Campaign Finance Report

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

Filer Identificat	ion 2023	C0127			Repo		_	CANDI	DATE	✓	СС	OMMITTE	E	LOBE	BYIST		
Number : Name of Filing (Committee, Candid	ate or l c	hhvist.			-		IUA GAR	FT								
						,)(
Street Address:																	
City:								State:				Zip Cod	e: 18	011			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DA IMA		POST- 3. AMENDMENT Y REPORT?					Yes	Nc)	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		DA ECT		POST-	6.		TERMINA REPORT?	TION	Yes	No	'	(
report type)	ANNUAL REPORT	7. X	Year 2023					G METHO				PAPER		\checkmark	DISKE	TTE	
Name of Office	Name of Office Sought by Candidate:							DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	Count Code	y
			-					мо	DAY	YEA	R	-1	CCJ	REP		06	
JODGE OF THE	JUDGE OF THE COMMONWEALTH COURT							11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	Ł		ſ	мо	DAY	YEA	R	FO	R OFFIC	e use	ONLY		
Expenditure	s from:		6 6	2	023 .	то	Ī	12	:	31	2023						
A. Amount Bro	ought Forward From	n Last R	eport				\$			(150	.00)						
B. Total Monet	ary Contributions	And Reco	eipts (From	1 Sche	dule I))	\$		0.00								
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			(150	.00)						
D. Total Expen	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cast	n Balance (Subtrac	t Line D	From Line	C)			\$			(150	.00)						
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')			\$				0.00						
				AFF	IDAV	'IT S	SE	CTION									
	s a Committee rep																l
I swear (or affirm correct and compl) that this report, incl lete.	luding the	attached sc	hedule	s filed o	n pap	oer o	or by elect	ronic m	edium, a	re to	the best of	my know	ledge	and beli	ef , tru	e,
Sworn to and sub	scribed before me this day of	5	20							Sig	natur	e of Person	Submitt	ing Rep	ort		-
						_						Print	ed Name				-
My Commission E	Signatu xpires	re										Emai	1				-
	мо	DA	AY	YR					Are	ea Code			e Teleph	one Nu	mber		-
Part II- If this is	a report of a can	didate's a	authorized	Comn	nittee,	Cand	dida	te shall	sign he	ere.							Ī
I swear (or affirm No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ef this	politica	ıl cor	mmi	ttee has n	ot viola	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	1333,	,
Sworn to and subs	cribed before me this										s	ignature o	f Candida	te			-
day of20								-									
	Cignation											Printe	d Name				
My Commission Ex	Signature pires											Emai	I				-
	мо	D/	AY	YR	1				Area	Code		Da	ytime Te	lephon	e Numb	er	

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			Re	porting	Period			
Fr				om:		:		
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	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 Candidat	e			orting P	eriod			
			Fro	m:		Тс):	
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Can	Name of Filing Committee or Candidate			Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion	-		
Employer Mailing Address/Principal Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	iedule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
	-						\$	0.00

I

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 Candida	te		Report	ting Perio	od				
			From:	From: To:					
				D	ATE			AMOUNT	-
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description		·			•	•	•		
Enter Grand Total of Part E on Sche	dule I. Detailer	l Summary Page	Section	4				PAGE TO	TAL
	June 1, Detunet	, cannary ruge,	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 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 P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T 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, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate R						
	From:			То:			
				DATE		АМС	DUNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address	Mailing Address					\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detai Section 2.				mary Pag	je,	PAGE	TOTAL
					4	5	0.00

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

Name of Filing Committee or Candidate				Rep	oorting P	eriod				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of Business City State				State	Zip Code(Plus Descrij 4)			ption of	Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From			То:			
				DATE			AMOUNT
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrij	otion of Exp	penditure		
Enter Grand Total of Expenditures of	on Page 1 Pepart C	over Page Item (PAGE TOTAL
	n rage 1, Report C	over rage, Item L				\$	0.00