### **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 ?	2023C	0048				Repo Filed	-		CA	NDII	DATE	<b>\</b>	CO	MMITTEE		LOBE	BYIST		
Name of Filing C	Committee, Ca	andida	te or Lo	obbyis	st:		NATA	SH	A TA	YLOR	SM	ŒΗ								
Street Address:																				
City:										State	e:				Zip Cod	e: 19	126			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND I PRIM	FRIDA\ ARY	/ PRE-	- 2.		30 DA PRIMA		Р	OST-	3.		AMENDME REPORT?	NT	Yes	No	)	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION		4.	2ND I	FRIDAY TION	/ PRE	- 5.		30 DA		Р	OST-	6.		TERMINATION Ye REPORT?			No	)	<b>\</b>
report type)	ANNUAL REP	ORT	7.	Year	2023					IG ME					PAPER DISKE				TTE	
Name of Office S	ought by Can	ndidate	e:							DAT	ЕΟ	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
										МО		DAY	Υ	EAR	1	CPJ	DEN	1	Toout	
JUDGE OF THE	COURT OF C	ЮММС	ON PLE	AS							11		7	2023		(SEE INS	STRUCTIO	ONS FOR	CODES	)
Summary of		nd	МО	DA	Υ	YEAR				МО		DAY	Y	'EAR	FOF	OFFIC	E USE	ONLY		
Expenditures	from:			9	19	20	023	T	)		10	:	23	2023						
A. Amount Bro	ught Forward	i From	Last R	eport					\$				•	0.00						
B. Total Moneta	ary Contributi	ions A	nd Rec	eipts	(From	Sche	dule 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 Contribu	utions	Receive	ed (Fr	om So	hedul	le II)		\$					0.00						
G. Unpaid Debt	s And Obligat	tions (	From S	ched	ule IV	)			\$					0.00		,				
						AFF	IDA۱	/IT	SE	CTI	NC									
PART I - If this is	s a Committee	e repoi	rt, trea	surer	sign ł	nere. 1	If this	is	a Car	ndida	te re	port, o	cand	idate sig	ın here.					
I swear (or affirm) correct and comple		rt, inclu	ding the	attacl	hed sch	nedules	filed o	on p	aper	or by e	electr	onic m	ediun	n, are to t	he best of	my knov	vledge	and beli	ef , tr	ue
Sworn to and subs	cribed before m	ne this		20										Signature	of Person	Submitt	ing Rep	ort		_
		gnature		-											Printe	ed Name	1			_
My Commission Ex		•													Email					-
	мо		DA	ΑY		YR					,	Are	ea Co	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a	candi	date's	autho	rized	Comm	nittee,	Ca	ndid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		st of my	/ knowle	edge ar	nd belie	ef this	politic	al d	comm	ittee h	as no	ot viola	ted a	ny provisi	ions of the	act of Ju	ıne 3,1	937 (P.L	133	з,
Sworn to and subsc		e this												Si	ignature of	Candida	ite			-
	day of —— ——			<b>20</b> -											Printed	Name				-
	Signa																			_
My Commission Exp	ires														Email					
	м	0	DA	AY		YR						Area	Code	ı	Day	time To	elephon	e Numb	er	_

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period					
NATASHA TAYLOR SMITH	From:	9/19/202	<u>3</u> To:	10/23/2023			
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	ı						
TOTAL for the Reporting	g 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)	All Other Contributions (Part B)						
TOTAL for the Reporting	g 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	g Period	(3)	\$	0.00			
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)							
TOTAL for the Reporting	g Period	(4)	\$	0.00			
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

	this Part to itemize only with an aggregate valu								
Name of Filing Comm	nittee or Candidate		Reporting Period						
			From: To			То	o:		
		<u> </u>			DATE			AMOUNT	
Full Name of Contributi	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	)						
	•	·			•	•	$\overline{}$	DACE TOTAL	

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

**PAGE TOTAL \$**0.00

## 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 Filling Committee of Camulate					Reporting Period  From: To:				
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	)						

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	me of Filing Committee or Candidate Re			Reporting Period						
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	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.)

ame of Filing Committee or Candidate			Reporting Period							
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address  State Tin Code (Plus 4)								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	<b>TAL</b> 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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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							
NATASHA TAYLOR SMITH	From:	<u>9/19/2023</u> <b>To:</b>	10/23/2023						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	L. 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	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 Candid	ate		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL	
						\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidat	ame of Filing Committee or Candidate				Re	porting P	Period				
					Fro	om:		To:	То:		
							DATE			AMOUNT	
Full Name of Contributor						мо	DAY	YEAR			
Mailing Address								\$	0.00		
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	tion				
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.								<b>PAGE TOTAL</b> 0.00			

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (	ame of Filing Committee or Candidate							
			From			То:		
				DATE			AMOUNT	
To Whom Paid	МО	DAY	YEAR					
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Description of Expenditure					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item							PAGE TOTAL	
						\$	0.00	