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 :	tion	20190	C0083			Repo Filed		· :	CANDI	DATE	√	CC	OMMITTE	E	LOB	BYIST		
Name of Filing	Committee	e, Candida	ate or Lo	obbyist:		καγ γ	U											
Street Address:	l																	
City:									State:				Zip Cod	Zip Code: 19130				
TYPE OF REPORT	6TH TUES PRE-PRIM		1.					0 DA PRIMA					AMENDMENT REPORT?		No	\checkmark		
(place X to the right of	6TH TUES PRE-ELEC		4.				0 DA		POST-	6.		TERMINATION REPORT?		Yes	✓ No			
report type)	ANNUAL	REPORT	7.	Year 2019					IG METHO				PAPER	PAPER DISKETT			TTE	
Name of Office	 Sought by	Candidat	ie:				1		DATE O	FELE	CTI	ON	District Number	Office Code	Par	ty Code	County Code	
MO DAY YEAR 1 CPJ DEM									couc									
JUDGE OF THE	E COURT C	F COMM	ON PLE	AS					11		5	2019	 	(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of	Receipts	and	мо	DAY	YEAR	2			мо	DAY	Y	/EAR	FO	R OFFIC	e use	ONLY		
Expenditure	s from:			5 7	2	019	тс)	6		10	2019						
A. Amount Bro	ought Forw	ard From	n Last Ro	eport		·		\$				0.00						
B. Total Monet	tary Contri	butions A	And Reco	eipts (Fron	1 Sche	dule I)	\$		19,184.56								
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			19,	,184.56						
D. Total Exper	nditures (F	rom Sche	edule II	[)				\$				68.70]					
E. Ending Cash	h Balance ((Subtract	Line D	From Line	C)			\$			19,	115.86						
F. Value Of In-	-Kind Cont	ributions	Receive	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ots And Ob	ligations	(From S	chedule IV	()			\$				0.00						
					AFF	IDAV	/IT	SE	CTION									
PART I - If this i																		
I swear (or affirm correct and comp		eport, incli	uding the	attached sc	hedule	s filed o	n pa	aper (or by elect	ronic m	ediur	n, are to	the best of	my know	ledge	and beli	ef, true	
Sworn to and sub	scribed befo day of	ore me this		20								Signature	e of Persor	n Submitt	ing Rep	oort		
		Signatur	re	-			_						Print	ed Name				
My Commission E	xpires		-										Emai	I				
		мо	DA	AY	YR					Ar	ea Co	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	s a report	of a cand	lidate's a	authorized	Comn	nittee,	Ca	ndida	ate shall	sign he	ere.							
I swear (or affirm No 320) as amend	led.		ıy knowle	dge and beli	ef this	politica	alc	ommi	ittee has n	ot viola	ted a	ny provis	ions of the	e act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subs	cribed befor day of	e me this		20								S	ignature o	f Candida	te			
													Printe	d Name				
My Commission Ex		ignature											Emai	I				
	_										C ₂ , 1				lart	- N		
		мо	DA	AY .	YR	2				Area	Code		Da	iytime Te	elephor	ie Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** KAY YU From: <u>5/7/2019</u> **To:** 6/10/2019 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) 19,184.56 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 19,184.56 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 Candidate			Reporting Period					
			From:		То	:		
		·		DATE			AMOUNT	
Full Name of Contributing Com	nittee		мо	DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

\$

PAGE 3

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			
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	ed Summary Pag	je, Se	ection 2	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 Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed 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 Cano	Name of Filing Committee or Candidate			ing Perio	d			
KAY YU From:			rom: <u>5/7/2019</u> To:				<u>6/10/2019</u>	
				D	ATE			AMOUNT
Full Name KAY YU				мо	DAY	YEAR		
Mailing Address 1619A FAIRM	Mailing Address 1619A FAIRMOUNT AVE						\$	19,184.56
City PHILADELPHIA	State PA	Zip Code (1913029		6	10	2019	Ð	
Receipt Description REPAYM	ENT OF LOAN							
Enter Grand Total of Part E on S	chedule I. Detailed	l Summary Page	Section	4				PAGE TOTAL
	chequie 1, betanet	, sammary ruge,	Section				\$	19,184.56

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		
KAY YU	From:	<u>5/7/2019</u> To:	<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			Reporting Period					
						То:		
				DATE		АМС	DUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address	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 Detai Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL	
					4	5	0.00	

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

Name of Filing Committee or Candidate				Re	porting P	eriod				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor						Occupat	tion			
Employer Mailing Address/Principal Place of City S Business			State		Zip Code(Plus 4)			ption of	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	Reporti	ng Period					
KAY YU	From	<u>5/</u>	7/2019	То:	<u>6/10/2019</u>		
		AMOUNT					
To Whom Paid STAPLES			мо	DAY	YEAR		
Mailing Address 1500 CHESTNUT ST	5	7	2019	\$	3.23		
City PHILADELPHIA	City PHILADELPHIA State Zip Code (Plus 4)						
	РА	191022709		SUPPLIES			
To Whom Paid SUNOCO			мо	DAY	YEAR		
Mailing Address 2300 FAIRMOUNT A	VE # 16		5	21	2019	\$	65.47
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	otion of Exp	Denditure		
	РА	191302516	TRAVE	L			
							PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Rep	oort Cover Page, Item I) .			\$	68.70