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 :	ion 2023	C0169			Report Filed B		CANDI	DATE	✓	CC	OMMITTEE		LOB	BYIST		
	Committee, Candid	ate or Lo	obbyist:			-	L CLAUGHL	.IN								
Street Address:																
City:						State:				Zip Cod	Zip Code: 17502					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-		30 DA PRIM					AMENDMENT REPORT?		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION					30 DA		POST-	6. X		TERMINA REPORT?	Yes	🔨 No			
report type)	ANNUAL REPORT	7.	Year 2023				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office Sought by Candidate:							DATE O	FELE			District Number	Office Code	Par	ty Code	County Code	
			A.C.				мо	DAY	YE/	R	2	CPJ	REP)		
JUDGE OF THE COURT OF COMMON PLEAS							11		7	2023	<u> </u>	(SEE INS	TRUCTI	ONS FOR (CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YE/	٨R	FOF		e use	ONLY		
Expenditures	s from:	1	LO 24	20	023 T	0	11	2	27	2023						
A. Amount Bro	ught Forward Froi	n Last R	eport			\$				0.00						
B. Total Monet	ary Contributions	And Rec	eipts (From	n Schee	dule I)	\$		0.00								
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$				0.00						
D. Total Expen	ditures (From Sch	edule II	I)			\$			1,84	2.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$			(1,842	2.00)	4					
F. Value Of In-	Kind Contribution	s Receive	ed (From S	chedul	le II)	\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	")		\$				0.00						
				AFF	IDAVI	Γ SE	CTION									
	s a Committee rep		-					• •			-				6	
correct and compl) that this report, inc ete.	luaing the	attached sci	neaules	Thea on	paper	or by elect	ronic me	aium,	are to	the best of	ту кпом	leage		er, true	
Sworn to and subs	scribed before me this day of	5	20						Sig	gnatur	e of Person	Submitt	ing Rep	oort		
	Signatu	re				-					Printe	ed Name				
My Commission E	xpires					_					Email					
	мо	DA	AY	YR				Are	a Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	nittee, Ca	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of r ed.	ny knowle	edge and beli	ef this	political	comm	ittee has n	ot violat	ed any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,	
Sworn to and subscribed before me this Signa								ignature of	Candida	te						
						-					Printed	Name				
My Commission Exp	Signature					-					Email					
	мо	D/	AY .	YR				Area	Code		Day	ytime Te	lephor	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	g Period								
SHAWN P. MCLAUGHLIN	From:	<u>10/24/202</u>	<u>3</u> To:	<u>11/27/2023</u>					
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	\$	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 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 Candidate				Reporting Period					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00	

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 Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс):		
					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, Detail	ed Summary Pag	je, Se	ection 2	2.		\$	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			Reporting Period						
	From:	То:							
				DA	TE		ŀ	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Se							\$	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				Reporting Period					
Fro					rom:				
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00	

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 Candidat	Name of Filing Committee or Candidate			Reporting Period						
			From: To:							
				D	ATE			AMOUNT		
Full Name					DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	•				•					
		_	o .:					PAGE TO	TAL	
Enter Grand Total of Part E on Scheo	iule I, Detailed Sum	imary 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 REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THIN

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Perio	d	
SHAWN P. MCLAUGHLIN	From:	<u>10/24/2023</u> то:	<u>11/27/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting	Period	·			
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period				
						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 Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of	Name of Filing Committee or Candidate					Reporting Period					
SHAWN P. MCLAUGHLIN					<u>10/2</u>	<u>11/27/2023</u>					
					DATE			AMOUNT			
To Whom	n Paid			мо	DAY	YEAR					
WDAC R	ADIO										
Mailing A	Address			10	26	2023	\$	1,842.00			
City L	ANCASTER	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
		PA	17604	RADIO	AD BUY						
								PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.).			\$	1,842.00			