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 2019	C0323			Repo Filed		:	CANDI	DATE	~	CC	OMMITTE	E	LOBI	BYIST		
Name of Filing	Committee, Candid	ate or Lo	obbyist:		LEVIN	, CR	RAIG	5									
Street Address:																	
City:								State:				Zip Cod	l e: 19	103			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2. X		0 DA RIMA		POST-	3.		AMENDM REPORT?		Yes	No		\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		0 DA LECT	Y F TON	POST-	6.		TERMINA REPORT?		Yes	No		\checkmark
report type)	ANNUAL REPORT	7.	Year 2019					ING METHOD) CHECK ONE				PAPER		\checkmark	DISKE	TTE	
Name of Office	L Sought by Candida	te:	•					DATE O	F ELE	СТІ	ON	District Number	Office Code	Par	ty Code	Coun Code	
	COURT OF COMM				٨٦٢			мо	DAY	`	YEAR	1	CPJP	DEN	1	51	
JUDGE OF THE			AS - PHILA	DELPI	ΠA			11		5	2019		(SEE INS	TRUCTI	ONS FOR	CODES)	,
	Receipts and	мо	DAY	YEAR	2			мо	DAY	1	YEAR	FO	R OFFIC	E USE	ONLY		
Expenditures	s from:		3 1	2	019	то)	5		6	2019						
A. Amount Bro	ought Forward From	n Last R	eport				\$				0.00						
B. Total Monetary Contributions And Receipts (From Schedule I)							\$				0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$				0.00						
D. Total Expen	ditures (From Sch	edule II	I)				\$			100	,960.00						
E. Ending Cash	n Balance (Subtrac	t Line D	From Line	C)		_	\$		(1	00,9	960.00)	_					
F. Value Of In-	-Kind Contributions	s Receive	ed (From S	chedu	le II)	+	\$				0.00	_					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)			\$				0.00						
				AFF	IDAV	IT	SE	CTION									
	is a Committee rep	•	-									-	my know	ledae	and heli	ef tri	
correct and compl	lete.	-	uttueneu se	incutic	5 meu o	n pa	per	bi by ciect		curu	in, are to		iny kiron	leuge		,	
Sworn to and sub	scribed before me this day of	5	20								Signature	e of Persor	n Submitti	ing Rep	ort		
	Signatu	re				_						Print	ed Name				-
My Commission E	-	-										Emai	I				_
	мо	DA	AY	YR					Ar	ea C	ode	Daytim	e Telepho	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee,	Can	dida	ate shall :	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ief this	politica	l co	ommi	ittee has n	ot viola	ted a	any provis	ions of the	e act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subse	cribed before me this										s	ignature o	f Candida	te			-
	day of											Printe	d Name				-
	Signature																_
My Commission Ex	pires											Emai	1				
	мо	D/	AY	YR	1	_			Area	Cod	e	Da	iytime Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** LEVIN, CRAIG From: <u>3/1/2019</u> **To:** <u>5/6/2019</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 Candida	te		Reporting Period					
			Fro	From: To:			:	
					DATE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	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 Candidat	e		Rep	orting P	eriod				
From: To:									
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
ity 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 Cand	lidate		Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
nter Grand Total of Part C on Schedule I, Detailed Summary Page, Se				n 3.			\$	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 I	ng Period				
	From:		То:			
		DATE	AMOUNT			

				D	ATE			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	······	-	, , , , , , , , , , , , , , , , , , , ,				\$		0.00

I

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	2		Report	ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	ſ
Full Name				мо	DAY	YEAR			
Mailing Address							\$	5	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	·					•	•		
Enter Grand Total of Part E on Sched	ule T. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
			20000				\$		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		
LEVIN, CRAIG	From:	<u>3/1/2019</u> то:	<u>5/6/2019</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	T F)		
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			Reporting Period					
			From:			То:		
				DATE		АМО	UNT	
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 Schedule II, In-Kind Contributions Detail Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	6	0.00	

0.00

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

Name of Filing Committee or Candidate					Rep	oorting P	Period			
					Fro	m:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion o	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De			taile	d				PAGE TOTAL		

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporti	ng Period				
LEVIN, CRAIG			From	<u>3/</u>	<u>1/2019</u>	То:	<u>5/6/2019</u>	
				DATE			AMOUNT	
To Whom Paid 5th Square Pac			мо	DAY	YEAR			
Mailing Address INFORMATION REQ	JESTED		4	4	2019	\$	60.00	
City Philadelphia	State PA	Zip Code (Plus 4) 19102		Description of Expenditure Fundraiser				
To Whom Paid SPBA			мо	DAY	YEAR			
Mailing Address 1505 S BROAD STR	EET		4	9	2019	\$	50.00	
City PHILADELPHIA State Zip Code (Plus 4) PA 19147				ntion of Exp R MEETING		2		
To Whom Paid COMMITTEE TO ELECT CRAIG LEVIN			мо	DAY	YEAR			
Mailing Address 1500 JFK BLVD SUI	TE 900		5	1	2019	\$	50,000.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Descrip LOAN	tion of Ex	penditure	2		
To Whom Paid COMMITTEE TO ELECT CRAIG LEVIN			мо	DAY	YEAR			
Mailing Address 1500 JFK BLVD SUI	TE 900		4	2	2019	\$	25,000.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Descrip LOAN	tion of Ex	penditure	2		
To Whom Paid COMMITTEE TO ELECT CRAIG LEVIN			мо	DAY	YEAR			
Mailing Address 1500 JFK BLVD SUITE 900			4	22	2019	\$	25,000.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Descrip LOAN	Description of Expenditure				

							12	
To Whom Paid 8TH WARD DEMOCRATIC COMM	IITTEE		мо	DAY	YEAR			
Mailing Address 1802 S BRO	AD STREET		3	26	2019	\$	250.00	
City PHILADELPHIA	Description of Expenditure FUNDRAISER							
To Whom Paid FRIENDS OF JUSTIN DIBERARDINIS				DAY	YEAR			
Mailing Address 264 E. Meehan Avenue				26	2019	\$	300.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19119	Description of Expenditure DONATION					
To Whom Paid CATHY SMITH			мо	DAY	YEAR			
Mailing Address 7 WEST SUN	ISET LANE		3	4	2019	\$	300.00	
CityPHILADELPHIAStateZip Code (Plus 4)PA19118				Description of Expenditure PETITIONS				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
						\$	100,960.00	