# **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 :	ion 2019	9C0322			Repor Filed I		CAND	IDATE	✓	co	OMMITTE	E	LOBI	BYIST	
Name of Filing (	Committee, Candic	late or L	obbyist:		GROSS		BETH								
Street Address:															
City:							State:				Zip Cod	129			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2. <b>X</b>	30 D/ PRIM		POST-	3.		AMENDM REPORT?		Yes	No	, 🔨
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA	AY PRE	- 5.						TERMINA REPORT?		Yes	No	· 🗸
report type)	ANNUAL REPORT	7.	<b>Year</b> 2019	)			NG METH CHECK O				PAPER		$\checkmark$	DISKE	TTE
Name of Office S	L Sought by Candida	te:					DATE C	)F ELE	СТІО	ł	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE/	AR	1	CPJP	DEN	1	51
JUDGE OF THE	COURT OF COMM	ION PLE	AS - PHILA	ADELPI	AIA		11	-	5	2019		(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		4 2	2 2	019 <b>1</b>	0	5	5	6	2019					
A. Amount Bro	ught Forward Fro	m Last R	eport			\$				0.00					
B. Total Monet	ary Contributions	And Rec	eipts (Fror	n Sche	dule I)	\$				0.00					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$				0.00					
D. Total Expen	ditures (From Sch	edule II	I)			\$			25,14	7.67					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$		(	25,14	7.67)					
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedu	le II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I	V)		\$				0.00					
				AFF	IDAVI	T SE	CTION								
	s a Committee rep											_			
I swear (or affirm correct and compl	) that this report, inc ete.	luding the	e attached so	chedule	s filed on	paper	or by elect	tronic m	edium,	are to	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	cribed before me thi day of	S	20						Si	gnatur	e of Person	Submitt	ing Rep	oort	
	Signatu	ıre				_					Print	ed Name			
My Commission E	xpires					_					Emai	I			
	мо	D	AY	YR				Ar	ea Code		Daytime	e Telepho	one Nu	mber	
	a report of a can that to the best of red.							-		provis	ions of the	act of Ju	ine 3,1	937 (P.I	1333,
Sworn to and subso	cribed before me this day of		20							s	ignature o	f Candida	te		
			-~			_					Printee	d Name			
My Commission Exp	Signature bires					_					Emai	1			
	мо	D	AY	YR	1	_		Area	Code		Da	ytime Te	lephon	e Numb	er

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>4/2/2019</u> **To:** <u>5/6/2019</u> GROSSMAN, BETH 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.)

PAGE 3

# 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				porting	Period			
			Fre	om:		То	:	
					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			orting P	eriod	_			
			Fro	m:		Тс	):		
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	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 Candio	late		Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
							-	PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	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 Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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			Report	ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$		0.00
City	State	Zip Code (	Plus 4)						
Receipt Description	•						-		
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	ſAL
		iiai y i uge,	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 Period		
GROSSMAN, BETH	From:	<u>4/2/2019</u> <b>To:</b>	<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				
Fr						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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate				Reporting Period						
				From: 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 Place of City State Business				State		Zip 4)	Code(Plus	Descri	ption of	f Contribution

Enter Grand Total of Part G on Schedule II, Ir	n-Kind Contribu	itions Detaile	d	PAGE TOTAL
Summary Page, Section 3.				0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidat	œ		Reporti	ng Period			
GROSSMAN, BETH			From	<u>4/3</u>	2/2019	То:	<u>5/6/2019</u>
				DATE			AMOUNT
<b>To Whom Paid</b> Mayfair Diner			мо	DAY	YEAR		
Mailing Address 7373 Frankford Av	/enue		4	7	2019	\$	29.27
City Philadelphia	State PA	<b>Zip Code (Plus 4)</b> 19136	-	<b>otion of Exp</b> ign meetin		2	
To Whom Paid Brickhouse Bar & Grille			мо	DAY	YEAR		
Mailing Address 3332 Grant Avenu	e		4	18	2019	\$	118.40
City Philadelphia	State PA	<b>Zip Code (Plus 4)</b> 19114		<b>otion of Exp</b> ign meetin		2	
<b>To Whom Paid</b> Beth Grossman for Judge			мо	DAY	YEAR		
Mailing Address 1531 N 2nd Street			4	22	2019	\$	25,000.00
City Philadelphia	State PA	<b>Zip Code (Plus 4)</b> 19122		otion of Exp		2	
Enter Grand Total of Expenditures	s on Page 1, F	Report Cover Page, Item I	D.				PAGE TOTAL
						\$	25,147.67