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	c0138			Repo Filed			CANDI	DATE	✓	co	OMMITTE	E	LOBE	BYIST	
Name of Filing (Committee, Candida	ate or Lo	bbyist:	•	DOW,	LAUF	RIE	Т								
Street Address:																
City:								State:				Zip Cod	l e: 19	151		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	I	2ND FRIDA PRIMARY	Y PRE-	· 2.		DA' IMA		POST-	3. X		AMENDMENT REPORT?		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION		2ND FRIDA ELECTION	Y PRE	- 5.		DA' ECT	Y P ION	POST-	6.		TION	Yes	No	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2019					G METHO				PAPER		\checkmark	DISKE	TTE
								District Number	Office Code	Par	ty Code	County Code				
JUDGE OF THE COURT OF COMMON PLEAS - PHILADELPHIA								мо	DAY	Y	EAR	1	CPJP	DEM	1	51
JUDGE OF THE	11A		ľ	11		5	2019	 	(SEE INS	TRUCTIO	ONS FOR	CODES)				
Summary of	Receipts and	мо	DAY	YEAR				мо	DAY	Y	EAR	FO	R OFFIC	e use	ONLY	
Expenditures	s from:		5 7	20	019	то	ĺ	6	:	10	2019					
A. Amount Bro	ought Forward Fron	n Last Re	eport	•			\$				0.00					
B. Total Monet	ary Contributions	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)				\$			10,	000.00					
E. Ending Cash	Balance (Subtract	t Line D F	rom Line	C)			\$		(10,0	00.00)					
F. Value Of In-	Kind Contributions	Receive	d (From S	chedul	le II)		\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	()			\$				0.00					
				AFF	IDAV	IT S	SEG	CTION								
	s a Committee repo	•	-						• •			-				
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedules	filed or	1 рар	er o	or by electi	ronic m	ediun	n, are to f	the best of	my know	/ledge a	and beli	ef , true
Sworn to and subs	scribed before me this day of	5	20							:	Signature	e of Person	n Submitt	ing Rep	ort	
						_						Print	ed Name			
My Commission E	-											Emai	1			
	мо	DA	Y	YR					Are	ea Co	de	Daytime	e Teleph	one Nu	mber	
Part II- If this is	a report of a canc	lidate's a	uthorized	Comm	nittee,	Cand	lida	ate shall s	sign he	ere.						
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	dge and beli	ef this	politica	l com	nmi	ttee has no	ot viola	ted a	ny provis	ions of the	e act of Ju	ne 3,19	937 (P.L	. 1333,
Sworn to and subso	cribed before me this day of		20								s	ignature o	f Candida	te		
												Printe	d Name			
My Commission Exp	Signature											Emai	1			
						_										
	мо	DA	Y	YR					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** DOW, LAURIE T 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) 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 Candidate			Re	porting	Period			
			Fro	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

\$

5/16/2024 1:47:48 AM

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			
			Fro	m:		Τα):	
					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 Can	didate		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 Candidate	Name of Filing Committee or Candidate			ing Perio	od				
			From:			То:			
				D	ATE			AMOUNT	Г
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 I. Detailed Sum	mary Page	Section	4				PAGE TO	TAL
	are 1, Detailed Sum	iniai y Faye,	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		
DOW, LAURIE T	From:	<u>5/7/2019</u> то:	<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	ſF)		
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	Name of Filing Committee or Candidate Rep						
	From:						
				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

0.00

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

Name of Filing Committee or Candid	Name of Filing Committee or Candidate				Re	porting P	eriod			
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor	I		1			Occupat	tion		1	
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	f Contribution	
										PAGE TOTAL

_ 1	Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAG

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period						
DOW, LAURIE T				From <u>5/7/2019</u> To:							
				DATE AM							
To Whom Paid Friends of Laurie Dow for Judge				DAY	YEAR						
Mailing Address 4917 Catharine Stre	eet		5	10	2019	\$	10,000.00				
City Philadelphia	State PA	Zip Code (Plus 4) 19143	Descrip Seed m	noney	penditure						
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL				
Enter Grand Total of Expenditures (on Page 1, Report C	over Page, Item I.).			\$	10,000.00				