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 2023	8C0175			Repo Filed		_	ANDI	DATE	✓	СС	MMITTE	E	LOB	BYIST		
Name of Filing	Committee, Candid	late or Lo	obbyist:		MATTI	HEW	WOLF										
Street Address:	1																
City:							State: Zip Code:						e: 19	19130			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY IMARY	F	POST- 3.			AMENDMENT REPORT?		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	2ND FRIDAY PRE- 5. 3 ELECTION				-	POST- 6.			TERMINATION REPORT?		Yes	✓ No		
report type)	ANNUAL REPORT	7. X	Year 2023				LING M) CHE		-			PAPER		\checkmark	DISKE	TTE	
Name of Office	 Sought by Candida	te:					DA	TE O	F ELEC	TION		District Number	Office Code	Par	ty Code	County Code	
			-				мо		DAY	YEA	R	-1	CCJ	DE	1		
JUDGE OF THE	E COMMONWEALTH							11		7 2	2023		(SEE INS	TRUCTI	ONS FOR (CODES)	
	Receipts and	мо	DAY	YEAR	2		мо	1	DAY	YEA	R	FO	R OFFIC	e use	ONLY		
Expenditure	s from:	-	11 28	2	023	то		12	3	1 2	2023						
A. Amount Bro	ought Forward Fro	m Last R	eport				\$				0.00						
B. Total Monet	tary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	>	\$		0.00								
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				0.00						
D. Total Exper	nditures (From Sch	edule II	I)				\$			(0.00						
E. Ending Casl	h Balance (Subtrac	t Line D	From Line	C)			\$			(0.00	-					
F. Value Of In	-Kind Contribution	s Receiv	ed (From S	chedu	le II)		\$			(0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()			\$			(0.00						
				AFF	IDAV	'IT S	SECT	[ON									
	is a Committee rep															6	
correct and comp	ı) that this report, inc lete.	luding the	attached sc	nedule	s filed o	n pap	er or by	elect	ronic me	num, a	re to i	ine best of	ту кпом	leage	and bell	ef , true	
Sworn to and sub	scribed before me thi day of	S	20							Sigi	nature	e of Person	Submitt	ing Rej	oort		
	Signatu	ire										Print	ed Name				
My Commission E	xpires											Emai	I				
	мо	D	AY	YR					Area	a Code		Daytime	e Telepho	one Nu	mber		
I swear (or affirm	Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here. I 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 subscribed before me this											s	ignature o	f Candida	te			
	day of 											Printe	d Name				
My Commission Ex	Signature											Emai	1				
	мо	D	AY .	YR	1				Area Code Daytime Telephone Number								

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					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 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		A	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, Secti							\$	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:				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 Sche	on 3.			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							
			From:			То:				
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR	\$		0.00	
Mailing Address										
City	State	Zip Code (Plus 4)							
Receipt Description	·	•					•			
		_						PAGE TO	TAL	
Enter Grand Total of Part E on Sched	ule 1, Detailed Sumn	nary Page,	Section	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 Perio	od	
MATTHEW WOLF	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 R			Reporting	eporting Period					
	From:			То:					
	DATE			AMOUNT					
Full Name of Contributor	мо	DAY	YEAR						
Mailing Address		_				7 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:			1						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.				mary Pag	je,		PAGE TOTA	AL.	
						\$		0.00	

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

Name of Filing Committee or Candidate	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 Plac	City	State	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	Zip Code (Plus 4)	Description of Expenditure								
Enter Crand Tatal of Evnanditures					PAGE TOTAL					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	0.00			