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 20	23C0175			Report Filed B		CANDI	DATE	✓	СС	OMMITTEE		LOBE	BYIST	
Name of Filing (Committee, Cano	lidate or L	obbyist:		MATTHE	EW W	OLF								
Street Address:															
City:							State:				Zip Cod	e: 19	130		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 DA PRIM		POST-	3.		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA ELEC		POST- 6.			TERMINATION REPORT?		Yes	✓ No	
report type)	ANNUAL REPO	RT 7. X	Year 2023				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office S	Sought by Candi	date:					DATE O	F ELEC	TION		District Number	Office Code	Par	ty Code	County Code
	COMMONWEAL		г				мо	DAY	YEA	R	-1	CCJ	DEN	1	
JUDGE OF THE	COMMONWEAL		I				11		7	2023		(SEE INS	TRUCTI	ONS FOR (CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YEA	R	FOI		E USE	ONLY	
Expenditures	s from:		11 28	2	023 T	0	12	3	1	2023					
A. Amount Bro	ught Forward F	rom Last R	eport			\$				0.00	1				
B. Total Monet	ary Contribution	ns And Rec	eipts (Fron	1 Sche	dule I)	I) \$ 0.00									
C. Total Funds	Available (Sum	Of Lines A	and B)			\$				0.00					
D. Total Expen	ditures (From S	chedule II	1)			\$				0.00					
E. Ending Cash	Balance (Subtr	act Line D	From Line	C)		\$			(0.00					
F. Value Of In-	Kind Contribution	ons Receiv	ed (From S	chedu	le II)	\$				0.00					
G. Unpaid Deb	ts And Obligatio	ns (From S	Schedule IV	()		\$				0.00					
				AFF	IDAVI	T SE	CTION								
PART I - If this i	s a Committee r	eport, trea	surer sign	here. I	If this is	a Car	ndidate re	eport, c	andida	te sig	gn here.				
I swear (or affirm correct and compl		ncluding the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	dium, a	re to i	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	scribed before me day of	this	20						Sig	nature	e of Person	Submitt	ing Rep	ort	
		ature				-					Printe	ed Name			
My Commission E	-										Email				
	мо	D	AY	YR		-		Are	a Code		Daytime	Telepho	one Nu	mber	
Part II- If this is	a report of a c	andidate's	authorized	Comn	nittee, C	andid	ate shall	sign he	re.						
I swear (or affirm) No 320) as amend		of my knowl	edge and beli	ef this	political	comm	ittee has n	ot violat	ed any	provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	vorn to and subscribed before me this Signature of Candidate														
						-		Printed Name							
My Commission Exp	Signatu	re				-					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** MATTHEW WOLF 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. \$ 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						
				То:					
				DA	TE		ŀ	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, Section							\$	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 R				Reporting Period						
From:				m:			То:			
				D	ATE		АМ	IOUNT		
Full Name of Contributor				мо	DAY	YEAR	\$	0.00		
Mailing Address										
City	State	Zip Code (Pl	ıs 4)							
Employer Name				Occupation						
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)		
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							P#	AGE 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			Reporting Period							
				m: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·									
								PAGE TOT	AL	
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 Perio	od									
MATTHEW WOLF	From:	<u>11/28/2023</u> то:	<u>12/31/2023</u>								
I. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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, 3		\$	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					
				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		AL.		
						\$		0.00

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

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				Occupa	ation					
Employer Mailing Address/Principal Place of Business City				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			То:		
		DATE		AMOUNT					
To Whom Paid	мо	DAY	YEAR						
Mailing Address						\$	0.00		
City	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		