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 2023	3C0087			Repo Filed	-	CAI	NDI	DATE	~	C	MMITTE		LOB	BYIST		
Name of Filing C	ommittee, Candid	date or L	obbyist:		AARO	E, NAI	NCY										
Street Address:	3582 IRONS	TONE RE)														
City:	BETHLEHEM						State	e:	PA			Zip Cod	e: 18	020			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE-	- 2.2		DAY MARY	Р	OST-	3.		AMENDMI REPORT?	ENT	Yes	No)	√
(place X to the right of	6TH TUESDAY PRE-ELECTION						POST- 6.			TERMINATION REPORT?		Yes	No)	√		
report type)	ANNUAL REPORT	7.	Year 2023				ING ME) CHEC		_			PAPER		\	DISKI	TTE	
Name of Office S	ought by Candida	ite:	-				DAT	ΕO	F ELE	CTI	ON	District Number	Office Code	Par	ty Code	Cour	
JUDGE OF THE	COURT OF COM	⊿∩N DIE	۸ς				МО		DAY	•	YEAR	3	CPJ	DEI	М	48	
JODGE OF THE	COOK! OF COM	TONTEL	AS					11		7	2023		(SEE IN	STRUCTI	ONS FOR	CODES)
Summary of		МО	DAY	YEAR			МО		DAY		YEAR	FOI	ROFFIC	E USE	ONLY		
Expenditures	trom:		1 1	20	023	то		5		1	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport			:	\$				0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line (C)			\$				0.00	1					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	le II)		\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$			29	,807.00						
				AFF	IDΑ\	/IT S	ECTIO	N									
PART I - If this is	-		_						-								
I swear (or affirm) correct and comple	that this report, inc ete.	cluding the	e attached scl	nedules	filed o	n pape	r or by e	electr	onic m	ediu	m, are to	the best of	my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me thi day of	is	20					,			Signatur	e of Person	Submitt	ing Re	oort		_
	Signati	ıre										Print	ed Name	1			_
My Commission Ex	_							•				Email					-
	МО	D	AY	YR					Ar	ea C	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee,	Candi	date sh	nall s	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	politic	al com	mittee h	as no	ot viola	ted a	any provis	ions of the	act of Ju	ıne 3,1	937 (P.I	133	3,
Sworn to and subsc		•									S	ignature of	Candida	ite			-
	day of ————————————————————————————————————											Printed	l Name				-
	Signature					_											_
My Commission Exp	ires											Email					
	МО	D	AY	YR					Area	Cod	e	Da	ytime To	elephor	ne Numl	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
AAROE, NANCY	From:	1/1/202	<u>3</u> To:	<u>5/1/2023</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 ar 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

	this Part to itemize onl with an aggregate value		\$2) in the			
Name of Filing Committee or Candidate				From:			:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE 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 Filling Committee of Candidate					Reporting Period From: To:				
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)	1						

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 Candi	ame of Filing Committee or Candidate Repo			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Commit	tee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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				Reporting Period						
					То	То:				
			D/	ATE		АМ	OUNT			
			МО	DAY	YEAR					
						\$	0.00			
State	Zip Code (Plus	s 4)								
			Occupat	tion						
e of	City			State		Zip Code	(Plus 4)			
dule I, Detailed Su	ımmary Page,	Section	on 3.				GE TOTAL 0.00			
	e of	e of City	State Zip Code (Plus 4)	State Zip Code (Plus 4) Occupat	State Zip Code (Plus 4) Occupation Other State	State Zip Code (Plus 4) Occupation Occupation Other State Occupation Output Outp	DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation City State Zip Code			

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 Car	Name of Filing Committee or Candidate				Reporting Period					
			From:			To:				
				D	ATE		A	MOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)							
Receipt Description	·	·								
Enter Grand Total of Part E on	Schedule T. Detailed	d Summary Page	Section	4			P	AGE TOTAL		
	2, 200 0000		22300				\$	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	I	
AAROE, NANCY	From:	<u>1/1/2023</u> To:	<u>5/1/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Candidat	Name of Filing Committee or Candidate Re					Reporting Period					
	From:										
				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 Candidat	Name of Filing Committee or Candidate					porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor			•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
-							PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate				Reporting Period					
AAROE, NANCY				From:		1/1/2023	To:		<u>5/1/2023</u>
						DATE			Outstanding Balance of Debt
Name of Creditor					мо	DAY	YEAR		
Nancy Aaroe					MO	DAT	IEAR		
Mailing Address	2568 Nazereth Rd				4	5	2023	\$ \$	4,300.00
City Easton		State	Zip Code (Pl	us 4)	Description of Debt				
		PA	18045		Loan to campaign				
						DATE			Outstanding Balance of Debt
Name of Creditor Nancy Aaroe					мо	DAY	YEAR		
Mailing Address	2568 Nazereth Rd				4	11	2023	\$	25,507.00
City Easton		State	Zip Code (Pl	us 4)	Description of Debt				
		PA	18045		Loan to campaign				
			ı						PAGE TOTAL
Enter Grand T	otal of Unpaid Debt	s on Page 1, Repo	ort Cover Pa	ge, Item	ı G.			\$	29,807.00