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 201 | L9C0358 | | | | Repor Filed E | | CA | NDI | DATE | √ | CC | OMMITTE | | LOB | BYIS | ST | |
|--|-------------------------------|-------------|----------------|---------|------------|------------------|-------|--------------|--------|----------|----------|------------|--------------------|----------------|----------|-------|----------|--------------|
| Name of Filing C | ommittee, Cand | idate or L | obbyis | t: | V | NALLA | CE H. | BATI | MAN | N, JR. | | | | _ | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | Stat | e: | | | | Zip Cod | e: 18 | 3944 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND F PRIMA | | PRE- | 2. | 30 DA | | Р | POST- | 3. | | AMENDMI REPORT? | ENT | Yes | | No | \checkmark |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND F ELECT | | PRE- | - 5. X | 30 DA | AY TION | Р | OST- | 6. | | TERMINA REPORT? | TION | Yes | 1 | No | \ |
| report type) | ANNUAL REPOR | T 7. | Year : | 2019 | | | | NG M CHEC | | | | | PAPER | | V | DI | SKETTE | |
| Name of Office S | ought by Candid | ate: | | | | • | | DAT | ΓΕ Ο | F ELE | СТІ | ON | District Number | Office Code | Pa | rty C | ode Co | |
| | , | | | | | | | МО | | DAY | • | YEAR | 7 | СРЈ | _ | | 100. | |
| JUDGE OF THE | COURT OF COM | MON PLE | AS | | | | | | 11 | | 5 | 2019 | | (SEE IN | STRUCT | ONS | FOR CODE | ES) |
| Summary of | • | МО | DA | Y | YEAR | | | МО | | DAY | , | YEAR | FO | R OFFI | CE USI | ON | LY | |
| Expenditures | from: | | 9 | 17 | 20 |)19 T | 0 | | 10 | | 21 | 2019 | | | | | | |
| A. Amount Bro | ught Forward Fr | om Last R | eport | | | · | \$ | | | | • | 0.00 | | | | | | |
| B. Total Moneta | ary Contribution | s And Rec | eipts (| From | Sched | lule I) | \$ | 5 | | | | 0.00 | | | | | | |
| C. Total Funds | Available (Sum (| Of Lines A | and B |) | | | \$ | 5 | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (From Sc | hedule II | I) | | | | \$ | 5 | | | | 600.00 | | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From I | Line C | :) | | \$ | ; | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Contributio | ns Receiv | ed (Fro | om Sc | hedule | e II) | \$ | 5 | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligation | ıs (From S | Schedu | ile IV |) | | \$ | 5 | | | | 0.00 | | | | | | |
| | | | | | AFFI | [DAVI | T SE | CTI | ON | | | | | | | | | |
| PART I - If this is | a Committee re | port, trea | surer | sign h | ere. If | f this is | a Ca | ndida | te re | port, e | cano | didate si | gn here. | | | | | |
| I swear (or affirm) correct and comple | | cluding the | e attach | ed sch | edules | filed on | paper | or by | electi | ronic m | ediu | m, are to | the best of | my kno | wledge | and | belief , | true |
| Sworn to and subs | cribed before me tl day of | nis | 20 | | | | | | | | | Signatur | e of Person | Submit | ting Re | port | | |
| | Signa | ture | <u> </u> | | | | _ | | | | | | Print | ed Name | • | | | - |
| My Commission Ex | - | | | | | | | | | | | | Email | | | | | _ |
| | мо | D | AY | | YR | | _ | | | Ar | ea C | ode | Daytime | Teleph | one Nu | ımbe | r | |
| Part II- If this is | a report of a ca | ndidate's | author | rized | Commi | ittee, C | andid | late s | hall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | my knowl | edge an | d belie | ef this p | political | comm | nittee | has n | ot viola | ted a | any provis | ions of the | act of J | une 3,1 | .937 | (P.L. 13 | 33, |
| Sworn to and subsc | | is | | | | | | | | | | s | ignature of | f Candid | ate | | | - |
| | day of | | _ 20 | | | | _ | | | | | | Printed | l Name | | | | <u> </u> |
| | Signatur | e | | | | | - | | | | | | | | | | | |
| My Commission Exp | ires | | | | | | | | | | | | Email | I | | | | |
| | мо | D | AY | | YR | | - | | | Area | Cod | e | Da | ytime T | elepho | ne Nı | umber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|-----------------|--------------|------------|
| WALLACE H. BATEMAN, JR. | From: | <u>9/17/201</u> | <u>9</u> To: | 10/21/2019 |
| 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

| | this Part to itemize onl with an aggregate val | | | | | | | |
|-------------------------|---|----------------|----------|---------|--------|------|---------------|------------|
| Name of Filing Comm | nittee or Candidate | | Re | porting | Period | | | |
| | | | From: To | | | | : | |
| | | • | | | DATE | | | AMOUNT |
| Full Name of Contributi | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus | 4) | | | | | |
| | • | • | | • | • | • | $\overline{}$ | PAGE TOTAL |

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

| PAGE TOTAL | |
|------------|--|
| \$ 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 of | or Candidate | | Rep Fro | oorting P | eriod | To |): | |
|-----------------------------|--------------|-------------------|------------|-----------|-------|------|----|--------|
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | ١ | | | | | |

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 | | А | MOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Scho | edule I, Detailed Sun | 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 | | ı | AMOUNT |
| Full Name of Contributor | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus | s 4) | | | | | |
| Employer Name | | | | Occupat | tion | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Co | de (Plus 4) |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ımmary Page, | Section | on 3. | | | l | PAGE TOTAL |
| | | | | | | | \$ | 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 | | Report | ting Perio | bd | | | |
|-------------------------------|--------------------------|------------------|---------|------------|-----|------|-----|----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | AM | OUNT |
| 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. Detaile | d Summary Page | Section | 4 | | | PAG | GE TOTAL |
| | m deficación 1, detailes | z Sammary r age, | occion | •• | | | \$ | 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 Perio | d | |
|--|-----------------|-----------------------------|------------|
| WALLACE H. BATEMAN, JR. | From: | <u>9/17/2019</u> To: | 10/21/2019 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER 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 Candi | date | | | | Re | porting F | Period | | | |
|---|--------------|---------|------------|---------|--------|-----------|-----------|----------|----------|-----------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(F | Plus 4) | | | | | | |
| Employer of Contributor | | | 1 | | | Occupa | tion | <u> </u> | 1 | |
| Employer Mailing Address/Principa Business | l Place of | City | | State | | Zip 4) | Code(Plus | Descr | iption (| of Contribution |
| Enter Grand Total of Part G on | Schedule II, | In-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL |
| Summary Page, Section 3. | , | | | | | | | | | 0.00 |

STATEMENT OF EXPENDITURES

| WALLACE H. BATEMAN, JR. To Whom Paid | | | From | 9/17 | 7/2019 | То: | 10/21/2019 |
|--|-------------------------------------|-----------------------------------|------|------------------------|-----------|-----|------------|
| To Whom Paid | | | | | | | |
| To Whom Paid | | | | DATE | | | AMOUNT |
| | ailing Address 115 N. BROAD STREET | | | DAY | YEAR | | |
| Mailing Address 115 N. BROAD | STREET | | 8 | 30 | 2019 | \$ | 200.00 |
| City DOYLESTOWN | State PA | Zip Code (Plus 4) 18901 | 1 - | otion of Exp | penditure | | |
| To Whom Paid BUCKS COUNTY REPUBLICAN CON | MMITTEE | | мо | DAY | YEAR | | |
| Mailing Address 15 N. BROAD S | STREET | | 10 | 16 | 2019 | \$ | 200.00 |
| City DOYLESTOWN | State PA | Zip Code (Plus 4) 18901 | 1 - | otion of Exp | penditure | | |
| To Whom Paid BUCKS COUNTY DEMOCRATIC CO | MMITTEE | · | мо | DAY | YEAR | | |
| Mailing Address 44 E. COURT S | STREET | | 10 | 23 | 2019 | \$ | 0.00 |
| City DOYLESTOWN State Zip Code (Plus 4) PA 18901 | | | | tion of Exp IBUTION | penditure | | |
| Enter Grand Total of Expenditu | ures on Page 1. Re | eport Cover Page. Item [|). | | | | PAGE TOTAL |

400.00