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 20	023C0087			Report Filed B		CANDI	DATE	\checkmark	СС	OMMITTE		LOBE	BYIST		
Name of Filing C	Committee, Can	didate or L	obbyist:	,	AAROE,	NAN	CY									
Street Address:											_					
City:							State:				Zip Cod	Zip Code: 18020				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY				AY F ARY	POST- 3.		AMENDMENT REPORT?		Yes	No	\checkmark		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION				AY F FION	POST- 6. X		TERMINATION REPORT?		Yes	No	\checkmark		
report type)	ANNUAL REPO	RT 7.	Year 2023				NG METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office S	L Sought by Cand	idate:					DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code	
							мо	DAY	YEA	R	3	CPJ	DEN	1	48	
JUDGE OF THE COURT OF COMMON PLEAS							11		7	2023	 	(SEE INS	TRUCTIO	ONS FOR	CODES)	
Summary of		мо	DAY	YEAR			мо	DAY	YEA	R	FO	R OFFIC	e use	ONLY		
Expenditures	s from:		10 24	20	023 T	0	11	Ź	27	2023						
A. Amount Bro	ught Forward F	From Last R	leport			\$		(1	07,978	3.00)						
B. Total Monet	ary Contributio	ns And Rec	eipts (Fron	1 Schee	dule I)	\$	\$ 0.00									
C. Total Funds	Available (Sun	n Of Lines A	and B)			\$		(1	07,978	3.00)						
D. Total Expen	ditures (From S	Schedule II	I)			\$			23,00	0.00						
E. Ending Cash	Balance (Subt	ract Line D	From Line	C)		\$		(13	30,978	8.00)						
F. Value Of In-	Kind Contribut	ions Receiv	ed (From S	chedul	e II)	\$				0.00						
G. Unpaid Debt	ts And Obligation	ons (From S	Schedule IV	()		\$				0.00						
				AFF	IDAVI	T SE	CTION									
PART I - If this is	s a Committee	report, trea	asurer sign	here. I	lf this is	a Car	ndidate re	eport, c	andida	nte sig	gn here.					
I swear (or affirm correct and comple		including th	e attached sc	hedules	filed on	paper	or by elect	ronic me	edium, a	are to f	the best of	my know	ledge	and beli	ef , true	
Sworn to and subs	cribed before me day of	this	20						Sig	Inature	e of Person	Submitt	ing Rep	ort		
	—	nature				-					Print	ed Name				
My Commission Ex	-					_					Emai	l				
	мо	D	AY	YR		-		Are	ea Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a d	andidate's	authorized	Comm	nittee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		of my knowl	edge and beli	ef this	political	comm	ittee has n	ot violat	ed any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,	
Sworn to and subso		this								s	ignature o	f Candida	te			
	day of 					-					Printee	d Name				
	Signati	ıre				-					E					
My Commission Exp	bires										Emai					
	мо	D	AY	YR		-		Area	Code		Da	ytime Te	lephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** AAROE, NANCY From: <u>10/24/2023</u> To: <u>11/27/2023</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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					
			From: To:					
		·		DATE			AMOUNT	
Full Name of Contributing Co	mmittee		мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4))					
						Γ	PAGE TOTAL	

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

0.00

\$

5/3/2024 8:58:16 PM

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 Candidat	e			orting P	eriod	_		
	From: To:):	
					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, Detailed Summary Page, Section 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					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	led Summary Pa	age, Sectio	n 3.			\$	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	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 Candidate			Report	ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	ſ
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·					•	•		
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
			20000				\$		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 Perio	d	
AAROE, NANCY	From:	<u>10/24/2023</u> To:	<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 PAR	TF)		
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 R			Reporting Period					
F						То:		
				DATE		АМО	UNT	
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
					Fro	From: To:				
II					DATE AM				AMOUNT	
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion	_		
Employer Mailing Address/Principal Place of City State Business					Zip Code(Plus Descrip 4)			otion o	f Contribution	

	1
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
AAROE, NANCY	From	<u>10/24</u>	<u>4/2023</u>	То:	<u>11/27/2023</u>						
		DATE	AMOUNT								
To Whom Paid Nancy Aaroe				DAY	YEAR						
Mailing Address 3582 Ironstone Rd			11	3	2023	\$	23,000.00				
CityBethlehemStateZip Code (Plus 4)PA18045				Description of Expenditure Loan to campaign							
							PAGE TOTAL				
Enter Grand Total of Expenditures (Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	23,000.00				