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	C0164				port ed B		CANE)ID	ATE	✓	СО	MMITTEE		LOBBYIST		
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		BRI	AN I	1CLAL	JGHLIN	l								
Street Address:																		
City:									State:					Zip Code: 19114				
TYPE OF REPORT	6TH TUES	_							30 DAY POST- 3. PRIMARY					AMENDMENT Yes No REPORT?				
(place X to the right of	6TH TUES		4.						Y ION	PO	ST-	6.		TERMINATION Yes No REPORT?				
report type)	ANNUAL	. REPORT	7. X	Year 2023					IG MET					PAPER		DISKE	TTE	
Name of Office S	ought by	, Candidat	e:	-		-			DATE	OF	ELEC	CTION		District Number	Office Code	Party Code	County Code	
JUDGE OF THE	COLIDT	OF COMM	ON DLE	A.C.					МО	0	DAY	YEAI	2	1	CPJ	DEM		
JUDGE OF THE COURT OF COMMON PLEAS 11 7								7 2	023		(SEE INS	STRUCTIONS FOR C	CODES)					
Summary of		s and	МО	DAY	YEAR	ł			МО		DAY	YEAI	₹	FOF	OFFIC	E USE ONLY		
Expenditures	from:			11 28	2	023	T	0	1	.2	3	31 2	2023					
A. Amount Bro	ught For	ward Fron	ı Last R	eport				\$				(0.00					
B. Total Moneta	ary Contr	ributions A	And Rec	eipts (From	Sche	dule	e I)	\$				9,579	9.14					
C. Total Funds	Available	e (Sum Of	Lines A	and B)				\$				9,579	9.14					
D. Total Expend	ditures (I	From Sche	dule II	I)				\$				(0.00					
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				9,579	.14					
F. Value Of In-	Kind Con	tributions	Receiv	ed (From Se	chedu	le II	I)	\$				C	.00					
G. Unpaid Debt	s And Ob	oligations	(From S	Schedule IV)			\$				(0.00					
					AFF	IDA	AVI	T SE	CTIO	١								
PART I - If this is	s a Comm	nittee repo	ort, trea	surer sign l	here.	If th	nis is	a Can	didate	rep	ort, c	andidat	te sig	ın here.				
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper o	or by ele	ctro	nic me	edium, a	e to t	he best of	my knov	vledge and belie	ef , true	
Sworn to and subs	cribed bef day of	ore me this		20						_		Sigr	ature	of Person	Submitt	ing Report		
	_	Signatur	·e					-		-				Printe	d Name			
My Commission Ex	cpires							_		_				Email				
		мо	D	AY	YR						Are	a Code		Daytime	Teleph	one Number		
Part II- If this is	a report	t of a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sha	II si	gn he	re.						
I swear (or affirm) No 320) as amende		ne best of m	y knowle	edge and beli	ef this	poli	tical	commi	ittee has	not	violat	ed any p	rovisi	ions of the	act of Ju	ine 3,1937 (P.L	. 1333,	
Sworn to and subsc		ore me this								-			Si	ignature of	Candida	ite		
	day of —							-		-				Printed	Name			
		Signature						-		_								
My Commission Exp	ires													Email				
	_	МО	D	AY	YR	ł		•		-	Area (Code		Day	rtime Te	elephone Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
BRIAN MCLAUGHLIN	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	g 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	J Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	9,579.14
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	y Period	(3)	\$	9,579.14
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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			\$	9,579.14

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu							
Name of Filing Committee or Candidate				porting	Period			
			Fre	om:		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 Filing Committee or Candida	ite		Rep	oorting P	eriod			
F						o:		
					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 Candidate			Reporting	g Period				
BRIAN MCLAUGHLIN			From:	11/2	<u>8/2023</u>	То:	12/31/2023	
				DA	TE		А	MOUNT
Full Name of Contributing Committee BRIAN MCLAUGHLIN FOR JUDGE				МО	DAY	YEAR		
Mailing Address 9406 TULIP STREET							\$	6,800.00
City PHILADELPHIA	State PA	Zip Code (19114	(Plus 4)	12	12	2023		
Full Name of Contributing Committee BRIAN MCLAUGHLIN FOR JUDGE				МО	DAY	YEAR		
Mailing Address 9406 TULIP STREET							\$	1,779.14
City PHILADELPHIA	State PA	Zip Code (19114	(Plus 4)	12	29	2023		
Full Name of Contributing Committee BRIAN MCLAUGHLIN FOR JUDGE				МО	DAY	YEAR		
Mailing Address 9406 TULIP STREET							\$	1,000.00
City PHILADELPHIA	State PA	Zip Code (19114	(Plus 4)	12	31	2023		
								PAGE TOTAL
Enter Grand Total of Part C on Schee	dule I, Detailed Sum	nmary Pag	je, Sectio	n 3.			\$	9,579.14

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								
F						To	То:		
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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 Co	Name of Filing Committee or Candidate			ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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 Per	iod	
BRIAN MCLAUGHLIN	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 Candidate Re				Reporting Period					
	From:								
				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					Re	porting l	Period				
					Fro	om:		To:	То:		
					•		DATE			AMOUNT	
Full Name of Contributor						МО	DAY	YEAR			
Mailing Address									\$ \$	0.00	
City	State		Zip Code(I	Plus 4)							
Employer of Contributor						Occupa	ition				
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution	
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00