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	20230	C0256				port ed B		CANE	ANDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee,	Candida	lidate or Lobbyist: MERRILL M. SPAHN, JR.																
Street Address:																			
City:									State:					Zip Code	: 17	602			
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDAY PRIMARY	/ PRE-	-	2.	30 DA PRIMA		РО	ST- 3	3.		AMENDMEI REPORT?	NT	Yes	√ No	,	I
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRIDAY PRE- 5. 30 DAY ELECTION						РО	POST- 6. X			TERMINAT REPORT?	ION	Yes	No	,	\
report type)	ANNUAL R	REPORT	7.	Year 2023					IG METI CHECK				F	PAPER		√	DISKE	TTE	
Name of Office S	ought by C	Candidat	ie:						DATE	OF	ELEC.	TION		District Number	Office Code	Par	ty Code	Cour	
									МО	D	DAY	YEAR		2	CPJ			100	
JUDGE OF THE	COURT OF	- COMM	ON PLE	AS					1	1	7	7 202	23		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of	•	and	МО	DAY	YEAR	Ł			МО	C	DAY	YEAR	1	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1	10 24	2	023	T	0	1	1	27	7 202	23						
A. Amount Bro	ught Forwa	ard From	ı Last R	eport				\$	-			0.0	00						
B. Total Moneta	ary Contrib	utions A	Ind Rec	eipts (From	Sche	dule	e I)	\$				0.0	00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.0	00						
D. Total Expend	ditures (Fr	om Sche	dule II	[)				\$				0.0	00						
E. Ending Cash	Balance (S	Subtract	Line D	From Line C	2)			\$				0.0	0						
F. Value Of In-	Kind Contri	ibutions	Receive	ed (From Sc	hedu	le I	I)	\$				0.0	0						
G. Unpaid Debt	s And Obli	gations	(From S	chedule IV)			\$				0.0	00		1				
					AFF	·ID/	AVI	T SE	CTION	I									
PART I - If this is	a Commit	tee repo	ort, trea	surer sign h	iere.	If th	nis is	a Can	didate	rep	ort, ca	ndidate	sign	n here.					
I swear (or affirm) correct and comple		port, inclu	uding the	attached sch	redules	s file	ed on	paper o	or by ele	ctro	nic med	lium, are t	to th	e best of n	ny know	/ledge	and beli	ef , tr	ue
Sworn to and subs	cribed before day of	e me this		20						_		Signat	ure (of Person S	Submitti	ing Rep	oort		-
		Signatur	re .					- -		-				Printe	d Name				-
My Commission Ex	pires	-								_				Email					-
	М	0	D/	AY	YR						Area	Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report o	f a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	ll si	gn her	e.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and belie	ef this	poli	itical	commi	ittee has	not	violate	d any prov	visio	ons of the a	act of Ju	ne 3,1	937 (P.L	133	3,
Sworn to and subsc		me this								_			Sig	nature of	Candida	te			-
	day of ——							-		_				Printed	Name				-
	Siç	gnature						-		_									_
My Commission Exp	ires													Email					
		мо	D/	AY	YR	<u> </u>		-		-	Area Co	ode		Day	time Te	lephor	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MERRILL M. SPAHN, JR.	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) 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
			I	
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

	this Part to itemize only with an aggregate valu										
Name of Filing Comm	Name of Filing Committee or Candidate				Reporting Period						
			Fre	om:		То	:				
		<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 Fining Committee of Candidate					Reporting Period From: To:					
			l		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	ne of Filing Committee or Candidate Re			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	me of Filing Committee or Candidate				Reporting Period					
			Fron	n:		To	То:			
				D	ATE		АМ	OUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	5 4)							
Employer Name				Occupa	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page,	Section	on 3.			PA \$	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 Co	me of Filing Committee or Candidate				Reporting Period						
			From:			То:					
				D	ATE		AM	10UNT			
Full Name				МО	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus 4)								
Receipt Description	·	•									
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL			
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	Section	•			\$	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	od	
MERRILL M. SPAHN, JR.	From:	10/24/2023 To:	11/27/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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	ame of Filing Committee or Candidate							
	Fi					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 Candidat	ame of Filing Committee or Candidate					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 Sc Summary Page, Section 3.	hedule II, i	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candida	Reporti	ng Period					
	From			То:			
		•		DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	otion of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
enter Grand Total of Expenditure	s on Page 1, Ro	eport Cover Page, Item D	·-			\$	0.00