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	20190	C0354				port ed B		CAN	DII	DATE	√	CO	MMITTE	IMITTEE LOBBYIST				
Name of Filing C	Committee	e, Candida	ate or Lo	obbyist:		DAN	VIEL	ANDE	RS										
Street Address:																			
City:									State	:				Zip Cod	e: 19	110			
TYPE OF REPORT	6TH TUES		1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDMI REPORT?	ENT	Yes	No	\	
(place X to the right of	6TH TUES		4.	2ND FRIDA ELECTION	y pri	≣-	5.	30 DA ELECT		Р	OST-	6. >	(TERMINA REPORT?	TION	Yes	No		
report type)	ANNUAL	REPORT	7.	Year 2019					IG MET					PAPER		₩	DISKE	TTE	
Name of Office S	L Sought by	Candidat	:e:						DATE	0	F ELEC	CTI	ON	District Number	Office Code	Par	ty Code	County Code	
									МО		DAY	Y	/EAR	1	СРЈ			couc	
JUDGE OF THE	COURT	OF COMM	ON PLE	AS						11		5	2019		(SEE IN:	STRUCTI	ONS FOR C	CODES)	
Summary of		and	МО	DAY	YEAR	ł			МО		DAY	١	/EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	from:		1	10 22	2	019	Т	0		11	2	25	2019						
A. Amount Bro	ught Forv	ward From	ı Last R	eport				\$				(150.00)						
B. Total Moneta	ary Contr	ibutions A	And Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$				(:	150.00)						
D. Total Expend	ditures (F	From Sche	edule II	I)				\$				2,	500.00						
E. Ending Cash	Balance	(Subtract	Line D	From Line (C)			\$				(2,6	50.00)						
F. Value Of In-	Kind Con	tributions	Receive	ed (From S	chedu	le II	I)	\$					0.00						
G. Unpaid Debt	s And Ob	ligations	(From S	Schedule IV)			\$				(2,6	550.00)						
					AFF	FID/	AVI	T SE	CTIO	Ν									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign	here.	If th	nis is	a Can	didate	e re	port, c	and	lidate sig	gn here.					
I swear (or affirm) correct and comple		report, incl	uding the	attached scl	hedule	s file	d on	paper (or by el	ectr	onic me	ediur	n, are to t	the best of	my knov	vledge	and belie	ef , true	
Sworn to and subs	cribed befo	ore me this		20									Signature	e of Person	Submitt	ing Rep	oort		
	_	Signatur	·e					- -		•				Print	ed Name	1			
My Commission Ex	cpires							_		-				Email					
		МО	D/	AY	YR						Are	ea Co	ode	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comn	nitte	ee, C	andida	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge and beli	ef this	poli	tical	commi	ittee ha	s no	ot violat	ted a	ny provis	ions of the	act of J	ıne 3,1	937 (P.L	. 1333,	
Sworn to and subsc	ribed before day of	re me this		20									s	ignature o	f Candida	ate			
								-						Printed	i Name			—	
		Signature						-							1				
My Commission Exp	ires													Email	I				
	_	мо	D	AY	YR	t .		-			Area	Code		Da	ytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
DANIEL ANDERS	From:	10/22/201	<u>19</u> To:	11/25/2019
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	g 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

Use	this Part to itemize onl with an aggregate valu								
Name of Filing Comm	nittee or Candidate		Reporting Period						
			From: To						
		'			DATE			AMOUNT	
Full Name of Contribut	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	'	· · · · · · · · · · · · · · · · · · ·						DAGE 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 or Cand	idate		Rep	Reporting Period					
			Fro	m:):			
					DATE		АМ	OUNT	
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 Candi	me of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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.)

lame of Filing Committee or Candidate			Reporting Period					
			Fron	n:		To) :	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
ailing Idress State Zip Code (Plus 4)							\$	0.00
City	State	Zip Code (Plus	5 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (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		Report	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	·			•	•	·	
Enter Grand Total of Part E	on Schedule I. Detailer	l Summary Page	Section	4				PAGE TOTAL
The state of the s	on concedere 1, betained	. Janimary rage,	50000011	••			\$	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 Peri	od						
DANIEL ANDERS	From:	<u>10/22/2019</u> To:	<u>11/25/2019</u>					
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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 Candid	ate		Reporting 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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL	
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidat	e				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	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
DANIEL ANDERS	From	10/2	<u>2/2019</u>	То:	11/25/2019	
		DATE			AMOUNT	
To Whom Paid	МО	DAY	YEAR			

				DATE			AMOUNT
To Whom Paid PHILADELPHIA DEMOCRATIC CTY	HILADELPHIA DEMOCRATIC CTY COMM				YEAR		
Mailing Address 219 SPRING GARDEN ST			11	1	2019	\$	2,500.00
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19123	1 .	otion of Exp			
Forter Council Total of Francis dit							
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	2,500.00	

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate			Reporting Period					
DANIEL ANDERS			From:	<u>10/22/2019</u> To:			<u>1</u>	1/25/2019
					DATE			Outstanding Balance of Debt
Name of Creditor DANIEL ANDERS				мо	DAY	YEAR		
Mailing Address PO BOX 22442				11	1	2019	\$	2,650.00
City PHILADELPHIA	State PA	Zip Code (Pl 19110	us 4)	Description of Debt PAYMENT OF ELECTION SUPPORT				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							\$	PAGE TOTAL 2,650.00