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	C0169				port ed B		CANE	DIDA	ATE	√ C	OMMITTE	E	LOBI	BYIST		
Name of Filing C	Committe	e, Candida	ate or Lo	obbyist:		SHA	NWA	P. M(CLAUGH	ILIN	١							
Street Address:																		
City:									State:				Zip Cod	le: 17	7502			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		PO	ST-	3.	AMENDM REPORT?		Yes	No	\	
(place X to the right of	6TH TUES		4.	2ND FRIDA' ELECTION	y pri	E-	5.	30 DA ELECT		PO	ST- 6	5. X	TERMINA REPORT?		Yes	No		
report type)	ANNUAL	REPORT	7.	Year 2023					IG METI CHECK				PAPER	DISKE	TTE			
Name of Office S	L Sought by	· Candidat	:e:						DATE	OF	ELEC	TION	District	District Office Party Code Co				
									МО	D	PΑΥ	YEAR	2	CPJ	REP	1	code	
JUDGE OF THE	COURT	OF COMM	ON PLE	AS					1	1	-	7 202:	3	(SEE IN	STRUCTI	ONS FOR C	ODES)	
Summary of		and	МО	DAY	YEAR	2			МО	D	PAY	YEAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1	10 24	2	023	Т	0	1	1	2	7 202	3					
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$				0.00)					
B. Total Monet	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00)					
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00)					
D. Total Expend	ditures (I	From Sche	edule II	I)				\$				1,842.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$			(1,842.00)	4					
F. Value Of In-	Kind Con	tributions	Receive	ed (From Se	chedu	le I	[)	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$				0.00)					
					AFF	·ID/	٩VI	T SE	CTION	١								
PART I - If this is		-	-	_						-			_					
I swear (or affirm) correct and complete		report, incl	uding the	attached scl	1edule:	s file	d on	paper (or by ele	ctro	nic med	dium, are to	the best of	f my kno	wledge	and belie	ef , true	
Sworn to and subs	cribed befo	ore me this		20						_		Signatu	re of Persor	n Submit	ting Rep	ort		
	_	Signatur	·e					-		_			Print	ted Name	•			
My Commission Ex	cpires							_					Emai	I				
		МО	D/	AY	YR						Area	Code	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate sha	ll sig	gn hei	e.						
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and beli	ef this	poli	tical	commi	ittee has	not	violate	ed any provi	sions of the	e act of J	une 3,1	937 (P.L.	1333,	
Sworn to and subsc	ribed befo day of	re me this		20						_			Signature o	f Candid	ate			
								-		_			Printe	d Name				
		Signature						-		_			Emai	ıı			[
My Commission Exp	ires							_										
	_	мо	D	AY	YR	1		-		_	Area C	ode	Da	ytime T	elephor	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
SHAWN P. MCLAUGHLIN	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	g 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	(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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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 C	ame of Filing Committee or Candidate		Reporting Period						
		Fi	rom:		То	:			
		•		DATE			AMOUNT		
Full Name of Contributing Comm	ittee		МО	DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)							

PAGE TOTAL
0.00

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

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 Committ	ee or Candidate		Rej	Reporting Period					
			Fro	om:		To) :		
			•		DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
							l		
Mailing Address							\$	0.00	
Mailing Address City	State	Zip Code (P	lus 4)				\$	0.00	

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

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		Reporting Period							
			From:			То:				
				DA	TE		P	AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			0.00	
Mailing Address							- \$		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTA	AL	
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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 Candida	te			Rep	orting Pe	eriod			
				Fror	n:		Т	o:	
					D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	ip Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal F	lace of Business		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sc	nedule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE TOTAL 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	ing Peri	od			
			From:			To:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	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 REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri	od						
SHAWN P. MCLAUGHLIN	From:	<u>10/24/2023</u> To:	11/27/2023					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR								
TOTAL for the Reporting Pe	eriod (1)	\$	0.00					
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Candidate				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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting	Period		
SHAWN P. MCLAUGHLIN	From	10/24/2023	То:	11/27/2023

				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
WDAC RADIO	MO		ILAK				
Mailing Address BOX 3022				26	2023	\$	1,842.00
City LANCASTER	State	Zip Code (Plus 4)	Descrip				
	PA	17604	RADIO A	AD BUY			
							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							1,842.00