Campaign Finance Report

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

Filer Identification	on	20230	C0036				eport		CAND	NDIDATE COMMITTEE LOBBYIST							
Name of Filing C	ommittee, C	andida	ite or Lo	obbyist:		ME	GAN	MART	IN								
Street Address:																	
City:				,	,				State:				Zip Code	: 17	050		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY		1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	\
	6TH TUESDAY PRE-ELECTIO		4.	2ND FRIDAY ELECTION	Y PRE	≣	5.	30 DA ELECT		POST-	6.		TERMINATION Yes REPORT?			No	\Box
	ANNUAL REI	PORT	7. X	Year 2023					NG METH CHECK C			PAPER		\checkmark	DISKE	ΓΤΕ	
Name of Office S	ought by Ca	ndidat	æ:						DATE (OF ELE	CTION		District Number	Office Code	Par	ty Code	County Code
	- ,								МО	DAY	YEAR	₹	-1	CCJ	REP		-
JUDGE OF THE	COMMONWE	EALIH	COURI						11	L	7 2	023		(SEE INS	TRUCTIO	ONS FOR C	ODES)
Summary of I		nd	МО	DAY	YEAR	ł			МО	DAY	YEAF	₹	FOR	OFFIC	E USE	ONLY	
Expenditures	from:		J	11 28	2	023	3 T	0	-	1	1 2	2024					
A. Amount Brou	ught Forward	d From	ı Last R	eport				\$			C	0.00					
B. Total Moneta	ary Contribut	tions A	nd Rec	eipts (From	Sche	dule	e I)	\$			C	0.00					
C. Total Funds	Available (Su	um Of	Lines A	and B)				\$			(0.00					
D. Total Expend	ditures (Fron	n Sche	dule II	I)				\$			C	0.00					
E. Ending Cash	Balance (Su	btract	Line D	From Line (Ξ)			\$			0	.00					
F. Value Of In-I	Kind Contrib	utions	Receiv	ed (From Sc	chedu	le I	I)	\$			0	.00					
G. Unpaid Debt	s And Obliga	itions ((From S	chedule IV)			\$			C	0.00					
					AFF	·ID	AVI	T SE	CTION								
PART I - If this is	a Committe	e repo	rt, trea	surer sign l	nere.	If th	nis is	a Can	ndidate r	eport,	candidat	te sig	ın here.				
I swear (or affirm) correct and comple		rt, inclu	ıding the	: attached sch	nedules	s file	ed on	paper o	or by elec	tronic m	edium, ar	e to t	the best of i	my knov	vledge	and belie	ef , true
Sworn to and subs	cribed before n	me this		20							Sign	nature	of Person	Submitt	ing Rep	ort	-
		Signature				_		<u>-</u>					Printe	d Name			
My Commission Ex		lyliatu.											Email				—[
	мо		D/	AY	YR					Ar	ea Code		Daytime	Teleph	one Nu	mber	
Part II- If this is	a report of a	a cand	idate's	authorized	Comr	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		est of m	y knowle	edge and belie	ef this	; poli	itical	commi	ittee has	not viola	ted any p	rovis	ions of the	act of Ju	ine 3,19	937 (P.L.	1333,
Sworn to and subsc		ıe this										s	ignature of	Candida	ite		— [
	day of 			_ 20				-					Printed	Name			
	Sign	nature				—		-									
My Commission Exp	ires												Email				
	м	мо	Di	AY	YR	t .		-		Area	Code		Day	time Te	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MEGAN MARTIN	From:	11/28/202	<u>3</u> To:	1/1/2024
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) 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	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

Name of Filing Committee or Candidate			Reporting	Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contributing C	ommittee		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

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 Fining Committee of Candidate				Reporting Period From: To:					
Fro						10	•		
					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 Candi	date		Reporting Period						
			From:			То:			
				DA	TE		Α	MOUNT	
Full Name of Contributing Commit	tee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Reporting Period						
				Fror	n:		To	То:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		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	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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	bd			
			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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	
MEGAN MARTIN	From:	<u>11/28/2023</u> To:	1/1/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidat	:e		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	lame of Filing Committee or Candidate				Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Candidate		Reporti	ng Period				
			From			То:		
				DATE			AMOUNT	
To Whom Paid			МО	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure			
-							PAGE TOTAL	
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00	