#### **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 20	08016			Repo Filed		:	CAND	DATE		соми	<b>ITTEE</b>	✓	LOBE	YIST	
Name of Filing C	Committee, Can	didate or L	obbyist:		STEPI	HEN:	S, T	ODD FR	ENDS	OF II	NC					
Street Address:	212 HAMP	TON RD														
City:	HATBORO							State:	PA			Zip Cod	de: 19	9040		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	PRE-	2.		0 DA RIMA		POST-	3.		AMENDM REPORT		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5.		0 DA LECT		POST-	6.		TERMINA REPORT		Yes	No	
report type)	ANNUAL REPO	<b>RT</b> 7. <b>X</b>	<b>Year</b> 2023					IG METH CHECK O				PAPER		<b>\</b>	DISKE	TTE
Name of Office S	ought by Candi	date:	-					DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
JUDGE OF THE	MUNICIPAL CO	N IDT						МО	DAY	YI	AR	38	MCJ	REP	[	46
JUDGE OF THE	MUNICIPAL CC	JUKI					ĺ	11		7	2023		(SEE IN	STRUCTIO	NS FOR C	ODES)
	Receipts and	МО	DAY YE	AR				МО	DAY	ΥI	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	s trom:		11 28	20	)23	то	)	12	2	31	2023					
A. Amount Bro	ught Forward F	rom Last F	eport				\$			-	707.10					
B. Total Monet	ary Contribution	ns And Red	eipts (From So	chec	lule I	)	\$				0.00					
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			-	707.10					
D. Total Expen	ditures (From S	chedule II	I)				\$			7	707.10					
E. Ending Cash	Balance (Subti	act Line D	From Line C)				\$				0.00					
F. Value Of In-	Kind Contributi	ons Receiv	ed (From Sche	dul	e II)		\$				0.00					
G. Unpaid Debt	s And Obligation	ns (From	Schedule IV)				\$				0.00			'		
			А	.FF	[DA\	/IT	SE	CTION								
PART I - If this is	s a Committee i	eport, trea	surer sign her	e. I	f this	is a	Can	didate r	eport, d	candi	date sig	jn here.				
I swear (or affirm) correct and comple		including th	e attached sched	ules	filed o	n pa	per c	or by elect	tronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	f , true
Sworn to and subs	cribed before me day of	this	20							5	Signature	of Perso	n Submit	ting Rep	ort	
	Sign	ature										Prin	ted Name	e		
My Commission Ex	cpires											Ema	il			
	мо	D	AY	YR					Are	ea Coc	le	Daytim	e Telepi	none Nui	nber	
Part II- If this is	a report of a c	andidate's	authorized Co	mm	ittee,	Can	ndida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		of my knowl	edge and belief	this	politic	al co	ommi	ittee has r	not viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc		his									s	ignature o	of Candid	ate		—
	day of —— ———											Printe	d Name			
	Signatu	re				_										
My Commission Exp	ires											Ema	il			
	мо	D	AY	YR					Area	Code		D	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period					
STEPHENS, TODD FRIENDS OF INC	From:	11/28/202	<u>З</u> То:	12/31/2023			
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)	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			
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 only with an aggregate valu								
Name of Filing Comm	nittee or Candidate		Re	porting	Period				
			From:			То	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 Filling Committee of Camulate			Re <sub>l</sub> Fro					
					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				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	<b>4</b> )						
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	<b>TAL</b> 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 Pe	riod	
STEPHENS, TODD FRIENDS OF INC	From:	11/28/2023 To:	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	OR .	
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 Candidate			Reporting	Period			
			From:			To:	
				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 Sche	dule II. In-Kind (	Contributions Deta	iled Sum	marv Pac	ıe.		PAGE TOTAL
Section 2.	<b>,</b>			<b>,</b>		\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Reporting	Period			
					From:		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 Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting F	Period				
STEPHENS, TODD FRIENDS OF INC	From	11/28/2023	То:	12/31/2023		

				DATE		AMOUNT
<b>To Whom Paid</b> Wells Fargo			мо	DAY	YEAR	
Mailing Address 250 Blair Mi	ill Road		11	30	2023	\$ 10.00
City Horsham	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19044	<b>Descrip</b> Service	otion of Exp	penditure	
<b>To Whom Paid</b> American Star			МО	DAY	YEAR	
Mailing Address 1200 Welsh	Road		12	4	2023	\$ 160.11
City North Wales  PA  Zip Code (Plus 4)  19454			<b>Descrip</b> Meeting	otion of Exp	penditure	
<b>To Whom Paid</b> AirBnB			МО	DAY	YEAR	
Mailing Address 888 Branna	n Street		12	12	2023	\$ 320.92
<b>City</b> San Francisco	State CA	<b>Zip Code (Plus 4)</b> 94016		otion of Exp		
<b>To Whom Paid</b> Dunkin Donuts			МО	DAY	YEAR	
Mailing Address Horsham Ro	oad		12	13	2023	\$ 4.02
<b>City</b> Horsham	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19040	<b>Descrip</b> Refresh	otion of Exp nments	penditure	
<b>To Whom Paid</b> Five Below			МО	DAY	YEAR	
Mailing Address Park Avenue	e		12	13	2023	\$ 115.46
City Willow Grove	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19090	<b>Descrip</b> Office I	otion of Exp	penditure	

							12
To Whom Paid Sunoco			МО	DAY	YEAR		
Mailing Address 2500 Easton Road			12	14	2023	\$	9.07
City Willow Grove	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19090	Description of Expenditure Gasoline				
<b>To Whom Paid</b> Sunoco			МО	DAY	YEAR		
Mailing Address 2500 Easton Road			12	14	2023	\$	11.38
City Willow Grove	State PA	<b>Zip Code (Plus 4)</b> 19090	Description of Expenditure Gasoline				
To Whom Paid Wine & Spirits			МО	DAY	YEAR		
Mailing Address Blair Mill Road			12	22	2023	\$	66.14
<b>City</b> Horsham	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19040	Description of Expenditure Holiday Favors for Staff				
To Whom Paid Wells Fargo			МО	DAY	YEAR		
Mailing Address 250 Blair Mill Road			12	29	2023	\$	10.00
<b>City</b> Horsham	State PA	<b>Zip Code (Plus 4)</b> 19044	Description of Expenditure Service Fee				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	<b>PAGE TOTAL</b> 707.10
							/0/.10