# **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 :	ion	2023	C0276			Repor Filed		CANDI	DATE	✓	co	OMMITTEE		LOBE	BYIST	
Name of Filing C	Committe	e, Candida	ate or Lo	obbyist:		DAVID	-	IUTER								
Street Address:																
City:								State:				Zip Cod	<b>e:</b> 19	111		
TYPE OF REPORT	6TH TUES PRE-PRIN		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST-	POST- 3.		AMENDMENT REPORT?		Yes	No	$\checkmark$
(place X to the right of	6TH TUES PRE-ELEC	-	4.	2ND FRIDA ELECTION	Y PRE	5.	30 D ELEC	AY I CTION	POST-	POST- 6.		TERMINATION REPORT?		Yes	No	$\checkmark$
report type)	ANNUAL	. REPORT	7. <b>X</b>	<b>Year</b> 2023		FILING METHOD ( ) CHECK ONE						PAPER		$\checkmark$	DISKE	TTE
Name of Office S	L Sought by	/ Candidat	e:					DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code
JUDGE OF THE	MUNICI		т					мо	DAY	YEA	R	1 MCJ DEM			1	
JUDGE OF THE	MUNICI	PAL COUR						11		7	2023	]	(SEE INS	TRUCTIO	ONS FOR	CODES)
Summary of		s and	мо	DAY	YEAR	2		мо	DAY	YE/	R	FOI	ROFFIC	e use	ONLY	
Expenditures	s from:		1	1 28	2	023 <b>1</b>	0	12	. 3	1	2023					
A. Amount Bro	ught Forv	ward Fron	n Last R	eport			\$	5			0.00					
B. Total Monetary Contributions And Receipts (From Schedule						dule I)	4	\$ 0.00								
C. Total Funds Available (Sum Of Lines A and B)							\$	5			0.00					
D. Total Expenditures (From Schedule III)						4	\$			0.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)		4	5			0.00					
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le II)	4	\$			0.00					
G. Unpaid Debt	ts And Ob	oligations	(From S	Schedule IV	')		4	5			0.00					
					AFF	IDAV	T SI	ECTION								
PART I - If this is		-		-					• •		-	-				
I swear (or affirm) correct and comple		report, incl	uding the	attached sc	hedules	s filed on	paper	or by elect	ronic me	dium, a	are to	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	cribed bef day of	ore me this		20						Sig	Inatur	e of Person	Submitt	ing Rep	ort	
	_	Signatur	re	-			_					Printe	ed Name			
My Commission Ex	xpires											Email				
		мо	D/	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report	t of a cand	lidate's	authorized	Comn	nittee, (	Candio	date shall	sign he	re.						
I swear (or affirm) No 320) as amendo		ne best of m	iy knowle	edge and beli	ef this	political	com	nittee has n	ot violat	ed any	provis	ions of the	act of Ju	ne 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed befo day of	ore me this		20							s	ignature of	Candida	te		
							_					Printed	Name			
My Commission Exp		Signature					_					Email				
							_									
		мо	D	AY	YR				Area (	Code		Da	ytime Te	lephon	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** DAVID C. SHUTER 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 Candidat	e		Re	porting	Period			
	Fr			From: To:				
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City State Zip Code (Plus 4)								
							Γ	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 Candidat	e		Rep Froi	orting P m:	eriod	То	):		
					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. \$ 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 Can	didate		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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:	То:

				D	ATE		АМС	DUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address	Address						\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal Place of City Business					State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Sectio				on 3.			PAG	GE TOTAL
	-						\$	0.00

I

## 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 Candidat	e		Report	ing Perio	od				
			From:			То:	12		
				D	ATE			AMOUN <sup>.</sup>	г
Full Name				мо	DAY	YEAR			
Mailing Address							-	\$	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description									
Enter Grand Total of Part E on Sche	dule T. Detailed !	Summary Page	Section	4				PAGE TO	TAL
							\$		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 Perio	d	
DAVID C. SHUTER	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 PAR	TF)		
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			Reporting 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 Schedule II, In-Kind Contributions Detail Section 2.				mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

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

Name of Filing Committee or Candidate					Rej	porting P	eriod			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(	Plus 4)						
Employer of Contributor						Occupat	tion	•	•	
Employer Mailing Address/Principal Place of City States			State		Zip 4)	Code(Plus	Descri	ption of C	Contribution	

	1		I	I	
Enter Grand Total of Part G on Schedule II, Ir	n-Kind Contribu	tions Detailed	d		PAGE TOTAL
Summary Page, Section 3.					0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
						То:		
		AMOUNT						
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	City State Zip Code (Plus 4)				penditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D							PAGE TOTAL	
	on Page 1, Report C	over Page, Item L				\$	0.00	