### **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	C0155				port ed B		CANDI	DATE	<b>√</b>	cc	MMITTEE		LOBBYIST	
Name of Filing C	ommitte	e, Candida	ate or Lo	obbyist:		WIL	L BF	RAVEN	1AN							
Street Address:																
City:									State:				Zip Code	e: 19	109	
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. <b>X</b>		AMENDME REPORT?	NT	Yes V No	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	Y PRI	-	5.	30 DA ELECT		POST-	6.		TERMINATION Yes No REPORT?			
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2023					IG METHO				PAPER	PAPER DISKET		
Name of Office S	ought by	Candidat	e:			•			DATE 0	F ELE	CTION	1	District Number	Office Code	Party Code	County Code
JUDGE OF THE	COURT	DE COMM	ON DIE	۸۲					МО	DAY	YEA	\R	1	CPJ	DEM	
JUDGE OF THE	COURT	JF COMM	ON PLE	45					11		7	2023		(SEE IN	STRUCTIONS FOR C	CODES)
Summary of		and	МО	DAY	YEAR	ł			МО	DAY	YEA	AR	FOF	OFFIC	E USE ONLY	
Expenditures	from:			5 2	2	023	Т	0	6		5	2023				
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$			·	0.00				
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$				0.00				
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				0.00				
D. Total Expend	ditures (I	rom Sche	edule II	I)				\$				0.00				
E. Ending Cash	Balance	(Subtract	Line D	From Line	C)			\$				0.00	_			
F. Value Of In-	Kind Con	tributions	Receiv	ed (From S	chedu	le I	I)	\$				0.00				
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV	)			\$				0.00			•	
					AFF	ID	AVI	T SE	CTION							
PART I - If this is	a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	ididate r	eport, o	candida	ate sig	gn here.			
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper (	or by elect	ronic m	edium,	are to 1	the best of	my knov	vledge and beli	ef , true
Sworn to and subs	cribed befo	ore me this		20							Sig	nature	e of Person	Submitt	ing Report	
	_	Signatur	·e					- -					Printe	ed Name	1	
My Commission Ex	pires	_						_					Email			
		МО	D	ΑY	YR					Are	ea Code		Daytime	Teleph	one Number	
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign he	ere.					
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	itical	commi	ittee has n	ot viola	ted any	provis	ions of the	act of Ju	ıne 3,1937 (P.L	. 1333,
Sworn to and subsc	ribed befo day of	re me this		20								s	ignature of	Candida	ate	
								_					Printed	Name		— I
	:	Signature						_								[
My Commission Exp	ires												Email			
	_	МО	D	AY	YR	t .		_		Area	Code		Day	time To	elephone Numb	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Detailed Summary 1 ag				
Name of Filing Committee or Candidate	Reporting	Period		
WILL BRAVEMAN	From:	5/2/202	<u>3</u> To:	<u>6/5/2023</u>
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

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:		То	:		
			<b>'</b>		DATE			AMOUNT	
Full Name of Contributing	J Committee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City		State	Zip Code (Plus 4)						

PAGE TOTAL
0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 Commit	tee or Candidate	R	Reporting P	eriod			
		F	rom:		To	<b>)</b> :	
		<b>'</b>		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
						<b> </b>	0.00
Mailing Address					1	<del>"</del>	0.00
Mailing Address City	State	Zip Code (Plus 4)				7	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		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							<b>+</b>	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Schee	dule 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					orting Pe	riod			
Fro					n:		To	<b>)</b> :	
DATE							AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	p Code (Plus	s <b>4</b> )					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary 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	ing Peri	od				
			From:			To:			
				E	ATE			AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	us 4)						
Receipt Description	'								
Futor Count Total of Dout	Fan Cahadula I Datailad	I Company Dome C	` <b>!</b>	4			ı	PAGE TOTAL	
Enter Grand Total of Part	e on Schedule 1, Detailed	i Summary Page, S	ection	4.			\$	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		
WILL BRAVEMAN	From:	<u>5/2/2023</u> <b>To:</b>	<u>6/5/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
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 Car	Reporting Period							
	From:		:					
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$	C	0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•		•		
					-			
Enter Grand Total of Part F o	n Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pa	ge,		PAGE TOTAL	
Section 2.						\$	0	.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					porting	Period				
					m:		To:	То:		
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi <sub>l</sub>	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporti						
	From			То:			
DATE							AMOUNT
To Whom Paid	мо	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Evnenditures on Dago 1 Depart Cover Dago Item (							PAGE TOTAL
Lines Grand Total Of Expenditures of	Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00