Campaign Finance Report

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

Filer Identificat Number :	ion 2023	C0163			Repo Filed			CANDI	DATE	✓	co	OMMITTE		LOBI	BYIST	
	Committee, Candida	ate or Lo	bbyist:				_	HOMSO	N							
Street Address:																
City:							s	tate:				Zip Cod	e: 19	118		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		2ND FRIDA PRIMARY	Y PRE	- 2.) DAY RIMAR		POST-	3. X		AMENDM REPORT?	ENT	Yes	No	, 🔨
(place X to the right of	6TH TUESDAY PRE-ELECTION		2ND FRIDA ELECTION	Y PRE	≣- 5.) DAY ECTI	•	POST-	6.		TERMINA REPORT?	TION	Yes	No	· 🗸
report type)	ANNUAL REPORT	7.	Year 2023				FILING METHOD () CHECK ONE					PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candidat	ate: DATE OF ELECTION						N	District Number	Office Code	Par	ty Code	County Code			
	MUNICIPAL COUR	₽T					M	10	DAY	YE	AR	1	MCJ	DEN	1	
JUDGE OF THE		()						11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		N	10	DAY	YE.	AR	FO	R OFFIC	e use	ONLY	
Expenditures	s from:		5 2	2	023	то		6		5	2023					
A. Amount Bro	ught Forward Fron	n Last Re	eport				\$				0.00					
B. Total Monet	ary Contributions	And Rece	eipts (Fron	1 Sche	dule I))	\$				0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00					
D. Total Expen	ditures (From Sche	edule III)				\$				0.00					
E. Ending Cash	Balance (Subtract	t Line D F	rom Line	C)			\$		(92,40	0.00)					
F. Value Of In-	Kind Contributions	Receive	d (From S	chedu	le II)		\$				0.00	_				
G. Unpaid Deb	ts And Obligations	(From So	chedule IV	()			\$			92,4	00.00					
				AFF	IDAV	'IT S	SEC	TION								
	s a Committee repo															
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedule	s filed o	n pap	per or	by elect	ronic m	edium,	are to	the best of	my know	ledge	and beli	ef , true
Sworn to and sub	scribed before me this day of	•	20							Si	gnaturo	e of Person	Submitt	ing Rep	oort	
	Signatu	re				_						Print	ed Name			
My Commission E	-	-										Emai				
	мо	DA	Y	YR					Ar	ea Code	9	Daytime	e Teleph	one Nu	mber	
Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.																
Sworn to and subse	cribed before me this										s	ignature o	f Candida	te		
	day of		20									Printer	l Name			
	Signature											Finter				
My Commission Exp	-											Emai				
	мо	DA	Y	YR	1				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** BARBARA S. THOMSON From: <u>5/2/2023</u> **To:** <u>6/5/2023</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.)

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:			1		
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00	

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 Candidate Reporting Period										
			Fror	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. \$										

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		A	MOUNT					
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 Sched	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				porting Period					
			Froi	n:		Т):		
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State	Zip Code (Plus 4)		e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							P#	AGE TOTAL 0.00	

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	Name of Filing Committee or Candidate			eporting Period						
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	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 Period		
BARBARA S. THOMSON	From:	<u>5/2/2023</u> то:	<u>6/5/2023</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 PART	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			Reporting	g Period								
			From:			То:						
				DATE			AMOUNT					
Full Name of Contributor				DAY	YEAR							
Mailing Address		_				\$	0.00					
City	State	Zip Code (Plus 4)										
Description of Contribution:			-									
Enter Grand Total of Part F on Section 2.	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	je,	F	PAGE TOTAL					
						\$	0.00					

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

Name of Filing Committee or Candidate				Reporting Period						
				om:		То:				
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address			-				\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor				Occupa	ation					
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 Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
				From			То:		
		DATE		AMOUNT					
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
Enter Grand Total of Exponditures	`				PAGE TOTAL				
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		