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	C0277				Rep File			CA	NDII	DATE	\	/ CC	MMITTE	E	LOBE	BYIST		
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:			KARE	EN '	YVET	TE SI	ММС	DNS							_	
Street Address:	Street Address:																			
City:							State:							Zip Cod	l e: 19	130				
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRI PRIMAR		/ PRE-	- 2	2.	30 DA		Р	OST-	3.	AMENDMENT Yes REPORT?)	√
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRI ELECTIO		/ PRE	- 5	j.	30 DA		Р	OST-	6.		TERMINATION Yes REPORT?)	\
report type)	ANNUAL	REPORT	7. X	Year 20)23					NG ME					PAPER	PAPER		DISKE	TTE	
Name of Office S	- Sought by	Candidat	:e:				-			DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
										МО		DAY	,	YEAR	1	MCJ	DEN	1		-
JUDGE OF THE	MUNICIP	'AL COUR	Τ								11		7	2023	 	(SEE IN	STRUCTIO	ONS FOR	CODES)
Summary of		and	МО	DAY		YEAR				МО		DAY	ľ	YEAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		1	11	28	20	023	T	0		1		1	2024						
A. Amount Bro	ught Forv	vard Fron	ı Last R	eport					\$			•	•	0.00						
B. Total Moneta	ary Contri	ibutions <i>A</i>	And Rec	eipts (Fi	rom	Sched	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																				
D. Total Expenditures (From Schedule III) \$ 0.00																				
E. Ending Cash	Balance	(Subtract	Line D	From Li	ne C	2)			\$					0.00						
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fron	n Sc	hedul	le II))	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	chedule	IV.)			\$					0.00						
						AFF:	IDA	VI	ΓSE	CTIC	NC									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer si	gn h	nere. I	[f this	s is	a Car	ndidat	te re	port, o	cano	didate sig	gn here.					
I swear (or affirm) correct and complete		eport, incl	uding the	attached	l sch	redules	filed	on	paper	or by e	electr	ronic m	ediu	m, are to	the best of	my kno	wledge	and beli	ef , tr	ue
Sworn to and subs	cribed befo	ore me this		20							,			Signature	e of Persor	Submit	ting Rep	ort		_
		Signatur	'e						-						Print	ed Name	•			_
My Commission Ex	cpires	J													Emai	I				-
	•	мо	D/	ΑY		YR			_		,	Ar	ea C	ode	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authoriz	ed	Comm	ittee	e, Ca	andid	ate sl	nall s	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and	belie	ef this	politi	ical	comm	ittee h	as no	ot viola	ted a	any provis	ions of the	act of J	une 3,19	937 (P.L	133	з,
Sworn to and subsc		e me this												s	ignature o	f Candid	ate			-
	day of			- <u>20</u> 					-						Printe	d Name				_
	S	Signature							-											_
My Commission Exp															Emai	I				
		мо	DA	AY		YR			•			Area	Cod	e	Da	ytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
KAREN YVETTE SIMMONS	From:	11/28/20	23 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	(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

	this Part to itemize onl with an aggregate valu	-			-				
Name of Filing Comm	nittee or Candidate		Reporting Period						
			From:			To:			
		L			DATE			AMOUNT	
Full Name of Contribut	ing Committee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	•	•				-		DAGE TOTAL	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 Filling Committee of Candidate					Reporting Period From: To:					
					DATE		ı	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0	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 Candidate	me of Filing Committee or Candidate		Reporting	Period				
	From:							
				DA	TE		A	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	nmary 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		A	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address State Tip Code (Plus 4)							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	PAGE TOTAL	
							\$	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	ame of Filing Committee or Candidate			ting Perio	od			
			From:			To:		
			•	D	ATE		А	MOUNT
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. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
	Juliana 1/ Butanet	. January rage,		••			\$	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						
KAREN YVETTE SIMMONS	From:	<u>11/28/2023</u> To:	1/1/2024					
. 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,		\$	0.00					

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	late		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	Schedule II. In-Kir	nd Contributions Deta	iled Sum	ımarv Pad	ne. F		PAGE TOTAL
Section 2.				,		\$	
						Τ	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 Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					ed				PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	ame of Filing Committee or Candidate					Reporting Period					
							То:				
		AMOUNT									
To Whom Paid	мо	DAY	YEAR								
Mailing Address						\$	0.00				
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure						
Futou Curand Tatal of Funca					PAGE TOTAL						
inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						\$	0.00				