Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	ion 2023	3C0122			Repor Filed		CANDI	DATE	✓	СС	OMMITTEI	1	LOB	BYIST		
	Committee, Candid	late or L	obbyist:			-	WSON JC	DEL								
Street Address:	Street Address:															
City:							State:	: Zip Code: 19103								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST- 3.			AMENDMENT REPORT?		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	2ND FRIDAY PRE- 5. ELECTION				POST- 6.			TERMINATION REPORT?		Yes	V No		
report type)	ANNUAL REPORT	7. X	Year 2023				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office	L Sought by Candida	nte:					DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	County Code	
			46				мо	DAY	YEA	R	1	СРЈ	DE	1		
JUDGE OF THE	COURT OF COM		A5				11		7 2	2023		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEA	R	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		11 28	2	023	ГО	12	3	1	2023						
A. Amount Bro	ought Forward Fro	m Last R	eport			\$	5			0.00						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$	5			0.00	_					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5			0.00						
D. Total Expen	ditures (From Sch	edule II	1)			\$	5			0.00						
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)		\$	5		(0.00						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$	5		(0.00						
G. Unpaid Deb	ts And Obligations	s (From S	Schedule IV	')		\$	5			0.00						
							CTION									
	s a Committee rep) that this report, inc											my know	vledne	and heli	of true	
correct and comp	ete.	2	s attached se	neuure.	s mea or	paper	or by ciect		aram, a	10 10	the best of	iny kilow	neuge			
Sworn to and sub	scribed before me thi day of	S	20						Sig	nature	e of Person	Submitti	ing Rej	oort		
	Signati	ıre				_					Print	ed Name				
My Commission E	-					_					Email					
	мо	D	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee, (Candio	late shall	sign he	re.							
I swear (or affirm No 320) as amend) that to the best of ed.	my knowle	edge and beli	ef this	politica	comn	nittee has n	ot violat	ed any j	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subs	cribed before me this day of		20							s	ignature o	f Candida	ite			
											Printeo	i Name				
My Commission Ex	Signature					_					Emai					
,						_										
	мо	D	AY	YR	1			Area (Code		Da	ytime Te	elephor	ne Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period KENNETH LAWSON JOEL** From: <u>11/28/2023</u> To: <u>12/31/2023</u> 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidate				Reporting Period						
				From: To):			
		·			DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								0.00		

PART B 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 Candidate Reporting Period										
			From: To			D :				
					DATE			AMOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address	_	_					\$	0.00		
City	State	Zip Code (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.										

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						
				То:					
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.00	
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
					PAGE TOTAL				
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sect							\$	0.00	

PART D 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						
From				m:			To:			
				D/	ATE		АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Plu	s 4)							
Employer Name		-		Occupation						
Employer Mailing Address/Principal Pla	ce of Business	City			State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3							РА \$	GE TOTAL 0.00		

PART E **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 Peric	d				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$		0.00
Mailing Address									
City	State	Zip Code (Plus 4)						
Receipt Description	·	•					•		
		_						PAGE TO	TAL
Enter Grand Total of Part E on Schedule I, Detailed Summary Page, 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 Period								
KENNETH LAWSON JOEL	From:	<u>11/28/2023</u> то:	<u>12/31/2023</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR								
TOTAL for the Reporting Pe	riod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)								
TOTAL for the Reporting Pe	riod (2)	\$	0.00						
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)									
TOTAL for the Reporting Pe	riod (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, 1		\$	0.00						

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate R			Reporting Period					
r				From:			То:	
	DATE			AMOUNT				
Full Name of Contributor				DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ailed Summary Page,			PAGE TOTAL				
						\$		0.00

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
				From:							
					DATE		AMOUNT				
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$ 0.00				
City	State	Zip Code(Plus 4)									
Employer of Contributor		•		Occupation							
Employer Mailing Address/Principal Place of Business City			State	e Zip	Code(Plus 4)	Descri	ption of Contribution				
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00					

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period						
				From					
		DATE		AMOUNT					
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	City State Zip Code (Plus 4) Description of Expenditure								
Enter Grand Total of Exponditures	`				PAGE TOTAL				
	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00		