# **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	C0322			Repo Filed			CANDI	DATE	$\checkmark$	co	OMMITTE		LOBI	BYIST		
	Committee, Candida	ate or Lo	obbyist:		GROS			L BETH									
Street Address:							,										
City:							State:					Zip Cod	<b>Zip Code:</b> 19129				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. 2ND FRIDAY PRE- PRIMARY 2.					0 DA RIMA				AMENDM REPORT?	AMENDMENT REPORT?		No	) 🔰	/	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4. 2ND FRIDAY PRE- 5. ELECTION 5.					0 DA LECT	••••••	POST-	6.		TERMINA REPORT?	TION	Yes	No	) 🔨	/
report type)	ANNUAL REPORT	7.	<b>Year</b> 2019					IG METHO CHECK O				PAPER		$\checkmark$	DISKI	TTE	
Name of Office Sought by Candidate:								DATE O	FELE	CTIO	N	District Number	Office Code	Par	ty Code	County	,
JUDGE OF THE	нтΔ			мо	DAY	YE	AR	1	CPJP	DEN	1	51					
								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:		5 7	2	019	то	)	6		LO	2019						
A. Amount Bro	ought Forward Fron	n Last Ro	eport				\$				0.00						
B. Total Monet	ary Contributions A	And Rece	eipts (From	1 Sche	dule I	)	\$				0.00	_					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				0.00						
D. Total Expen	ditures (From Sche	edule III	[)				\$				30.56						
E. Ending Cash	n Balance (Subtract	Line D	From Line	C)			\$			(3	80.56)						
	Kind Contributions		•		le II)	_	\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	)			\$				0.00						_
			-					CTION									
	s a Committee report, incluin	•	-						• •			-	my know	ledge	and bel	ief , true	
correct and compl	ete. scribed before me this													_			
	day of		20							S	ignaturo	e of Person	Submitti	ing Rep	oort		
	Signatur	re	-			_						Print	ed Name				
My Commission E	-	-										Emai	l				
	мо	DA	AY	YR					Are	ea Cod	e	Daytime	e Telepho	one Nu	mber		
	a <b>report of a cand</b> ) that to the best of m ed.								-		y provis	ions of the	act of Ju	ne 3,1	937 (P.	L. 1333,	
	cribed before me this										s	ignature o	f Candida	te			
	day of											<b>D</b> ! ·	- No				
	Signature											Printee	i Name				
My Commission Ex	-											Emai	I				
	мо	DA	AY	YR	2				Area	Code		Da	ytime Te	lephon	e Numl	ber	

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>5/7/2019</u> **To:** 6/10/2019 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			Reportin	ıg Period			
Fr			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committe	ee		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
City	State	Zip Code (Plus 4)						
								PAGE TOTAL
Enter Grand Total of Part A on S	Schedule I, Detail	led Summary Pag	je, Se	ection 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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	e			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detai	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		АМС	DUNT
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 Pl Business	ace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detai	led Sumr	nary Page, Secti	on 3.			PAG	GE TOTAL
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							\$	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	Name of Filing Committee or Candidate			ting Perio	od				
				From: To:					
				D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (	Plus 4)						
Receipt Description					1	1			
Enter Grand Total of Part E	on Schodulo I. Dotailog		Section	4				PAGE TOT	AL
		i Suillilai y Page,	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>5/7/2019</u> <b>То:</b>	<u>6/10/2019</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	TF)		
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 Ro			Reporting	g 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

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

Name of Filing Committee or Candidate					Rej	oorting P	eriod			
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor			•			Occupat	tion			
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	f Contribution	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
GROSSMAN, BETH				<u>5/</u>	То:	<u>6/10/2019</u>				
				DATE AMOUN						
To Whom Paid Dollar Tree				DAY	YEAR					
Mailing Address 4424 N Broad Stree	t		5	21	2019	\$	30.56			
City Philadelphia	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19140	· ·	tion of Exp the vote s						
							PAGE TOTAL			
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item I	).			\$	30.56			