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 202	3C0036				Report		CAN	DII	DATE	√	C	OMMITTE	E	LOB	BYIS	Г	
Name of Filing C	ommittee, Candi	date or L	obbyist:	l	М	IEGAN	MART	IN										
Street Address:																		
City:								State:					Zip Co	de: 1	7050			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FR PRIMAR		PRE-	2.	30 DA PRIMA		P	OST-	3.		AMENDN REPORT		Yes] [No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FR ELECTION		PRE-		30 DA ELECT		P	OST-	6. X	х	TERMIN/ REPORT		Yes	1 1	No	/
report type)	ANNUAL REPOR	7.	Year 20	023				NG METHOD PAPI CHECK ONE					PAPER		V	DIS	KETTE	
Name of Office S	ought by Candid	ate:	•					DATE	0	F ELE	СТІ	ON	District Number	Office Code	Pai	rty Co	de Cou Cod	
JUDGE OF THE	COMMONIMENT	H COLID	F					МО		DAY	1	YEAR	-1	CCJ	REI)		
JODGE OF THE	COMMONWEALT	n COUR	! 						11		7	2023		(SEE IN	ISTRUCTI	ONS FO	R CODE	5)
Summary of Expenditures		МО	DAY		YEAR		_	МО		DAY		YEAR	FC	R OFFI	CE USE	ONL	Υ	
			10	24	202	23 T (11		27	2023	4					
	ught Forward Fro		-		Cab a d	ulo T\	\$			(4/,	567.50) 0.00	4					
	ary Contributions				Scheut	uie I)	\$						1					
C. Total Funds Available (Sum Of Lines A and B) \$ (47,567.50)																		
D. Total Expenditures (From Schedule III) \$ 2,466.48																		
E. Ending Cash Balance (Subtract Line D From Line C)							\$			(.	50,0	033.98)	1					
	Kind Contribution s And Obligation					11)	\$				ΓΟ.	0.00	1					
G. Olipaid Debt	s And Obligation	s (FIOIII s	scriedure				\$			(50,	033.98)	<u> </u>					
DART I If this is	a Committee no					DAVIT						1: doko o:						
	that this report, in	•		_									_	f my kno	wledge	and b	elief , t	rue.
correct and comple Sworn to and subs	cribed before me th	is										Signatur	e of Perso	n Submit	ting Re	port		_
	day of		20 _															
	Signat	ure					-		•				Prin	ted Nam	е			
My Commission Ex	pires						_						Ema	il				
	МО	D.	AY		YR					Are	ea C	ode	Daytin	e Telepi	none Nu	ımber		ᆜ
Part II- If this is	a report of a car	didate's	authori	zed (Commit	ttee, Ca	andid	ate sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and	belie	f this p	olitical	comm	ittee ha	s no	ot viola	ted a	any provi	sions of th	e act of J	une 3,1	937 (P.L. 133	33,
Sworn to and subsc	ribed before me this	5	20										Signature	of Candid	ate			_
			_ 20 				-						Printe	d Name				-
My Commission Exp	Signature						•		_				Ema	il				-
my Commission Exp							•											_
	мо	D	AY		YR					Area	Code	e	D	aytime 1	elephoi	ne Nui	nber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MEGAN MARTIN	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
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 Committe	Name of Filing Committee or Candidate			Reporting Period						
			Fr	om:		То	:			
					DATE			AMOUNT		
Full Name of Contributing	Committee			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.

Name of Filing Commit	tee or Candidate		Rep	orting P	eriod			
			Fro	m:		To	o:	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					

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.

lame of Filing Committee or Candidate			Reporting Period						
			From:			То:			
				DA	TE		,	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 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			Reporting Period						
				Fror	n:		Т	То:		
					D	ATE		AMOUNT		
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 Pe	riod								
MEGAN MARTIN	From:	10/24/2023 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 PAR	TF)									
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:			To:	
		-		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	-	•	•		•	
Enter Grand Total of Part F on S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period					
				Fro	m:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address				-				\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occup	ation			
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, In-Kin	nd C	Contributions D	etaile	ed				PAGE TOTAL
Summary Page, Section 3.									0.00

2,466.48

STATEMENT OF EXPENDITURES

Name of Filing Committee or Can	didate		Reporti					
MEGAN MARTIN			From	10/24	<u>4/2023</u>	То:	11/27/2023	
				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
WM SCOTT MARTIN								
Mailing Address			11	24	2023	\$	1,386.63	
City MECHANICSBURG	State	Zip Code (Plus 4)) Description of Expenditure					
	PA	17055	MILEAG	E: EXPENS	SES FOR I	LODGING	i, TRAVEL	
To Whom Paid			МО	DAY	YEAR			
WM SCOTT MARTIN				DAI	ILAK			
Mailing Address			11	24	2023	\$	1,079.85	
City MECHANICSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17055	MILEAG	E: EXPENS	SES FOR I	LODGING	, TRAVEL	
Enter Grand Total of Expendit	cures on Page 1, Re	eport Cover Page, Item D).				PAGE TOTAL	

SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Cand	idate		Reporti	ng Period				
MEGAN MARTIN			From:	<u>10</u>	/24/2023	То:	11/2	27/2023
					DATE			anding ce of Debt
Name of Creditor				мо	DAY	YEAR		
WM. SCOTT MARTIN				MO	DAT	TEAR		
Mailing Address				1	6	2023	\$	25,000.00
City MECHANICSBURG	State	Zip Code (P	Plus 4)	Descript	tion of Deb	t		
	PA	17050		LOAN TO	о сомм.			
Name of Creditor WM. SCOTT MARTIN				мо	DAY	YEAR		
Mailing Address				5	1	2023	\$	3,580.69
	State	Zin Codo (D	Nua 4)) Description of Debt				
City MECHANICSBURG	PA	Zip Code (P 17050	ius 4)	LOAN TO COMM FOR MILEAGE				
Name of Condition	117	17030		EO/ ((T)		OKTHEE	NOE -	
Name of Creditor WM. SCOTT MARTIN				МО	DAY	YEAR		
Mailing Address				6	5	2023	\$	3,525.21
_					tion of Dob			
City MECHANICSBURG	State PA	Zip Code (P 17050	ius 4)	Description of Debt LOAN TO COMM FOR MILEAGE				
Name of Creditor	1.77	17030		207111				
WM. SCOTT MARTIN				МО	DAY	YEAR		
Mailing Address				9	18	2023	\$	9,158.21
	State	Zip Code (P	Olus 4)	Doccrini	tion of Deb	•		
City MECHANICSBURG	PA	17050	ius 4)	· ·	O COMM F		\GE 6/6	-9/18/23
Name of Creditor	117	17030		LOTAL T		OKTHEE	(GE 0/0	3/10/23
WM. SCOTT MARTIN				МО	DAY	YEAR		
Mailing Address				10	23	2023	\$	3,867.12
City MECHANICSBURG	State	Zip Code (P	Olus 4)		tion of Deb			
City MECHANICSBURG	PA	17050	ius 4)	1	OR MILEAC		0/23/2	3
Name of Creditor	1	17.000		207		52 5, 15 1	0, 20, 2	
WM. SCOTT MARTIN				МО	DAY	YEAR		
Mailing Address				11	14	2023	\$	1,386.63
City MECHANICSBURG	State	Zip Code (P	lus 4)	Description of Debt				
, FIEGRANICODORO	PA	17050	1,	LOAN TO			AGE &a	mp; EXPENSES

Name of Creditor VM. SCOTT MARTIN			мо	DAY	YEAR		
Mailing Address		11	14	2023	\$	1,079.85	
City MECHANICSBURG	State	Zip Code (Plus 4)	Descrip	Description of Debt			
	PA	17050	LOAN TO COMM. FOR MILEAGE & Samp; EXPENSES 10/24-11/27/23				
							PAGE TOTAL
Enter Grand Total of Unpai	d Debts on Page 1	, Report Cover Page, Ite	m G.			\$	
Enter Grand Total of Unpai	d Debts on Page 1	., Report Cover Page, Ite	m G.			\$	
Enter Grand Total of Unpai	d Debts on Page 1	., Report Cover Page, Ite	m G.			\$	
Enter Grand Total of Unpai	d Debts on Page 1	., Report Cover Page, Ite	m G.			\$	
Enter Grand Total of Unpai	d Debts on Page 1	., Report Cover Page, Ite	m G.			\$	
Enter Grand Total of Unpai	d Debts on Page 1	., Report Cover Page, Ite	m G.			\$	PAGE TOTAL 47,597.71
Enter Grand Total of Unpai	d Debts on Page 1	., Report Cover Page, Ite	m G.			\$	