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 | 20180 |)277 | | | | Repo | | | CA | NDII | DATE | | COMN | 1ITTEE | ✓ | LOBI | BYIST | | |
|---|---------------------------|------------|-------------|----------|---------|--------|-------------------|----------------|-----------------------------|---------|----------|----------|--------|--------------------|--------------------|----------------|----------|----------|-----------|----|
| Name of Filing C | ommittee, C | Candida | te or Lo | obbyist | t: | 7 | ΓARΑ | SI, | BETI | H FRI | END | S OF | | | | | | | | |
| Street Address: | 510 3RE | O AVE, | 2ND FL | = | | | | | | | | | | | | | | | | |
| City: | PITTSBU | JRGH | | | | | | | | State | e: | PA | | | Zip Cod | le: 15 | 219 | | | |
| TYPE OF REPORT | 6TH TUESDA PRE-PRIMAR | | 1. | | | | | 30 DA PRIMA | | Р | POST- 3. | | | AMENDM REPORT? | Yes | ١ | lo | \ | | |
| (place X to the right of | 6TH TUESDA PRE-ELECTIC | | 4. | 2ND FI | | PRE- | PRE- 5. 30 DAY PO | | | | OST- | 6. | | TERMINA REPORT? | | Yes | ١ | lo | \ | |
| report type) | ANNUAL RE | PORT | 7. X | Year 2 | 2019 | | | | FILING METHOD () CHECK ONE | | | | _ | | PAPER | | √ | DISK | ETTE | |
| Name of Office S | ought by Ca | ndidate | e: | | | | | | | DAT | E O | F ELE | CTIC | N | District Number | Office Code | Par | ty Cod | e Coui | |
| JUDGE OF THE | CUDEDIOD | COURT | | | | | | | | МО | | DAY | YI | EAR | -1 | SPR | DEN | 1 | 02 | |
| JODGE OF THE | SUPLKION | COURT | | | | | | | | | 11 | | 5 | 2019 | | (SEE INS | TRUCTI | ONS FO | R CODES | 5) |
| Summary of | | nd | МО | DAY | ′ | YEAR | | | | МО | | DAY | Y | EAR | FO | R OFFIC | E USE | ONL | 7 | |
| Expenditures | Trom: | | | 6 | 11 | 20 |)19 | T | o | | 12 | | 31 | 2019 | | | | | | |
| A. Amount Bro | ught Forwar | d From | Last R | eport | | | | | \$ | | | | 2, | 305.16 | | | | | | |
| B. Total Moneta | ary Contribu | tions A | nd Rec | eipts (I | From | Sched | lule 1 | I) | \$ | | | | | 0.00 | | | | | | |
| C. Total Funds | Available (S | um Of I | Lines A | and B) |) | | | | \$ | | | | 2, | 805.16 | | | | | | |
| D. Total Expend | ditures (Froi | m Sche | dule II | I) | | | | | \$ | | | | 2,8 | 305.16 | | | | | | |
| E. Ending Cash | Balance (Su | ıbtract | Line D | From L | ine C |) | | | \$ | | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Contrib | utions | Receive | ed (Fro | m Sc | hedul | e II) | | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obliga | ations (| From S | chedu | le IV) |) | | | \$ | | | | | 0.00 | | , | | | | |
| | | | | | | AFFI | [DA | VI٦ | ΓSE | CTIO | NC | | | | | | | | | |
| PART I - If this is | a Committe | ee repo | rt, trea | surer s | sign h | ere. I | f this | s is | a Car | ndidat | te re | port, c | andi | date sig | ın here. | | | | | |
| I swear (or affirm) correct and comple | | ort, inclu | iding the | attache | ed sch | edules | filed | on p | paper | or by e | electr | onic m | edium | , are to t | he best of | f my knov | /ledge | and be | lief , tr | ue |
| Sworn to and subs | cribed before day of | me this | | 20 | | | | | | | • | | 5 | Signature | of Persoi | n Submitt | ing Rep | ort | | _ |
| | - <u> </u> | Signature | e | | | | | | - | | | | | | Print | ted Name | | | | _ |
| My Commission Ex | | | | | | | | | | | - | | | | Emai | il | | | | - |
| | мо | | D/ | ΑY | | YR | | | | | | Are | ea Coo | le | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of | a candi | idate's | author | ized (| Comm | ittee | , Ca | andid | ate sl | nall s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | est of my | y knowle | edge and | d belie | f this | politi | cal | comm | ittee h | as no | ot viola | ted ar | ıy provisi | ions of the | e act of Ju | ine 3,1 | 937 (P | .L. 133 | з, |
| Sworn to and subsc | | ne this | | | | | | | | | | | | Si | ignature o | of Candida | te | | | - |
| - | day of — — | | | | | | | | | | | | | | Printe | d Name | | | | - |
| | Sign | nature | | | | | | | • | | _ | | | | | | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | | | Emai | il | | | | |
| | - | мо | D | AY | | YR | | | | | | Area | Code | | Da | ytime Te | lephor | e Num | ber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|----------|--------------|------------|
| TARASI, BETH FRIENDS OF | From: | 6/11/201 | <u>9</u> То: | 12/31/2019 |
| 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 | J 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 only with an aggregate valu | | | | | | | |
|-------------------------|--|------------------|-----|---------|--------|------|---------------|------------|
| Name of Filing Comm | Name of Filing Committee or Candidate | | | porting | Period | | | |
| | | | Fre | om: | | То | : | |
| | | <u> </u> | | | DATE | | | AMOUNT |
| Full Name of Contributi | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 |) | | | | | |
| | • | · | | | • | • | $\overline{}$ | DACE 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 | e or Candidate | | Reporting Period | | | | | |
|--------------------------|----------------|-------------------|------------------|----|------|------|------------|--------|
| | | | Fro | m: | | To |) : | |
| | | | | | DATE | | A | AMOUNT |
| 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 Candidate | | | Reporting | Period | | | | |
|---------------------------------------|----------------------|----------|-------------|--------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | A | MOUNT |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sum | 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 | | | |
|--|---------------------|---------|----------|--------------|-----------|-------|------|---------|-----------------------|
| | | | | Fror | n: | | To |): | |
| | | | | | D | ATE | | AI | MOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | de (Plus | s 4) | | | | | |
| Employer Name | • | | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Pla Business | ice of | Ci | ty | | | State | | Zip Cod | e (Plus 4) |
| Enter Grand Total of Part C on Sch | edule I, Detailed S | Summary | Page, | Section | on 3. | | | P \$ | AGE 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 Peri | od | |
|--|----------------|-----------------------------|------------|
| TARASI, BETH FRIENDS OF | From: | <u>6/11/2019</u> To: | 12/31/2019 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTO | र | |
| 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 | 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 S | chedule II In-Kir | nd Contributions Deta | iled Sum | mary Pag | ле 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 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 | | 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

| Name of Filing Committee or Candi | idate | | Reportii | ng Period | | | | |
|--|--------------------|-----------------------------------|--------------------------|--|-----------|-----|------------|--|
| TARASI, BETH FRIENDS OF | | | From | <u>6/1</u> | 1/2019 | То: | 12/31/2019 | |
| | | | 1 | DATE | | | | |
| To Whom Paid NGP VAN | | | МО | DAY | YEAR | | | |
| Mailing Address 1445 New York | Ave NW Ste 200 | | 7 | 2 | 2019 | \$ | 800.00 | |
| City Washington State DC Zip Code (Plus 4) 20005 | | | | otion of Exp se | oenditure | 2 | | |
| To Whom Paid PNC Bank | | | | DAY | YEAR | | | |
| ailing Address 300 Fifth Ave | | | 7 | 1 | 2019 | \$ | 9.00 | |
| City Pittsburgh | State PA | Zip Code (Plus 4) 15222 | Descrip Fees | otion of Exp | penditure | 2 | | |
| To Whom Paid NGP VAN | | · | мо | DAY | YEAR | | | |
| Mailing Address 1445 New York | Ave NW Ste 200 | | 8 | 2 | 2019 | \$ | 800.00 | |
| City Washington | State DC | Zip Code (Plus 4) 20005 | Descrip Databa | otion of Exp se | penditure | 2 | | |
| To Whom Paid Cartwright for Congress | | | МО | DAY | YEAR | | | |
| Mailing Address P.O. Box 414 | | | 10 | 11 | 2019 | \$ | 500.00 | |
| City Scranton State Zip Code (Plus 4) PA 18501 | | | | Description of Expenditure Contribution | | | | |
| o Whom Paid NC Bank | | | МО | DAY | YEAR | | | |

10

Fees

Zip Code (Plus 4)

15222

2 2019

Description of Expenditure

Mailing Address

Pittsburgh

City

300 Fifth Ave

State

PΑ

94.75

| | | | | | | | PAGE 12 |
|---------------------------------|-----------------------|-----------------------------------|------------------------------------|--------------|-----------|----|------------|
| To Whom Paid PNC Bank | | | мо | DAY | YEAR | | |
| Mailing Address 300 Fifth Av | ve | | 11 | 1 | 2019 | \$ | 10.00 |
| City Pittsburgh | State PA | Zip Code (Plus 4) 15222 | Descrip Fees | otion of Exp | penditure | | |
| To Whom Paid PNC Bank | | | МО | DAY | YEAR | | |
| Mailing Address 300 Fifth Av | ve | | 12 | 2 | 2019 | \$ | 10.00 |
| City Pittsburgh | State PA | Zip Code (Plus 4) 15222 | Descrip Fees | tion of Exp | penditure | | |
| o Whom Paid /ix.com DAY YEAR | | | | | | | |
| Mailing Address 2601 Missio | n Street | | 12 | 30 | 2019 | \$ | 216.00 |
| City San Francisco | State CA | Zip Code (Plus 4) 94110 | Description of Expenditure Website | | | | |
| To Whom Paid Wix.com | · | | мо | DAY | YEAR | | |
| Mailing Address 2601 Missio | n Street | | 6 | 30 | 2019 | \$ | 350.00 |
| City San Francisco | State CA | Zip Code (Plus 4) 94110 | Descrip Website | otion of Exp | penditure | | |
| To Whom Paid PNC Bank | | | МО | DAY | YEAR | | |
| Mailing Address 300 Fifth Ave | | | 8 | 2 | 2019 | \$ | 15.41 |
| City Pittsburgh | State PA | Zip Code (Plus 4) 15222 | Descrip Fees | tion of Exp | enditure | ı | |
| Enter Grand Total of Expend | litures en Page 1. Pe | nort Cover Page Ttem D | • | | | | PAGE TOTAL |
| Lines Grand Total of Expend | iitures on Page 1, Ke | port Cover Page, Item D | • | | | \$ | 2,805.16 |