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		СОМІ	ITTEE	✓	LOBB	YIST	
Name of Filing C	ommittee, Candi	date or L	obbyist:	Ī	DUGA	N 2	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 PRIM <i>A</i>		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.		TERMIN/ REPORT		Yes	No	
report type)	ANNUAL REPOR	7. X	Year 2023					IG METH CHECK C				PAPER		\checkmark	DISKET	ГТЕ
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 Y	EAR				мо	DAY	YI	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	trom:		11 28	20)23	TC)	12	12 31 2023							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			8,0	035.79					
B. Total Monet	ary Contributions	And Rec	eipts (From S	ched	dule I)	\$				0.00					
C. Total Funds	Available (Sum C)f Lines A	and B)				\$			8,0)35.79					
D. Total Expend	ditures (From Sc	nedule II	1)				\$			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			•		
			А	\FF	IDA۱	/IT	SE	CTION								
PART I - If this is	a Committee re	port, trea	surer sign her	re. I	f this	is a	a Can	didate r	eport,	candi	date sig	jn here.				
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	attached sched	dules	filed	on p	aper o	or by elec	tronic m	edium	, are to	the best o	f my kno	wledge a	nd belie	f , true
Sworn to and subs	cribed before me th day of	is	20							S	Signature	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	e Telepl	none Nun	nber	
Part II- If this is	a report of a car	ıdidate's	authorized Co	omm	ittee,	Ca	ndida	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	al c	ommi	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			
My Commission Exp	Signature	ı				_						Ema	il			
, сеолоп Ехр						_										
	МО	D	AY	YR					Area	Code		D	aytime T	elephone	e Numbe	er

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 ar 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		Re	porting	Period			
			Fro	om:		То	:	
		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 Filing Committee or Cand	idate		Rep	oorting P	eriod			
			Fro	m:		To):	
					DATE		АМ	OUNT
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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	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			Rep	orting Pe	riod			
			Fron	n:		To):	
				D	ATE		АМС	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			PA(GE 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	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	E 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 Peri	od	
DUGAN 2023	From:	<u>11/28/2023</u> To:	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

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

Name of Filing Committee or Candidate	Reporting Period	
	From:	То:

				<u> </u>		DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)		-				
Employer of Contributor					Occupa	<u>l</u> tion	<u> </u>	<u> </u>	
Employer Mailing Address/Pring Business	cipal Place of	City	State		Zip 4)	Code(Plus	Descri	ption of C	ontribution
Enter Grand Total of Part G Summary Page, Section 3.	on Schedule II	, In-Kind	Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
DUGAN 2023			From	11/28	<u>8/2023</u>	То:	12/31/2023
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Freedom Credit Union							
Mailing Address 25 Jackson	ville Rd		12	31	2023	\$	10.79
City Warminster	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18974	Fees				
To Whom Paid Ancient order of Hibernians	·	·	мо	DAY	YEAR		
Mailing Address 7229 Tulip	St		12	27	2023	\$	200.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19136	Donatio	on			
To Whom Paid Mary Wetherall			МО	DAY	YEAR		
Mailing Address 498 S Main	St		12	27	2023	\$	500.00
City Montrose	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	18801	Consul	ting Fees			
To Whom Paid Shawn P Murphy			мо	DAY	YEAR		
Mailing Address 1175 Taylo	r Drive		12	27	2023	\$	600.00
City Langhorne	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
-	PA	19047	Accoun	ting work	exp		
To Whom Paid Kevin Cattie	·	·	мо	DAY	YEAR		
Mailing Address 1234 Marke	et St		12	27	2023	\$	3,225.00
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	l enditure		

19101

Consulting work

PA

To Whom Paid Joseph Hansbury			мо	DAY	YEAR		
Mailing Address 203 Hickory Ave, 203 Hickory Ave			12	27	2023	\$	1,000.00
City Feasterville	State PA	Zip Code (Plus 4) 19053	Description of Expenditure Consulting Fees				
To Whom Paid Media Stream Consulting			МО	DAY	YEAR		
Mailing Address PO BOX 1300			12	27	2023	\$	2,000.00
City Bensalem	State PA	Zip Code (Plus 4) 19020	Description of Expenditure Consulting work				
To Whom Paid Donte Green			МО	DAY	YEAR		
Mailing Address 5538 Iriving St			12	27	2023	\$	500.00
City Philadelphia	State PA	Zip Code (Plus 4) 19139	Description of Expenditure Consulting work				
Enter Grand Total of Expend	ditures on Page 1. Re	port Cover Page, Item D					PAGE TOTAL
		,,	=			\$	8,035.79