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 :	tion 2023	C0036			Repor Filed I		CANDI	DATE	✓	co	OMMITTE		LOB	BYIST	
Name of Filing	Committee, Candid	ate or L	obbyist:		MEGAN	MAR	TIN			_					
Street Address	Street Address:														
City:							State: Zip Code: 170						050		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D/ PRIM		POST-	3.		AMENDM REPORT?	ENT	Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D/ ELEC		POST- 6.			TERMINATION REPORT?		Yes	✓ No	
report type)	ANNUAL REPORT	7. X	Year 2023				NG METH						\checkmark	DISKE	TTE
Name of Office	Sought by Candida	te:					DATE C	F ELE			District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YEA	R	-1	CCJ	REP		
JUDGE OF THE	E COMMONWEALTH	1 COURT					11		7	2023		(SEE INS	TRUCTI	ONS FOR (ODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YE	AR	FO	R OFFIC	e use	ONLY	
Expenditure	s from:	:	11 28	2	023 T	0	1		1	2024	-				
A. Amount Bro	ought Forward Fror	n Last R	eport			\$				0.00					
B. Total Mone	tary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$	5			0.00					
C. Total Funds	a Available (Sum Of	Lines A	and B)			\$	5			0.00					
D. Total Exper	nditures (From Sch	edule II	I)			\$	5			0.00					
E. Ending Casl	h Balance (Subtrac	t Line D	From Line	C)		\$				0.00					
F. Value Of In	-Kind Contributions	s Receiv	ed (From S	chedu	le II)	\$	5			0.00					
G. Unpaid Deb	ots And Obligations	(From S	Schedule IV	()		\$	5			0.00					
				AFF	IDAVI	T SE	CTION								
	is a Committee rep												dedee	and hali	6
correct and comp	n) that this report, incl lete.	luaing the	e attached sc	neaule	s filed on	paper	or by elect		eaium,	are to	the best of	ту кпом	leage	and bell	er, true
Sworn to and sub	day of	5	20			_			Sig	gnatur	e of Person	Submitt	ng Rep	oort	
	Signatu	re				_					Print	ed Name			
My Commission E	Expires					_					Emai				
	мо	D/	AY	YR				Are	ea Code		Daytime	e Telepho	one Nu	mber	
I swear (or affirm	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 subs	Sworn to and subscribed before me this Signature of Candidate														
	day of					_					Printe	l Name			
My Commission Ex	Signature					-					Emai	<u> </u>			
,						_									
	мо	D	AY	YR				Area	Code		Da	ytime Te	lephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** MEGAN MARTIN From: <u>11/28/2023</u> To: <u>1/1/2024</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:			:			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
Γ								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											
			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. \$ 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			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 Page, Section							\$	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				Reporting Period						
From:				om:			То:			
				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	e (Plus 4)		
Enter Grand Total of Part C on Sche	on 3.			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			Reporting Period						
			From:			To:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.0	00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·								
		_	.					PAGE TOTAL	
Enter Grand Total of Part E on Schedu	lie 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 Peri	od								
MEGAN MARTIN	From:	<u>11/28/2023</u> To:	<u>1/1/2024</u>							
. 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, 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 Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor				DAY	YEAR			
Mailing Address] \$	0.0)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_
						\$	0.0	0

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From:		То:					
· · · · · · · · · · · · · · · · · · ·					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$ 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor		•		Occupa	tion		•				
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-Kind	Contributions D	etaile	d			PAGE TOTAL 0.00				

SCHEDULE III STATEMENT OF EXPENDITURES

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