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	3C0275			Report Filed B		CANDI	DATE	✓	co	OMMITTE		LOBE	BYIST	
Name of Filing O	Committee, Candi	date or L	obbyist:	B	BRAD M	OSS									
Street Address:															
City:							State:				Zip Code: 19130				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA PRIMA		POST-	3.		AMENDMI REPORT?	AMENDMENT Yes REPORT?			\checkmark
(place X to the right of	ce X to PRE-ELECTION ELECTION EL				30 DA ELECT		POST-	6.		TERMINA REPORT?	TION	Yes	No	\checkmark	
report type)	ANNUAL REPOR	r 7. x	Year 2023				NG METHO				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candid	ate:					DATE O	F ELEC			District Number	Office Code	Par	ty Code	County Code
JUDGE OF THE MUNICIPAL COURT															
JUDGE OF THE	MUNICIPAL COU	IRT					11		7	2023	I	(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEA	R	FOI	R OFFIC	E USE	ONLY	
Expenditures	from:		11 28	20	23 T	0	12	3	31	2023					
A. Amount Bro	ught Forward Fro	om Last R	leport			\$	•			0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sched	ule I)	\$		0.00							
C. Total Funds	Available (Sum C)f Lines A	and B)			\$				0.00					
D. Total Expen	ditures (From Sc	hedule II	1)			\$				0.00					
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)		\$				0.00					
F. Value Of In-	Kind Contribution	ns Receiv	ed (From S	chedule	e II)	\$				0.00					
G. Unpaid Deb	ts And Obligation	s (From S	Schedule IV	')		\$			(4,048	3.24)					
				AFFI	DAVI	T SE	CTION								
PART I - If this is	s a Committee re	port, trea	asurer sign	here. If	f this is	a Car	ndidate re	eport, c	andida	ate sig	gn here.				
I swear (or affirm correct and compl) that this report, in ete.	cluding th	e attached sc	hedules	filed on	paper	or by elect	ronic me	edium, a	are to	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	cribed before me th day of	is	20						Sig	Inatur	e of Person	Submitt	ing Rep	ort	
	Signat	ure				-					Print	ed Name			
My Commission E	-	ure									Email				
	мо	D	AY	YR		-		Are	a Code		Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a car	ndidate's	authorized	Commi	ittee, C	andid	ate shall	sign he	ere.						
	swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.														
Sworn to and subso	ribed before me this day of	5	20							s	ignature of	Candida	te		
			-~			-					Printed	Name			
My Commission Exp	Signature My Commission Expires										Email				
	мо		A.V.	VB				Area	Code			ytime Te	lenhor	e Numb	
	PIO	D	AY	YR				Aled	coue		Da	yanne re	reprior	e namb	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BRAD MOSS 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			Re	porting I	Period			
F				om:				
					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			orting P	eriod			
			Fro	m:		Тс):	
					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 Candidate			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							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principa Business	al Place of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on	Schedule I, Detai	iled Sumr	narv Page, Secti	on 3.		Γ	PAG	GE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section				-			\$	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	Name of Filing Committee or Candidate			ting Perio	od				
	From:	From: To:							
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address	Mailing Address						\$;	0.00
City	State	Zip Code (Plus 4)						
Receipt Description		I			1				
Enter Grand Total of Part E	an Schadula I. Datailac		Section	4				PAGE TO	TAL
	on Schedule 1, Detailet	a 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 Perio	d	
BRAD MOSS	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				Period			
	From:						
				DATE		АМС	DUNT
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 Detai Section 2.				mary Pag	je,	PAGE	TOTAL
					4	5	0.00

0.00

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

Name of Filing Committee or C	ame of Filing Committee or Candidate				Repo	orting P	eriod			
					Fron	n:		То:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address	Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor	I				-	Occupat	tion		[
Employer Mailing Address/Prin Business	cipal Place of	City		State	1	Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Crand Total of Dart (Tra Kinad	Contributi					İ		PAGE TOTAL

	1
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
	From To:						
	DATE AMO						
To Whom Paid	To Whom Paid				YEAR		
Mailing Address						\$	0.00
City State Zip Code (Plus 4)				otion of Ex	penditure		
Enter Grand Total of Expenditures					PAGE TOTAL		
	on Page 1, Report C	over Page, Item L				\$	0.00