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	9C0150			Rep File			CAN	DIE	DATE	\	C	OMMITTE	E	LOB	BYIS	Т	
Name of Filing C	Committee, Candid	late or L	obbyist:		BARI	SH	, WEN	NDI										
Street Address:																		
City:	_							State:					Zip Cod	Zip Code: 19106-1961				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2	. X	30 DA PRIMA		P	POST- 3.			AMENDM REPORT	Yes		No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	i.	30 DA		P	OST-	6.		TERMINA REPORT		Yes		No	\
report type)	ANNUAL REPORT	7.	Year 2019					IG MET CHECK					PAPER		/	DIS	KETTE	
Name of Office S	Sought by Candida		-					DATE	OF	F ELE	CTI	ON	District Number	District Office Party C Number Code			de Cou	
								МО		DAY	1	YEAR	1	DEI	М	51		
JUDGE OF THE	COURT OF COM	10N PLE	AS - PHILA	DELPH	AIA			1	11		5	2019		(SEE IN	STRUCTI	ONS F	OR CODE	S)
	Receipts and	МО	DAY	YEAR	1			МО		DAY	•	YEAR	FC	R OFFI	CE USE	ONI	. Y	
Expenditures	from:		1 1	2	019	T	0		5		6	2019)					
A. Amount Bro	ught Forward Fro	m Last R	eport		·		\$					0.00						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	1 Sche	dule	I)	\$					0.00						
C. Total Funds Available (Sum Of Lines A and B)							\$					0.00						
D. Total Expenditures (From Schedule III)						\$					353.83							
E. Ending Cash Balance (Subtract Line D From Line C)						\$				(:	353.83)							
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II))	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	()			\$				0.00		•					
				AFF	ΊDΑ	VI	ΓSE	CTIO	N									
PART I - If this is	s a Committee rep	ort, trea	surer sign	here. I	[f this	s is	a Car	ndidate	re	port, c	cano	didate si	gn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sc	hedules	filed	on	paper	or by ele	ectr	onic m	ediu	m, are to	the best o	f my kno	wledge	and I	elief , t	rue
Sworn to and subs	cribed before me thi	s	20						-			Signatu	e of Perso	n Submit	ting Re	port		_
	Signati						-		-				Prin	ted Name	e			-
My Commission Ex	pires								-				Ema	il				_
	МО	D	AY	YR						Are	ea C	ode	Daytim	e Telepi	none Nu	ımbeı		
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee	e, Ca	andid	ate sha	all s	ign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and beli	ief this	politi	cal	comm	ittee has	s no	t viola	ted a	any provi	sions of th	e act of J	une 3,1	937 (P.L. 133	33,
Sworn to and subsc	ribed before me this day of		20									;	Signature o	of Candid	ate			_
							-						Printe	d Name				-
My Commission Exp	Signature						-		-				Ema	il				_
,																		_
	МО	D.	AY	YR						Area	Code	е	D	aytime T	elephoi	ne Nu	mber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
BARISH, WENDI	From:	1/1/201	<u>9</u> To:	5/6/2019
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 Candi	date		Re _l	oorting P m:	eriod	To	o:	
					DATE			AMOUNT
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		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			Rep	orting Pe	riod			
			Fron	n:		To):	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	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 Su	ummary Page,	Section	on 3.			PA \$	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	. Jammar y r uge,	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		
BARISH, WENDI	From:	<u>1/1/2019</u> To:	<u>5/6/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER 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 Candida	te				Re	porting	Period				
					Fro	m:		То	:		
							DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or C	andidate		Reporti	ng Period					
BARISH, WENDI			From	From <u>1/1/2019</u> To:					
				DATE			AMOUNT		
To Whom Paid GO DADDY			МО	DAY	YEAR				
Mailing Address 1 MAIN ST			1	2	2019	\$	95.88		
City CAMBRIDGE	State MA	Zip Code (Plus 4) 02142		ption of Exp					
To Whom Paid FACEBOOK				DAY	YEAR				
Mailing Address 1601 WILLOW RD			1	31	2019	\$	29.95		
City MENLO PARK	State CA	Zip Code (Plus 4) 94025	Description of Expenditure FACEBOOK ADVERTISING						
To Whom Paid FACEBOOK	·		мо	DAY	YEAR				
Mailing Address 1 WILLOW	RD		2	28	2019	\$	14.00		
City MENLO PARK	State CA	Zip Code (Plus 4) 94025		ption of Exp					
To Whom Paid FACEBOOK	·		мо	DAY	YEAR				
Mailing Address 1 WILLOW ROAD			3	31	2019	\$	14.00		
City MENLO PARK	State	Zip Code (Plus 4)	1	ption of Exp		ı			
	CA	94025	FACER	OOK ADVE	KIISING				

ROAD		3	31	2019	\$	14.00
State CA	Zip Code (Plus 4) 94025	1				
		мо	DAY	YEAR		
ON REQUESTED		3	2	2019	\$	100.00
State PA	Zip Code (Plus 4) 19153	Description of Expenditure CONTRIBUTION				
•	•					
	State CA ON REQUESTED State	State Zip Code (Plus 4) 94025 ON REQUESTED State Zip Code (Plus 4)	State Zip Code (Plus 4) Descrip FACEBO MO ON REQUESTED 3 State Zip Code (Plus 4) Descrip	State Zip Code (Plus 4) Description of Exp FACEBOOK ADVE MO DAY ON REQUESTED 3 2 State Zip Code (Plus 4) Description of Exp	State CA Zip Code (Plus 4) 94025 MO DAY YEAR ON REQUESTED State Zip Code (Plus 4) 94025 Description of Expenditure FACEBOOK ADVERTISING DAY YEAR Do N REQUESTED State Zip Code (Plus 4) Description of Expenditure	State CA Zip Code (Plus 4) 94025 MO DAY YEAR ON REQUESTED 3 2 2019 \$ State Zip Code (Plus 4) Description of Expenditure FACEBOOK ADVERTISING Description of Expenditure Description of Expenditure

							AGE 12
To Whom Paid 48TH WARD COMMITTEE Mailing Address 2009 SNYDER AVE			мо	DAY	YEAR		
			3	3 7 2019	\$	100.00	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19145	Description of Expenditure CONTRIBUTION				
	L	L					PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	353.83