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 202 | 20619 | | | Repo Filed | | | CAND | IDATE | | COMMITTEE | | ITTEE / LOBBYIST | | YIST | |
|---|--------------------------------|-------------|-------------------------|-------|---------------|------|----------------|--------------------|-----------|--------|------------|---------------------|------------------|----------|----------|----------------|
| Name of Filing C | ommittee, Candi | date or L | obbyist: | | DUGA | ١N | 2023 | | | | | | _ | | | |
| Street Address: | PO BOX 630 | 33 | | | | | | | | | | | | | | |
| City: | PHILADELPH | IA | | | | | | State: | PA | | | Zip Co | de: 19 | 9114 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY F PRIMARY | PRE- | 2. | | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT | | Yes | No | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - 5. | | 30 DA ELECT | | POST- | 6. | | TERMINATION REPORT? | | Yes | No | |
| report type) | ANNUAL REPOR | 7. X | Year 2023 | | | | | IG METH CHECK C | | | | PAPER | | | | TE |
| Name of Office S | - Sought by Candid | ate: | | | | | | DATE (| OF ELE | CTIC | N | District Number | Office Code | Part | y Code | County Code |
| 7110 OF OF THE | CURERTOR COU | - | | | | | | МО | DAY | YI | AR | -1 SPR DEM | | | | 51 |
| JUDGE OF THE | SUPERIOR COU | (1 | | | | | | 11 | | 7 | 2023 | | (SEE IN | STRUCTIO | NS FOR C | ODES) |
| | Receipts and | МО | DAY YE | EAR | | | ' | мо | DAY | YI | EAR | FC | R OFFI | CE USE | ONLY | |
| Expenditures | from: | | 11 28 | 20 |)23 | T | 0 | 12 | 2 | 31 | 2023 | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | 8,0 | 35.79 | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (From Se | chec | dule 1 | [) | \$ | | | | 0.00 | | | | | |
| C. Total Funds | Available (Sum C | of Lines A | and B) | | | | \$ | | | 8,0 | 35.79 | | | | | |
| D. Total Expend | ditures (From Sc | nedule II | I) | | | | \$ | | | 8,0 | 35.79 | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From Line C) | | | | \$ | | | | 0.00 |] | | | | |
| F. Value Of In- | Kind Contribution | ıs Receiv | ed (From Sche | edul | e II) | | \$ | | | | 0.00 | | | | | |
| G. Unpaid Debt | s And Obligation | s (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | • | | |
| | | | Α | \FF | ΙDΑ\ | VI٦ | ΓSE | CTION | | | | | | | | |
| PART I - If this is | a Committee re | port, trea | surer sign her | re. I | f this | is | a Can | didate r | eport, | candi | date sig | gn here. | | | | |
| I swear (or affirm) correct and comple | that this report, in ete. | cluding the | attached sched | lules | filed | on p | paper o | or by elec | tronic m | edium | , are to t | the best o | f my kno | wledge a | nd belie | f , true |
| Sworn to and subs | cribed before me th day of | is | 20 | | | | | | | 9 | Signature | e of Perso | n Submit | ting Rep | ort | |
| | Signat | ure | | | | | - | | | | | Prin | ted Name | e | | |
| My Commission Ex | opires | | | | | | _ | | | | | Ema | il | | | |
| | МО | D | AY | YR | | | | | Ar | ea Cod | le | Daytin | ie Telepl | none Nun | nber | |
| Part II- If this is | a report of a car | ıdidate's | authorized Co | mm | ittee | , Ca | andida | ate shall | sign h | ere. | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of ed. | my knowle | edge and belief | this | politic | cal | commi | ittee has | not viola | ted an | y provis | ions of th | e act of J | une 3,19 | 37 (P.L. | 1333, |
| Sworn to and subsc | ribed before me this day of | 5 | 20 | | | | | | | | s | ignature (| of Candid | ate | | |
| | | | | | | | - | | | | | Printe | d Name | | | <u> </u> |
| My Commission Exp | Signature | 1 | | | | | • | | | | | Ema | il | | | |
| , ссолон Ехр | | | | | | | | | | | | | | | | |
| | МО | D | AY | YR | | | | | Area | Code | | D | aytime T | elephone | Numbe | r |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| , - | | | | |
|--|-----------|-----------|--------------|------------|
| Name of Filing Committee or Candidate | Reporting | g Period | | |
| DUGAN 2023 | From: | 11/28/202 | <u>3</u> To: | 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) | | | \$ | 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 |
| 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

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 Candida | te | 1 | Reporting | Period | | | |
|-------------------------------------|-------|-------------------|-----------|--------|------|----|--------|
| | | -1 | From: | | То | • | |
| | | • | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | _ | _ | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

PAGE TOTAL
0.00

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

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.

| (Exc | clude contributions from | n political comm | | | | in Part | A) | |
|-------------------------|---------------------------------|--------------------|-----|-----------|-------|---------|------------|------------|
| Name of Filing Comm | nittee or Candidate | | Rep | oorting P | eriod | | | |
| | | | Fro | m: | | To | o : | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contribute | or | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 |) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Tota | al of Part A on Schodule T. Det | tailed Summary Dag | . S | action 3 | • | | ٦ ا | 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 | | P | AMOUNT | |
| Full Name of Contributing Committee | | | | МО | DAY | YEAR | | 0 | 00 |
| Mailing Address | | | | | | | + | 0. | 00 |
| City | State | Zip Code | e (Plus 4) | | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 0.0 | 0 |

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 Candidat | • | | | Rep | orting Pe | riod | | | | | |
|---------------------------------------|------------------|--------|--------------|---------|-----------|-------|-----|-----|---------|----------------|-----------------|
| | | | | Fron | n: | | | To: | | | |
| | | | | | D | ATE | | | AMO | OUNT | |
| Full Name of Contributor | | | | | МО | DAY | YEA | R | \$ | | 0.00 |
| Mailing Address | | | | | | | | | | | |
| City | State | Zi | p Code (Plus | 4) | | | | | | | |
| Employer Name | • | | | | Occupa | tion | | | | | |
| Employer Mailing Address/Principal Pl | ace of Business | | City | | • | State | | Z | ip Code | (Plus 4) | |
| Enter Grand Total of Part C on Sch | edule I, Detaile | d Sumr | mary Page, | Section | on 3. | | | \$ | PA | GE TOTA | L .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 | ing Peri | od | | | |
|----------------------------|---------------------------|--|--------|----------|-----|------|----|------------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (Pl | us 4) | | | | | |
| Receipt Description | <u>'</u> | <u>'</u> | | | 1 | | · | |
| Futor Curred Total of Bout | Fan Cabadula I. Datailad | I Communication of the Communi | | 4 | | | F | PAGE TOTAL |
| Enter Grand Total of Part | E ON Schedule 1, Detalled | i Summary Page, S | ection | 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 Pe | riod | | | | | | |
|--|--------------|------------------------|------------|--|--|--|--|--|
| DUGAN 2023 | From: | 11/28/2023 To : | 12/31/2023 | | | | | |
| 1. 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 | TF) | | | | | | | |
| 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 | ne 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 Section 2. | dule II, In-Kind (| Contributions Detai | iled Sum | mary Pag | je, | | PAGE TOTAL | |
| | | | | | | \$ | (| 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Re | porting | Period | | | | |
|--|----------------|-----|------------------|--------|---------|----------------|-------|-------|-------------------|------|
| | | | | Fro | m: | | To: | | | |
| | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | \$ | | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty | Stat | e Zij | p Code(Plus 4) | Descr | iptio | n of Contribution | on |
| Enter Grand Total of Part G on Sch | edule II. In-K | ind | Contributions D | etaile | ed | | | | PAGE TOT | ΓAL |
| Summary Page, Section 3. | | | | | - | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Committee or Candidate Reporting Period | | | |
|---------------------------------------|---|------------|-----|------------|
| DUGAN 2023 | From | 11/28/2023 | То: | 12/31/2023 |

| | | | | DATE | | | AMOUNT | | |
|--------------------------------|----------------------------|-------------------|----------------------------|-------------|----------|----|-------------|--|--|
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Freedom Credit Union | | | 1-10 | | 7 = 7 1 | | | | |
| Mailing Address 25 Jacksonvill | e Rd | | 12 | 31 | 2023 | \$ | 10.79 | | |
| City Warminster | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 18974 | Fees | | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Ancient order of Hibernians | | | 1-10 | | 1 Z Aux | | | | |
| Mailing Address 7229 Tulip St | | | 12 | 27 | 2023 | \$ | 200.00 | | |
| City Philadelphia | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | PA | 19136 | Donatio | n | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Mary Wetherall | | | МО | | ILAK | | | | |
| Mailing Address 498 S Main St | i | | 12 | 27 | 2023 | \$ | 500.00 | | |
| City Montrose | State Zip Code (Plus 4) De | | | | enditure | | | | |
| | PA | 18801 | Consult | ing Fees | | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Shawn P Murphy | | | MO | DAT | TEAR | | | | |
| Mailing Address 1175 Taylor D | Prive | | 12 | 27 | 2023 | \$ | 600.00 | | |
| City Langhorne | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 19047 | Account | ting work e | exp | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | | | |
| Kevin Cattie | | | 140 | | ILAK | | | | |
| Mailing Address 1234 Market S | St | | 12 | 27 | 2023 | \$ | 3,225.00 | | |
| City Philadelphia | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 19101 | Consult | ing work | | | | | |
| To Whom Paid | | | МО | DAY | YEAR | | | | |
| Joseph Hansbury | | | MO | | ILAK | | | | |
| Mailing Address 203 Hickory A | ve, 203 Hickory Ave | | 12 | 27 | 2023 | \$ | 1,000.00 | | |
| City Feasterville | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA | 19053 | | ing Fees | | | | | |
| | | | | | | | | | |

| To Whom Paid | | | мо | DAY | YEAR | | |
|---|-------|-------------------|----------------------------|-----|----------|----|------------|
| Media Stream Consulting | | | 140 | DAT | ILAK | | |
| Mailing Address PO BOX 1300 | | | 12 | 27 | 2023 | \$ | 2,000.00 |
| City Bensalem | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | PA | 19020 | Consulting work | | | | |
| To Whom Paid | | | мо | DAY | YEAR | | |
| Donte Green | | | 110 | | 1 = Alix | | |
| Mailing Address 5538 Iriving St | | | 12 | 27 | 2023 | \$ | 500.00 |
| City Philadelphia | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| PA 19139 Consulting work | | | | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | | PAGE TOTAL |
| | | | | | | \$ | 8,035.79 |