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	30103				port ed B		CANDI	DATE		СОМ	4ITTEE	✓	LOBE	YIST			
Name of Filing C	Committee, Candid	late or L	obbyist:		KAR	REN I	MAISA	ANO FOR	JUDG	E								
Street Address:	292 SECOND	LOCK R	OAD															
City:	LANCASTER							State:	PA			Zip Cod	le: 17	7603				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.						ARY	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.		TERMINA REPORT		Yes	No			
report type)	ANNUAL REPORT	7. X	Year 2023					IG METHO				PAPER		/	DISKE	TTE		
Name of Office S	Sought by Candida	ite:	-					DATE 0	F ELE	СТІО	N	District Number	Office Code	Part	y Code	County Code		
								МО	DAY	YE	AR	Number	REP Code					
								11		7	2023		(SEE IN	STRUCTIO	NS FOR C	ODES)		
	Receipts and	МО	DAY Y	'EAR	l			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	s from:		11 28	20	023	Т	0	12		31	2023							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			7,2	209.77							
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	eI)	\$				0.00							
C. Total Funds Available (Sum Of Lines A and B) \$ 7,209.7									209.77									
D. Total Expenditures (From Schedule III) \$ 7,209.7									09.77									
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$				0.00							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	le II	I)	\$				0.00							
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00							
			,	AFF	ΊDΑ	٩VI	T SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	[f th	is is	a Can	ididate re	eport, o	andio	late sig	ın here.						
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sche	dules	file	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge a	ınd belie	f , true		
Sworn to and subs	cribed before me the	s	20							s	ignature	of Perso	n Submit	ting Rep	ort			
	Signate	ıre					-					Prin	ted Name	e				
My Commission Ex	cpires						_					Ema	il					
	мо	D	AY	YR					Arc	ea Cod	e	Daytim	e Telepl	one Nur	nber			
Part II- If this is	a report of a can	didate's	authorized C	omn	nitte	e, C	andida	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	polit	tical	commi	ittee has n	ot 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										s	ignature o	of Candid	ate				
	day of						-					Printe	d Name			<u> </u>		
My Commission F	Signature						-					Ema	il					
My Commission Exp																		
	МО	D	AY	YR			-		Area	Code		D	aytime T	elephon	e Numbe	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
KAREN MAISANO FOR JUDGE	From:	11/28/20	2 <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

		ly contributions r ue from \$50.01 t			•			
Name of Filing Committee or	Candidate		Re	porting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Com	mittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							$\overline{}$	PAGE 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 Candidate From				oorting P				
			Fro	m:		To):	
					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	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			Repo	orting Pe	riod			
			Fron	n:		To):	
				D/	ATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	5 4)					
Employer Name				Occupat	ion			
Employer Mailing Address/Principal Place Business	e of	City			State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.				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	Candidate		Report	ting Perio	od			
			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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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	
KAREN MAISANO FOR JUDGE	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	PR	
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 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:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl)	us	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed					PAGE TOTAL
Summary Page, Section 3.										0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
KAREN MAISANO FOR JUDGE	(AREN MAISANO FOR JUDGE					То:	12/31/2023
				DATE			AMOUNT
To Whom Paid POLARIS STRATEGY GP.			МО	DAY	YEAR		
Mailing Address 111 BETHEL STREET				4	2023	\$	3,220.36
City COLUMBIA State Zip Code (Plus 4) PA 17512				ption of Exp			
To Whom Paid KAREN MAISANO			МО	DAY	YEAR		
Mailing Address 865 NORTH	H PIERS DR.					\$	3,989.41
City LANCASTER		ption of Exp					
Enter Grand Total of Expen).				PAGE TOTAL		

7,209.77