### **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	40432			Rep File			CANI	DIE	DATE		COMM	1ITTEE	<b>✓</b> [	LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		BETS	SY V	WAHL	FOR JU	UD	GE								
Street Address:	424 SOLLY A	AVE																
City:	PHILA							State:		PA			Zip Cod	le: 19	111			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA		P	OST-			AMENDMENT REPORT?		Yes	N	0	<b>√</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	<u>-</u> 5	5.	30 DA		P	POST- 6.			TERMINATION REPORT?		Yes	N	0	<b>\</b>
report type)	ANNUAL REPOR	7.	7. Year 2021 FILING METHOD ( ) CHECK ONE							PAPER	<b>√</b>	DISK	ETTE					
Name of Office S	ought by Candid	ate:	-					DATE	OI	F ELEC	CTIC	N	District Number	Office Code	Par	ty Cod	Code	
JUDGE OF THE	COURT OF COM	MON DI F	: ^ C					МО		DAY	YI	EAR		CPJ	DEI	1		
JODGE OF THE	COOK! OF COM	MONTEL						1	11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of		МО	DAY	YEAR				МО		DAY	ΥI	EAR	FO	R OFFIC	E USE	ONLY		
Expenditures	trom:		1 1	. 2	021	Т	0		3	2	29	2021						
A. Amount Bro	A. Amount Brought Forward From Last Report \$ 56,755.										755.48							
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 101,000.										00.00								
C. Total Funds Available (Sum Of Lines A and B)											157,7	755.48						
D. Total Expenditures (From Schedule III)							\$				35,8	347.48						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			1	21,9	00.80						
F. Value Of In-	Kind Contribution	ns Receiv	red (From S	chedu	le II	)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From	Schedule I\	/)			\$					0.00						
				AFF	IDA	VI	T SE	CTIO	N									
PART I - If this is		-	_							-		_		e	.11			
correct and comple	that this report, in	cluaing th	e attached sc	neaules	s filea	on	paper	or by ele	ectr	onic me	earum	, are to t	ne best o	r my knov	vieage	and be	iler , tr	ue
Sworn to and subs	cribed before me th day of	is	20						-		5	Signature	of Perso	1 Submitt	ing Re <sub>l</sub>	ort		_
	Signat	ure					- -		-				Print	ted Name				_
My Commission Ex	pires						_		-				Emai	I				
	МО	D	AY	YR						Are	a Coc	le	Daytim	e Teleph	one Nu	mber		ᆜ
Part II- If this is	a report of a car	ndidate's	authorized	Comn	nitte	e, C	andid	ate sha	ıll s	ign he	re.							
I swear (or affirm) No 320) as amende		my knowl	edge and bel	ief this	polit	ical	comm	ittee has	s no	t violat	ed an	y provisi	ons of the	e act of Ju	ine 3,1	937 (P	L. 133	3,
Sworn to and subsc	ribed before me thi day of	5	20									Si	gnature o	f Candida	ite			_
							-						Printe	d Name				-
	Signature	l					-		-				Emai	il				_
My Commission Exp	ires												Ema					
	МО	D	AY	YR			-			Area	Code		Da	ytime Te	elephor	e Num	ber	_

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	Period		
BETSY WAHL FOR JUDGE	From:	1/1/202	<u>1</u> To:	<u>3/29/2021</u>
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)			\$	1,000.00
All Other Contributions (Part D)			\$	100,000.00
TOTAL for the Reporting	Period	(3)	\$	101,000.00
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 Page 1			\$	101,000.00

#### **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	nittee or Candidate		Re	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 Fining Committee of Canadate			Reporting Period From: To:					
				m:		):		
					DATE		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 Per	iod		
BETSY WAHL FOR JUDGE	From:	1/1/2021	То:	3/29/2021

DATE AMOUNT

Full Name of Contributing Committee SMART LOCAL 19			МО	DAY	YEAR	
Mailing Address 1301 S. COLUMBUS BOULD.			_		\$ 1,000.00	
City PHILA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19147	3	8	2021	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL 1,000.00

### 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				Repo	orting Pe	riod			
BETSY WAHL FOR JUDGE				Fron	n:	1/1/2	<u>021</u> To	To: <u>3/29/2021</u>	
					D/	ATE			AMOUNT
Full Name of Contributor JOY WAHL					МО	DAY	YEAR		
Mailing 4601 SIMON ST	dress State Zin Code (Plus 4)					4-			\$ 100,000.00
City WILMINGTON	<b>State</b> DE		Code (Plus	4)	2	17	2021	-	
Employer Name RETIRED	•	•			Occupat	ion			
Employer Mailing Address/Principal Plac Business	ce of		City			State		Zip	Code (Plus 4)
4601 SIMON ST			WILMING	STON		DE		19	9802
Enter Grand Total of Part C on Scho	edule I, Detailed S	umm	nary Page,	Section	on 3.			\$	PAGE TOTAL 100,000.00

## 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 Car	ndidate		Report	ing Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
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 T. Detailed	d Summary Page	Section	4			P	AGE TOTAL
	2, <b>200</b> 0000		22300				\$	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		
BETSY WAHL FOR JUDGE	From:	<u>1/1/2021</u> <b>To</b> :	<u>3/29/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Candidat	:e		Reporting	g Period				
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>\$</b>	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 Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	Kind (	Contributions De	etaile	ed				PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee o	or Candidate		Reporti	ng Period					
BETSY WAHL FOR JUDGE			From	1/	1/2021	То:	3/29/2021		
				DATE			AMOUNT		
To Whom Paid	OMMITTEE		мо	DAY	YEAR				
9TH WARD DEMOCRATIC C	OMMITTEE					1			
Mailing Address 419 ALL	ENS LANE		3	26	2021	\$	500.00		
City PHILA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	PA	19119	GOTV						
To Whom Paid LIBERTY CITY DEMOCRATS			МО	DAY	YEAR				
Mailing Address 3023 S.	74TH ST		3	12	2021	<b>\$</b>	125.00		
City PHILA	State	Zip Code (Plus 4)	Description of Expenditure						
	PA	19152	GOTV						
To Whom Paid PHILADELPHIA DEMOCRATIC CITY COMMITTEE			мо	DAY	YEAR				
Mailing Address 219 SPR	ING GARDEN ST		3	4	2021	\$	35,000.00		
City PHILA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
	PA	19123	GOTV						
To Whom Paid STRASSHEIM PRINTING			мо	DAY	YEAR				
Mailing Address 1500 SP	RING GARDEN ST		3	12	2021	\$	96.12		
City PHILA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	 e			
	PA	19130	PRINTI	NG					
To Whom Paid STRASSHEIM PRINTING			мо	DAY	YEAR				
Mailing Address 1500 SP	Address 1500 SPRING GARDEN ST		3	26	2021	\$	126.36		
City PHILA	State	Zip Code (Plus 4)	Descri	tion of Exp	enditure	 e			
	PA	19130	PRINTI						
Enter Grand Total of Exp	anditures on Page 1. Pa	uport Cover Page There	<u>'</u>				PAGE TOTAL		
Enter Grand Total Of EXP	enalules on raye 1, Re	poit cover raye, Item I	<b>/</b> ·			\$	35,847.48		