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	C0140				port ed B		CANE	ANDIDATE COMMITTEE LOBBYIS						BYIST			
Name of Filing C	ommittee, (Candida	ite or Lo	obbyist:		KAR	REN	L. MA	ISANO	ANO								•	
Street Address:																			
City:									State:					Zip Code	: 17	603			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	/ PRE-	-	2.	30 DA PRIMA		P	OST-	3.		AMENDME REPORT?	NT	Yes	No		\
(place X to the right of	6TH TUESDA PRE-ELECTION		4.	2ND FRIDAY ELECTION	/ PRE	-	5.	30 DA ELECT		P	POST- 6. X			TERMINAT REPORT?	ION	Yes	No		/
report type)	ANNUAL RE	EPORT	7	Year 2023			FILING METHOD () CHECK ONE									√	DISKE	TTE	
Name of Office S	ought by Ca	andidat	e:						DATE	ATE OF ELECTION District Office Number Code					ty Code	Coun			
	- ,								МО		DAY	YEA	R	2	CPJ	DEN	1		
JUDGE OF THE	COURT OF	COMMO	ON PLE	AS					1	1		7	2023		(SEE INS	TRUCTI	ONS FOR (CODES)
Summary of	•	and	МО	DAY	YEAR	1			МО		DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1	10 24	2	023	Т	0	1	.1	2	27	2023						
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$	-				0.00						
B. Total Moneta	ary Contribu	utions A	nd Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available (S	Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (Fro	m Sche	dule II	[)				\$					0.00						
E. Ending Cash	Balance (S	ubtract	Line D	From Line C	2)			\$					0.00						
F. Value Of In-	Kind Contrib	butions	Receive	ed (From So	hedu	le II	I)	\$					0.00						
G. Unpaid Debt	s And Oblig	ations	(From S	chedule IV)			\$					0.00		,				
					AFF	IDA	AVI	T SE	CTIO	١									
PART I - If this is	a Committ	ee repo	rt, trea	surer sign h	nere. I	[f th	nis is	a Can	ndidate	rej	port, c	andida	te sig	jn here.					
I swear (or affirm) correct and comple		ort, inclu	ıding the	attached sch	iedules	file	d on	paper (or by ele	ctro	onic me	edium, a	re to t	the best of 1	my know	/ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before day of	me this		20						-		Sig	nature	e of Person	Submitti	ing Rep	ort		_
		Signatur						-		-				Printe	d Name				-
My Commission Ex		Signatur	C							-				Email					-
	мо)	D#	ΑY	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	re.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and belie	ef this	poli	itical	commi	ittee has	no	t violat	ed any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this											s	ignature of	Candida	te			-
	day of — —							-						Printed	Name				-
	Sig	nature						-		_									_
My Commission Exp	ires													Email					
		мо	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	g Period		
KAREN L. MAISANO	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
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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 only with an aggregate valu							
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		<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 Fining 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)	1					

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 Candidate	me of Filing Committee or Candidate Reporti			ing Period					
			From:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scho	edule 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	ne of Filing Committee or Candidate				Reporting Period						
			Fror	m:		То	:				
				D	ATE		АМ	OUNT			
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	s 4)								
Employer Name		•		Occupat	tion		•				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)			
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL			
		, .5.,				4	•	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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·		•			•	
Enter Grand Total of Part E on	Schedule T. Detailed	l Summary Page.	Section	4.			P	AGE TOTAL
	2, 2000		22300				\$	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	
KAREN L. MAISANO	From:	<u>10/24/2023</u> To:	11/27/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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	TF)		
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 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	ame of Filing Committee or Candidate					porting	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	ame 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					
							PAGE TOTAL			
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L).			\$	0.00			