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 201			port ed B		CAND	IDATE	COMM			√	LOBI	BYIST				
Name of Filing C	Committee, Cand	date or L	obbyist:		WAI	HL, I	BETSY	FOR JU	JDGE								
Street Address:	1806 CALLC	WHILL S	Т														
City:	PHILADELPH	IIA						State:	PA			Zip Code: 19130-4110					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	OST- 3.			1ENT ?	Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	-	5.	30 DA ELECT			TERMINATION Yes No REPORT?			•				
report type)	ANNUAL REPOR	T 7. X	Year 2015					IG METH CHECK (PAPER		/	DISKE	TTE	
Name of Office S	- Sought by Candid	ate:			_			DATE (OF ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	y
								МО	DAY	YE	AR	1	СРЈР	DEN	1	51	
JUDGE OF THE	COURT OF COM	MON PLE	AS - PHILA	DELPI	AIA			1:	l l	3	2015		(SEE IN	STRUCTI	ONS FOR C	ODES)	
•	Receipts and	МО	DAY	YEAR	l			МО	DAY	YI	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		11 3	2	015	Т	0	13	2	31	2015						
A. Amount Bro	ught Forward Fr	om Last R	eport				\$				0.00						
B. Total Monet	ary Contribution	And Rec	eipts (From	Sche	dule	ı)	\$				0.00	1					
C. Total Funds	Available (Sum (Of Lines A	and B)				\$				0.00						
D. Total Expend	ditures (From Sc	hedule II	I)				\$				59.95						
E. Ending Cash	Balance (Subtra	ct Line D	From Line (C)			\$			(5	9.95)						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)			\$				0.00						
				AFF	ID/	٩VI	T SE	CTION									
PART I - If this is	s a Committee re	port, trea	surer sign l	here. I	If th	is is	a Can	ndidate ı	eport,	candi	date sig	jn here.					
I swear (or affirm) correct and comple		cluding the	e attached scl	hedules	s file	d on	paper o	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	e.
Sworn to and subs	cribed before me the day of	nis	20							S	ignature	of Perso	n Submit	ting Rep	oort		_
	Signa	ture					- -					Prin	ted Name				-
My Commission Ex	cpires											Ema	il				_
	МО	D	AY	YR					Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	Comn	nitte	e, C	andida	ate shal	sign h	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ef this	polit	tical	commi	ittee has	not viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	1333	,
Sworn to and subso		s									s	ignature o	of Candid	ate			-
	day of						_					Printe	ed Name				-
	Signatur	•					-										╻┃
My Commission Exp	ires											Ema	il				
	МО	D	AY	YR			-		Area	Code		D	aytime T	elephor	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
WAHL, BETSY FOR JUDGE	From:	11/3/20	<u>15</u> To:	12/31/2015
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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			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

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 Cand	idate		Rep	oorting P	eriod			
			Fro	m:		To):	
					DATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					

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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule 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	•			Rep	orting Pe	riod			
				Fror	n:		To):	
					D	ATE		Α	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus	4)					
Employer Name	•	•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Deta	iled 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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AM	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T. Detailer	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Sammary r age,	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	
WAHL, BETSY FOR JUDGE	From:	11/3/2015 To:	<u>12/31/2015</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	:e		Reporting	g Period			
			From:			То:	
				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	e				Re	porting P	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	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period			
WAHL, BETSY FOR JUDGE			From	<u>11/:</u>	3/2015	То:	12/31/2015
				DATE			AMOUNT
To Whom Paid Vimeo			МО	DAY	YEAR		
Mailing Address One North	Lexington		11	30	2015	\$	25.00
City White Plains	State NY	Zip Code (Plus 4) 10601	1	otion of Exp e Charge	penditure	1	
To Whom Paid Vimeo			МО	DAY	YEAR		
Mailing Address One North	Lexington		12	30	2015	\$	25.00
City White Plains	State NY	Zip Code (Plus 4) 10601	1	otion of Exp e Charge	penditure		
To Whom Paid Vimeo			МО	DAY	YEAR		
Mailing Address One North	Lexington		12	29	2015	\$	9.95
City White Plains	State NY	Zip Code (Plus 4)	Descrip	otion of Exp	enditure)	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

59.95

\$