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	3C0163				port ed B		CANE	OID	ATE	√	cc	MMITTEE		LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		BAR	BAR	AS.	THOMS	ON									
Street Address:																		
City:								State:					Zip Code	e: 19	118			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRID PRIMARY	AY PRE	-	2.	30 DA PRIMA		PC	OST-	3.		AMENDME REPORT?	NT	Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID ELECTION		E	5.	30 DA		PC	OST-	6. X		TERMINAT REPORT?	ΓΙΟΝ	Yes	N	0	/
report type)	ANNUAL REPORT	7.	Year 2023	3				IG METI CHECK					PAPER		\checkmark	DISK	ETTE	
Name of Office S	ought by Candida	ate:	_					DATE	OF	ELEC	TION	1	District Number	Office Code	Par	ty Cod	Code	
								МО	ı	DAY	YEA	AR.	1	MCJ	DEI	1	1	
JUDGE OF THE	MUNICIPAL COU	RT						1	1		7	2023		(SEE IN:	STRUCTI	ONS FOR	CODES	5)
Summary of	•	МО	DAY	YEAF	2			МО	Ī	DAY	YE	AR.	FOF	OFFIC	E USE	ONLY	•	
Expenditures	from:		10 2	4 2	023	T	0	1	1	2	27	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			(9	92,40	0.00)						
B. Total Moneta	ary Contributions	And Rec	eipts (Fro	m Sche	dule	ı)	\$				2,50	00.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																		
D. Total Expend	ditures (From Sch	iedule II	I)				\$					0.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$			(8	39,900	0.00)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From	Schedu	ıle II	i)	\$					0.00						
G. Unpaid Debt	s And Obligation	(From S	Schedule I	V)			\$					0.00			•			
				AFF	FIDA	۱۷۶	ΓSE	CTION	١									
PART I - If this is	•		=						-	•								
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached s	chedule	s file	d on	paper	or by ele	ctro	onic me	dium,	are to 1	he best of	my knov	wledge	and be	lief , tr	ue
Sworn to and subs	cribed before me th day of	is	20						-		Si	gnature	of Person	Submit	ing Re	oort		_
	Signat	ure	_				-		-				Printe	ed Name				_
My Commission Ex	pires								-				Email					_
	МО	D	AY	YR						Are	a Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorize	d Comr	nitte	e, Ca	andid	ate sha	ll si	ign he	re.							
I swear (or affirm) No 320) as amende	that to the best of	my knowle	edge and be	lief this	s polit	tical	comm	ittee has	not	t violat	ed any	provis	ions of the	act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc		1							-			s	ignature of	Candida	ate			_
	day of —— ————						-		-				Printed	Name				-
My Commission Exp	Signature						-		_				Email					-
, соолон ехр									_									_
	мо	D	AY	YF	2					Area (Code		Day	time T	elephor	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -							
Name of Filing Committee or Candidate	Reporting Period						
BARBARA S. THOMSON	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	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)	\$	0.00					
TOTAL for the Reporting	\$	0.00					
3. Contributions Received Over \$250.00 (From Part C and Part D)							
Contributions Received From Political Committees (Part C)			\$	2,500.00			
All Other Contributions (Part D)			\$	0.00			
TOTAL for the Reporting	g Period	(3)	\$	2,500.00			
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	2,500.00			

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	Name of Filing Committee or Candidate			Reporting Period							
				From:		То	!				
			•		DATE			AMOUNT			
Full Name of Contributing Co	ommittee			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.

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)

(Exclude cont		r ponticui conni		.03 .01	Joi tea	in i di c	~,	
Name of Filing Committee or Cand	idate		Rep	oorting P	eriod			
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 F	Period					
BARBARA S. THOMSON	From:	10/24/2023	То:	<u>11/27/2023</u>			

DATE AMOUNT

Full Name of Contributing Committee	мо	DAY	YEAR			
FRIENDS OF BARBARA THOMSON FOR JUDGE			110	JA.	IZAK	\$ 2,500.00
Mailing Address 8002 WINSTON RD STE 300			11	30	2023	_,
City PHILADELPHIA	State	Zip Code (Plus 4)]		2023	
PA 19118						

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 2,500.00

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	2			Rep	orting Pe	riod					
				Fron	From:				То:		
		DATE						AMOUNT			
Full Name of Contributor					мо	DAY	YEAR	\$	0.00		
Mailing Address											
City	State Zip Code (Plus 4)			(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 Schedule I, Detailed Summary Page, Sec					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 Per	iod						
BARBARA S. THOMSON	From:	<u>10/24/2023</u> To:	11/27/2023					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	. 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 Ca	ndidate		Reporting Period				
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor				DAY	YEAR		
Mailing Address						 	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•			
				_	Г		
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			led Sum	nmary Pa	ge,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						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	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
			From			То:		
				DATE			AMOUNT	
To Whom Paid				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 D							PAGE TOTAL	
Lines Grand Total of Expenditures (ni rage 1, keport c	Lovei Fage, Itelli L	, .			\$	0.00	