 				-						Printed	Name				_
	Signature						-											_
My Commission Exp	ires												Email					
	МО	D	AY		YR					Area	Code	e	Day	time T	elepho	ne Nu	ımber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period					
WILLIAM A. MEEHAN, JR.	From:	10/24/20	<u>23</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)			\$	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		
			1			
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

	this Part to itemize onl with an aggregate value		\$2) in the			
Nume of Fining Comm		From:			То	:		
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE 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 Filing Committee or Candida	ite		Rep	oorting P	eriod			
				m:				
					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	nme of Filing Committee or Candidate			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.)

ame of Filing Committee or Candidate			Reporting Period							
				Fror	n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City State Zip Code (Plus 4)				4)						
Employer Name		•			Occupation					
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Perio	bd			
			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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Per	iod	
WILLIAM A. MEEHAN, JR.	From:	<u>10/24/2023</u> 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 Candid	ate		Reportin	g Period				
			From:			To:		
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		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					Period				
					From:			То:		
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(Plus	4)						
Employer of Contributor					Occupa	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL	
Summary Page, Section 3.									0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Name of Filing Committee or Candidate					Reporting Period						
			From			То:						
				DATE			AMOUNT					
To Whom Paid	МО	DAY	YEAR									
Mailing Address						\$	0.00					
City State Zip Code (Plus 4)			Descri	ption of Ex	penditure							
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item I							PAGE TOTAL					
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00					