## 396309

## File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATIO	2023C0	0089 <b>REPORT FILED ON BEHAL</b>			ON BEHALF OF	:	Candidate			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST					LANE, TIMIKA					
STREET ADDRESS	7000 WOODBINE A	VENUE								
CITY PHILADELF	PHIA		STATE	PA		ZIP CODE	19151			
TYPE OF REPORT	30-Day Post-Election	ı								
NAME OF OFFICE SOUGHT BY CANDIDATE JUDGE OF THE SUPERIOR COURT										
DISTRICT CODE	Statewide				PARTY C	ODE DEM				
DATE OF ELECTION	11/7/20	23								
DATES OF REPORTING	PERIOD	10/2	4/2023	то		11/27/2023		For Office Use Only		
AMENDMENT REPORT	? NC	)	TERI	MINATION	I REPORT?	P NO	1			
PERIOD: TOTAL AMOUNT OF	THE END OF REPOP FILER'S OUTSTAN TIES AT THE END O D:	DING		0.00						
			AFFIDA	VIT SEC	TION					
	nalf of a Candidate, th nalf of a Contributing THE AGGREGATE RECEIP AND FIFTY DOLLARS (\$2 BED BEFORE ME THIS	e Candida Lobbyist, † TS OR DISE	the must si the Lobbyi BURSEMENTS	ign here. st must sig 5 OR LIABILI	n here.	RED DURING THE F	REPORTIN	G PERIOD INDICATED ABOVE DID , TRUE, CORRECT AND COMPLETE.		
						SIGNATURE	OF PERSO	ON SUBMITTING REPORT		
	SIGNATURE						PRINTE	ED NAME		
MY COMMISION EXPIRES	MO.	DAY	YR.		A	REA CODE	C	AYTIME TELEPHONE NUMBER		
<b>PART II -</b> If statement is filed on bel	nalf of a Candidate's A	Authorized	Committe	e, Candida	te must sig	jn here.				
I SWEAR (OR AFFIRM) THAT	TO THE BEST OF MY KNO	WLEDGE A	ND BELIEF T	HIS POLITIC	AL COMMITT	EE HAS NOT VIOL	ATED ANY	PROVISIONS OF THE ACT OF JUNE		

5, 1957 (F.E. 1555, NO. 520) AS AME	NULU.				
SWORN TO AND SUBSCRIBED BEF	ORE ME THIS				
day of			20	 	
				SIGNATURE	OF PERSON SUBMITTING REPORT
	SIGNATURE				PRINTED NAME
MY COMMISION EXPIRES	MO.	DAY	YR.	AREA CODE	DAYTIME TELEPHONE NUMBER

Department of State . Bureau of Commissions, Elections and Legislation 210 North Office Building . Harrisburg, PA 17120-0020 . (717) 787-5280

4/27/2024 10:04:58 AM