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 :	ion 2023	C0127			Repo Filed	-	С	ANDI	DATE	\checkmark	co	OMMITTE	E	LOB	BYIST		
	Committee, Candid	ate or L	obbyist:		PRINC	-	SHUA	GAR	ET								
Street Address:																	
City:							State:					Zip Code: 18011					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY MARY	F	POST- 3.			AMENDM REPORT?		Yes	N	0	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	2ND FRIDAY PRE- 5. ELECTION				-	POST-	6.		TERMINA REPORT?	Yes	N	C	\checkmark	
report type)	ANNUAL REPORT	7. X	Year 2023				ING N) CHE					PAPER		\checkmark	DISK	ETTE	
Name of Office	⊥ Sought by Candida	te:					DA	TE O	F ELE	СТІОІ	N	District Number	Office Code	Par	ty Code	Cour	
		L COLID.	Ŧ				мо	1	DAY	YE	AR	-1	CCJ	REP)	06	
JUDGE OF THE	E COMMONWEALTH	1 COUR	1					11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	2		мо)	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditure	s from:		6 6	2	.023	то		12		31	2023						
A. Amount Bro	ought Forward From	n Last R	Report				\$			(15	0.00)						
B. Total Monet	tary Contributions	And Rec	eipts (From	n Sche	dule I))	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			(15	0.00)						
D. Total Exper	nditures (From Sch	edule II	I I)				\$				0.00						
E. Ending Cash	h Balance (Subtrac	t Line D	From Line	C)			\$			(15	0.00)						
F. Value Of In	-Kind Contributions	s Receiv	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$				0.00						
				AFF	IDAV	IT S	ECT	[ON									
	is a Committee rep	-	-									-					
I swear (or affirm correct and comp	 that this report, incl lete. 	uding the	e attached sc	hedule	s filed or	n pape	er or by	/ elect	ronic m	edium,	are to	the best of	f my knov	vledge	and bel	ief , tr	ue
Sworn to and sub	scribed before me this day of	5	20							Si	gnatur	e of Persor	n Submitt	ing Rep	oort		-
	Signatu	re				_						Print	ted Name				-
My Commission E	xpires											Emai	I				_
	мо	D	ΑΥ	YR					Are	ea Code	•	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	lidate's	authorized	Com	nittee,	Candi	idate	shall	sign he	ere.							
I swear (or affirm No 320) as amend) that to the best of n led.	ny knowl	edge and beli	ief this	s politica	l com	mittee	has n	ot viola	ted any	, provis	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	з,
Sworn to and subscribed before me this											s	ignature o	of Candida	ite			-
day of 20												Printe	d Name				-
My Commission Ex	Signature pires											Emai	il				-
																	_
	мо	D	DAY	YR	د				Area	Code		Da	aytime Te	elephor	ne Numl	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** PRINCE, JOSHUA GARET From: <u>6/6/2023</u> **To:** <u>12/31/2023</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)							
								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 Candida	te		Rep	orting P	eriod					
			From: T			Тс	0:			
					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		A	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					
			Fror	n:		Т):		
				DA	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plu	s 4)						
Employer Name		-		Occupation					
Employer Mailing Address/Principal Pla	ce of Business	City			State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	, Sectio	on 3.			РА \$	GE 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:			То:					
				D	ATE			AMOUNT			
Full Name				мо	DAY	YEAR	\$		0.00		
Mailing Address											
City	State	Zip Code (Plus 4)								
Receipt Description					1	1					
			.					PAGE TOT	AL		
Enter Grand Total of Part E on So	chedule I, Detailed	i Summary 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 Period		
PRINCE, JOSHUA GARET	From:	<u>6/6/2023</u> то:	<u>12/31/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PI	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, I		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re			Reporting Period						
	From:			То:					
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Sched Section 2.	iled Sum	mary Pag	je,		PAGE TOTA	AL.			
						\$		0.00	

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

Name of Filing Committee or Candidate				Reporting Period						
						То:				
					DATE		AMOUNT			
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$ 0.00			
City	State	Zip Code(Plus 4)								
Employer of Contributor		•		Occupa	ation					
Employer Mailing Address/Principal Place of Business City					Code(Plus 4)	Descri	ption of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
	From			То:				
				DATE			AMOUNT	
To Whom Paid	мо	DAY	YEAR					
Mailing Address						\$	0.00	
City	Zip Code (Plus 4)) Description of Expenditure						
Enter Crand Tatal of Evnanditures on Dags 1. Depart Cover Dags. Item D							PAGE TOTAL	
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00	