Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

-				-	1	-		CANDI	DATE	_					BYIST	-	—
Filer Identificat Number :	ion 2021	.C0055			Repor Filed	-	:	CANDI	DATE	✓		OMMITTEI		LUBI	31131		
Name of Filing	Committee, Candid	ate or Lo	obbyist:		BARIS	H, W	VEN	DI									
Street Address:																	
City:							9	State:				Zip Cod	e: 19	106			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		DAY IMA		POST-	3.		AMENDMENT REPORT?		Yes	No)	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E- 5.		DAY ECTI		POST-	6. X		TERMINA REPORT?	Yes	No)	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2021					G METHO HECK OI				PAPER		\checkmark	DISK	TTE	
Name of Office	L Sought by Candida	te:						DATE O				District Number	Office Code	Par	ty Code	Cour	
								мо	DAY	YE	AR	1	CPJ	DEN	1	•	
JUDGE OF THE	JUDGE OF THE COURT OF COMMON PLEAS							11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of Receipts and MO DAY YEAR							[мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY		
Expenditures from: 10 19 2021						го		11	2	22	2021						_
A. Amount Bro	A. Amount Brought Forward From Last Report						\$		(175,000.00)								
B. Total Monet	ary Contributions	And Rece	eipts (From	n Sche	edule I)		\$		0.00								
C. Total Funds	Available (Sum Of	Lines A	and B)				\$		(1	75,00	0.00)						
D. Total Expen	ditures (From Sch	edule III	[)				\$		1	.45,3	31.72						
E. Ending Cash	n Balance (Subtrac	t Line D I	From Line	C)			\$		(2	29,61	8.28)						
F. Value Of In-	Kind Contributions	s Receive	ed (From S	chedu	le II)		\$		0.00								
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')			\$				0.00						
				AFF	IDAV	IT S	SEC	CTION									
	s a Committee rep																
I swear (or affirm correct and compl) that this report, incl lete.	luding the	attached sc	hedule	s filed on	1 рар	per o	r by electi	ronic me	dium,	are to	the best of	my know	ledge	and bel	ief , tr	ue
Sworn to and subs	scribed before me this day of	5	20							Si	gnatur	e of Person	Submitt	ing Rep	ort		-
	Signatu	Ire	-			_						Print	ed Name				-
My Commission E	-											Email					-
	мо	DA	Y	YR					Are	a Cod	9	Daytime	e Telepho	one Nu	mber		_
Part II- If this is	a report of a can	didate's a	authorized	Comr	nittee, (Cand	dida	te shall :	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	s political	l con	mmit	tee has n	ot violat	ed any	, provis	ions of the	act of Ju	ine 3,1	937 (P.I	133	3,
Sworn to and subse	cribed before me this day of		20								s	ignature o	f Candida	te			-
						_						Printeo	i Name				-
My Commission Ex	Signature pires											Emai					_
	мо	DA	١Y	YR	ł	_			Area	Code		Da	ytime Te	lephor	e Numt	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BARISH, WENDI From: <u>10/19/2021</u> **To:** 11/22/2021 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 I	Period			
			Fre	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

\$

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			orting P	eriod			
			Fro	m:		Тс):	
					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	2.		\$	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 Commit	ttee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	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	d				
			From:	From: To:					
				D	ATE			AMOUNT	1
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 Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	TAL
		illi y i uge,	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 Perio	d	
BARISH, WENDI	From:	<u>10/19/2021</u> то:	<u>11/22/2021</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 PART	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			Reporting	g Period			
Fr					То:		
				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 Candidate				Re	porting P	Period				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(P	lus 4)						
Employer of Contributor	I		1			Occupat	tion	-		
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption o	f Contribution	
				_						PAGE TOTAL

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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate						
BARISH, WENDI	From	<u>10/19</u>	То:	<u>11/22/2021</u>			
				DATE			AMOUNT
To Whom Paid FRIENDS OF WENDI BARISH				DAY	YEAR		
Mailing Address 615 CHESTNUT ST I	PO BOX 40224		11	22	2021	\$	145,381.72
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19106	· ·	otion of Exp ORGIVENE		1	
Enter Crand Tatal of Expanditures on Dags 1. Depart Cover Dags. Item D							PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.).			\$	145,381.72