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	2019	c0138				port ed B		CAND	DATE	✓	cc	MMITTEE		LOBE	SYIST		
Name of Filing C	Committee	e, Candida	ate or L	obbyist:		DOV	N, L	AURIE	T									
Street Address:																		
City:	_								State:				Zip Code	: 19	151			
TYPE OF REPORT	6TH TUES PRE-PRIM		1. X	2ND FRIDAY PRIMARY	ND FRIDAY PRE- 2. 30 DA RIMARY PRIMA			POST-	3.	AMEND REPOR		NT	Yes	No	•	/		
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDAY ELECTION	Y PRE	-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No	•	/
report type)	ANNUAL	REPORT	7.	Year 2019					FILING METHOD () CHECK ONE					DISKE	TTE			
Name of Office S	ought by	Candidat	te:	-					DATE ()F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	ty
7110 OF OF THE	COLUDT O		0N 81 5	4.G. BUT 4					МО	DAY	YEA	R	1	CPJP	DEM	1	51	
JUDGE OF THE	COURT C) ГСОММ	ON PLE	AS - PHILA	DELPF	AIF			11		5	2019		(SEE IN	STRUCTIO	ONS FOR O	CODES)	
Summary of	•	and	МО	DAY	YEAR				мо	DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			1 1	20	019	Т	0	4	1	1	2019						
A. Amount Bro	ught Forw	vard Fron	1 Last R	eport				\$				0.00						
B. Total Moneta	ary Contri	butions 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 (F	rom Sche	edule II	I)				\$			18,08	5.82						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$		(18,085	.82)						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From So	chedu	le II	()	\$				0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$			65	9.88						
					AFF	IDA	٩VI	T SE	CTION									
PART I - If this is		-	-	_						-								
I swear (or affirm) correct and comple		eport, incl	uding the	attached sch	nedules	file	d on	paper o	or by elec	tronic m	edium, a	re to t	the best of	my knov	vledge a	and beli	ef , tru	ie,
Sworn to and subs	cribed befo	ore me this		20							Sig	nature	of Person	Submitt	ing Rep	ort		
		Signatu	re					-					Printe	d Name	ı			_
My Commission Ex	opires .							_					Email					
		мо	D	ΑY	YR					Ar	ea Code		Daytime	Teleph	one Nui	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	e, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and belie	ef this	polit	tical	commi	ittee has ı	not viola	ted any	provis	ions of the	act of Ju	ıne 3,19	937 (P.L	. 1333	,
Sworn to and subsc		e me this										s	ignature of	Candida	ate			-
	day of							-					Printed	Name				-
	s	Signature						-					riniteu					_
My Commission Exp													Email					
		мо	D	AY	YR			•		Area	Code		Day	time To	elephon	e Numb	er	٠

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DOW, LAURIE T	From:	1/1/201	<u>9</u> To:	4/1/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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

	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 o	or Candidate		Rep Fro	oorting P m:	eriod	To) :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
				·				DACE TOTAL

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		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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			Reporting Period					
			Froi	m:		To):	
				D	ATE		АМ	OUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	5 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	Summary Page,	Section	on 3.			PA:	GE 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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammary rage,	500.011				\$	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	
DOW, LAURIE T	From:	<u>1/1/2019</u> To:	4/1/2019
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 Candidate			Reporting				
			From:			To:	
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (Contributions De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
DOW, LAURIE T			From	<u>1/:</u>	1/2019	То:	4/1/2019
				DATE			AMOUNT
To Whom Paid Keystone Outdoor Advertising	Company		МО	DAY	YEAR		
Mailing Address P.O. Box 2	02		2	26	2019	\$	4,210.00
City Cheltenham	State PA	Zip Code (Plus 4) 19012	Descrip Billboar	otion of Exp	penditure		
To Whom Paid Strassheim Graphic Design &	Press Corps		МО	DAY	YEAR		
Mailing Address 1500 Sprir	ng Garden Street		2	6	2019	\$	841.32
City Philadelphia	State PA	Zip Code (Plus 4) 19130	Descrip Palm C	otion of Exp ards	penditure		
To Whom Paid Third Floor Media			мо	DAY	YEAR		
Mailing Address P.O. Box 2	274		4	1	2019	\$	13,034.50
City Bala Cynwyd	State PA	Zip Code (Plus 4) 19002	Descrip Billboar	otion of Exp rds	penditure		
Enter Grand Total of Expen	ditures on Page 1 Per	nort Cover Page Item C)				PAGE TOTAL
Enter Grand Total of Expen	uituies on Fage 1, Re	port cover rage, Item L				\$	18,085.82

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			Reportir	ng Period					
DOW, LAURIE T			From:		1/1/2019	To:		4/1/2019	
					DATE			Outstanding Balance of D	
Name of Creditor Strassheim Graphic Design & Press Cor	ps			МО	DAY	YEAR			
Mailing Address 1500 Spring Garde	n Street - Suite 225	5		3	6	2019	\$	2	270.00
City Philadelphia	State	Zip Code (Pl	us 4)	Descrir	tion of Del				
Timacipina	PA	19130		-	gular Butto				
					DATE			Outstanding Balance of D	
Name of Creditor Strassheim Graphic Design & Press Cor	ps			МО	DATE	YEAR			
Strassheim Graphic Design & Press Cor	ps n Street - Suite 225	5		MO 4		YEAR 2019) ' \$	Balance of D	
Strassheim Graphic Design & Press Cor Mailing Address 1500 Spring Garde	-	Zip Code (Pl	us 4)	4	DAY	2019) \$	Balance of D	Pebt
Strassheim Graphic Design & Press Cor Mailing Address 1500 Spring Garde	n Street - Suite 225		us 4)	4	DAY 1	2019	\$	Balance of D	Pebt
Strassheim Graphic Design & Press Cor Mailing Address 1500 Spring Garde	n Street - Suite 225	Zip Code (Pl	us 4)	4 Descrip	DAY 1	2019	\$	Balance of D	9ebt 389.88
Strassheim Graphic Design & Press Cor Mailing Address 1500 Spring Garde	n Street - Suite 225 State PA	Zip Code (Plo		4 Descrip Palm C	DAY 1	2019		Balance of D	389.88
Strassheim Graphic Design & Press Cor Mailing Address 1500 Spring Garde City Philadelphia	n Street - Suite 225 State PA	Zip Code (Plo		4 Descrip Palm C	DAY 1	2019	\$	PAGE TO	9ebt 389.88