### **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 2	.023C	0034				Rep File			CA	ANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	Committee, Car	ndida	te or Lo	obbyist:		v	WILI	IAN	ИS, S	AMA	NTHA	A JOY								
Street Address:																				
City:								State:							<b>Zip Code:</b> 19104					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	-	1.						30 DA		POST-	3.		AMENDMENT REPORT?		Yes	√ No	)		
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND FRI ELECTIO		Y PRE-	- 5	5.	30 DA		P	POST-	6.	Х	TERMINAT REPORT?	ΓΙΟΝ	Yes	No	)	<b>\</b>
report type)	ANNUAL REPO	ORT	7.	Year 20	23				FILIN		ETHO				PAPER	PAPER DISKETTE				
Name of Office S	Sought by Cand	didate	e:							DA	TE O	F ELE	CT	ION	District Number	Office Code	Par	ty Code	Cour	
	,									мо		DAY		YEAR	1	CPJP	DEN	1	51	
JUDGE OF THE	COURT OF CO	)MMC	ON PLE	AS - PHI	LA	DELPH	IIA				11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES	)
Summary of		d d	МО	DAY		YEAR				МО		DAY		YEAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:		1	.0	24	20	)23	T	0		11		27	2023						
A. Amount Bro	ught Forward	From	Last R	eport					\$			•	•	0.00						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																				
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																				
D. Total Expenditures (From Schedule III) \$ 0.00																				
E. Ending Cash Balance (Subtract Line D From Line C)							\$					0.00								
F. Value Of In-	Kind Contribut	ions	Receive	ed (Fron	ı So	chedul	e II)	)	\$					0.00						
G. Unpaid Debt	s And Obligati	ons (	From S	chedule	IV	)			\$					0.00		,				
						AFFI	ΙDΑ	VI	T SE	CTI	ON									
PART I - If this is	s a Committee	repo	rt, trea	surer si	ın l	nere. If	f thi	s is	a Car	ndida	ite re	port, o	can	didate si	gn here.					
I swear (or affirm) correct and comple		, inclu	ding the	attached	sch	nedules	filed	on I	paper	or by	electi	ronic m	ediu	ım, are to	the best of	my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me day of	e this		20										Signature	e of Person	Submitt	ing Rep	oort		_
	Sign	nature	<u> </u>	_					<b>-</b>						Printo	ed Name				_
My Commission Ex	_										·				Email					-
	мо		DA	ΛΥ		YR			_			Ar	ea C	Code	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's	authoriz	ed	Comm	itte	e, Ca	andid	ate s	hall :	sign h	ere.							
I swear (or affirm) No 320) as amende		t of my	y knowle	dge and	eli	ef this p	politi	ical	comm	ittee	has n	ot viola	ted	any provis	ions of the	act of Ju	ıne 3,1	937 (P.	133	з,
Sworn to and subsc		this												s	ignature of	Candida	ite			-
	day of								-						Printed	Name				-
	Signat	ure							-											_
My Commission Exp	ires														Email					
	мо		DA	λΥ		YR			•			Area	Cod	le	Day	ytime Te	elephor	e Numl	er	-

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
WILLIAMS, SAMANTHA JOY	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	(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 Committee or Candidate			Reporting Period						
				Fro	om:		То	:	
			1			DATE			AMOUNT
Full Name of Contribution	ng Committee				мо	DAY	YEAR		
Mailing Address								\$	0.00
City		State	Zip Code (Plus 4	1)					

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 Committee or Candida	Reporting Period							
			From: To:			<b>)</b> :		
		•			DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
						1		

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			Reporting	Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		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 Candidate	ame of Filing Committee or Candidate			Reporting Period					
				Fror	n:		To	<b>)</b> :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zip	Code (Plus	4)					
Employer Name	•				Occupa	tion	•	•	
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summa	ary 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:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				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 Perio	od	
WILLIAMS, SAMANTHA JOY	From:	<u>10/24/2023</u> <b>To:</b>	11/27/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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 Car	ame of Filing Committee or Candidate				Reporting Period				
			From:				То:		
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address						<b>7</b> \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		•	•					
					-				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			ailed Summary Page,			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	
	From:	То:

				From:			10:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address							\$	0.00	
City	State		Zip Code(Plus 4)						
Employer of Contributor				Occupation					
Employer Mailing Address/Principal Place of Business City				State	e Zip Code(Plus 4)		Descri	ption of	Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Ki	nd (	Contributions D	etaile	ed				PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Reporting Period					
				From			То:		
		DATE			AMOUNT				
To Whom Paid				DAY	YEAR				
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Evnenditures on Page 1 Penert Cover Page Item I			,				PAGE TOTAL		
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item I			<i>,</i> .			\$	0.00		