Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification 2023C0109 Number :							port ed B		CAN	DID	ATE	√	co	MMITTEE		LOBBYIST			
Name of Filing C	Committee	e, Candid	ate or L	obbyist:		TAM	1IKA	WAS	HINGT	ON									
Street Address:																			
City:	_								State:					Zip Code	e: 19	150			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		РО	ST-	3.		AMENDME REPORT?	AMENDMENT Yes		No		\
(place X to the right of	6TH TUES		4.	2ND FRIDATELECTION	y pre	- [5.	30 DA ELECT							TERMINATION Yes REPORT?				\
report type)	ANNUAL	REPORT	7.	Year 2023					IG MET					PAPER		\checkmark	DISKE	TTE	
Name of Office S	Sought by	Candidat	te:	-					DATE	OF	ELEC	TIO	١	District Number	Office Code	Par	ty Code	Cour	
									МО	D	ΑY	YE	AR	1	СРЈ	DEM	1		
JUDGE OF THE	COURT	OF COMM	ON PLE	AS						11		7	2023		(SEE IN	STRUCTIO	ONS FOR O	CODES)
Summary of		and	МО	DAY	YEAR				МО	D	PAY	YE	AR	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			10 24	2	023	T	0		11	2	7	2023						
A. Amount Bro	ught Forv	vard Fron	n Last R	eport				\$					0.00						
B. Total Moneta	ary Contr	ibutions /	And Rec	eipts (From	Sche	dule	ı)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (F	rom Sche	edule II	I)				\$					0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$					0.00						
F. Value Of In-	Kind Cont	tributions	Receiv	ed (From S	chedu	le II	()	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$					0.00						
					AFF	IDA	۱۷۶	ΓSE	CTIO	Ν									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here. I	[f thi	is is	a Can	didate	rep	ort, c	andid	ate sig	ın here.					
I swear (or affirm) correct and complete		eport, incl	uding the	attached scl	hedules	filed	d on	paper (or by ele	ectro	nic me	dium,	are to t	the best of	my knov	vledge a	and beli	ef , tr	ue
Sworn to and subs	cribed befo	ore me this	i	20						_		Si	gnature	of Person	Submitt	ing Rep	ort		
		Signatu	re					-		_				Printe	ed Name				-
My Commission Ex	cpires							_		_				Email					_
		мо	D	AY	YR						Are	a Code	1	Daytime	Teleph	one Nui	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	e, C	andida	ate sha	all si	gn he	re.							
I swear (or affirm) No 320) as amende		e best of m	ny knowle	edge and beli	ef this	polit	tical	commi	ittee ha	s not	violat	ed any	provis	ions of the	act of Ju	ıne 3,19	937 (P.L	. 133	3,
Sworn to and subsc	ribed befor	re me this								-			s	ignature of	Candida	ite			- [
	day of —							-		_				Printed	Name				_
		Signature						-		_					.1401116				_
My Commission Exp		. g												Email					_
	_	мо	D	AY	YR			•		-	Area C	Code		Day	time To	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
TAMIKA WASHINGTON	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)			\$	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
			I	
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 onl with an aggregate valu												
Name of Filing Comm	Name of Filing Committee or Candidate					Reporting Period							
			Fre	om:		То	:						
		'			DATE			AMOUNT					
Full Name of Contribut	ting Committee			МО	DAY	YEAR							
Mailing Address							\$	0.00					
City	State	Zip Code (Plus 4))										
	·	· · · · · · · · · · · · · · · · · · ·						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 Candidat	Name of Filing Committee or Candidate					Reporting Period					
			Fro	m:		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 Candidate	me of Filing Committee or Candidate Rep			Reporting 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	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	Candidate		Report	ing Perio	od				
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	1		
Mailing Address							\$		0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·	·		•			•		
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page.	Section	4.				PAGE TO	ΓAL
- Communication of the Ex	Januara 1/ Betained	. Jaai y 1 ago,	Section	••			\$		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	
TAMIKA WASHINGTON	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		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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		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					Reporting Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	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 (lame of Filing Committee or Candidate					Reporting Period					
							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 D							PAGE TOTAL				
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00				