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 : | ion | 2014 | 0432 | | | Rep File | | | CANDI | DATE | | СОМ | ITTEE | ✓ | LOBE | BYIST | | |
|--|-----------------------|-------------------|-------------|------------------------|---------|-------------|--------|----------------|-------------|----------|--------|----------------------|------------------------|----------------|----------|-----------|----------------|---|
| Name of Filing C | Committe | e, Candid | ate or Lo | obbyist: | | BETS | SY V | VAHL | FOR JUE | GE | | | | | | | | |
| Street Address: | 424 | SOLLY AV | /E | | | | | | | | | | | | | | | |
| City: | PHIL | A | | | | State: | | | | PA | | | Zip Code: 19111 | | | | | |
| TYPE OF REPORT | 6TH TUES PRE-PRIM | | 1. | 2ND FRIDA' PRIMARY | Y PRE | - 2 | | 30 DA PRIMA | | POST- 3. | | AMENDMENT REPORT? | | Yes | No | ~ | | |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDA' ELECTION | y pre | - 5 | 5. | 30 DA ELECT | | POST- | 6. | | TERMINA REPORT | | Yes | No | ~ | |
| report type) | ANNUAL | . REPORT | 7. X | Year 2021 | | | | | IG METHO | | | | PAPER OIS | | | DISKE | TTE | |
| Name of Office S | Sought by | Candidat | te: | - | | | | | DATE 0 | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | County Code | , |
| | | | | | | | | | мо | DAY | YE | AR | Number | CPJ | DEM | 1 | couc | |
| JUDGE OF THE | COURT | OF COMM | ON PLE | AS | | | | | 11 | | 2 | 2021 | | (SEE IN | STRUCTIO | ONS FOR O | ODES) | |
| Summary of | | s and | МО | DAY | YEAR | 1 | | | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | irom: | | 1 | 11 23 | 2 | 021 | T | 0 | 12 | : | 31 | 2021 | | | | | | |
| A. Amount Bro | ught Forv | ward Fron | n Last R | eport | | | | \$ | | | 13,2 | 246.23 | | | | | | |
| B. Total Monet | ary Contr | ibutions <i>l</i> | And Rec | eipts (From | Sche | dule | I) | \$ | | | | 0.00 | | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | | 13,2 | 246.23 | | | | | | |
| D. Total Expen | ditures (I | From Sche | edule II | I) | | | | \$ | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line (| C) | | | \$ | | | 12,2 | 46.23 | | | | | | |
| F. Value Of In- | Kind Con | tributions | Receive | ed (From S | chedu | le II) |) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | ts And Ob | ligations | (From S | Schedule IV |) | | | \$ | | | | 0.00 | | | 1 | | | |
| | | | | | AFF | IDA | VI٦ | ΓSE | CTION | | | | | | | | | |
| PART I - If this is | s a Comm | nittee repo | ort, trea | surer sign l | here. | If thi | s is | a Can | didate re | eport, o | candio | date sig | jn here. | | | | | |
| I swear (or affirm) correct and comple | | report, incl | uding the | attached scl | nedules | s filed | l on p | paper o | or by elect | ronic m | edium | , are to t | the best o | f my kno | wledge a | and belie | ef , true | |
| Sworn to and subs | scribed before day of | ore me this | • | 20 | | | | | | | s | ignature | of Perso | n Submit | ting Rep | ort | | |
| | _ | | | - | | | | - - | | | | | Prin | ted Name | e | | | |
| My Commission Ex | kpires | Signatu | re | | | | | | | | | | Ema | il | | | | |
| | | мо | D | AY | YR | | | - | | Are | ea Cod | e | | ne Telepi | none Nu | mber | | |
| Part II- If this is | a report | of a cand | lidate's | authorized | Comn | nittee | e, Ca | andida | ate shall | sign he | ere. | | | | | | | j |
| I swear (or affirm) No 320) as amende | | ne best of m | ny knowle | edge and beli | ef this | politi | ical | commi | ittee has n | ot viola | ted an | y provis | ions of th | e act of J | une 3,19 | 937 (P.L | . 1333, | 1 |
| Sworn to and subsc | ribed befo | re me this | | | | | | | | | | s | ignature o | of Candid | ate | | | |
| | day of | | | _ 20 | | | | - | | | | | | | | | | |
| | | Signature | | | | | | - | | | | | Printe | ed Name | | | | |
| My Commission Exp | | Signature | | | | | | | | | | | Ema | il | | | | |
| | _ | мо | D/ | AY | YR | ! | | • | | Area | Code | | Da | aytime T | elephon | e Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|----------|----------------|------------|
| BETSY WAHL FOR JUDGE | From: | 11/23/20 | 2 <u>1</u> To: | 12/31/2021 |
| 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

| | \$2 | seived from political committees \$250.00 in the reporting period. | | | | | | | |
|------------------------|---------------|---|---|----|----------|------|----|------------|--|
| Nume of Fining Comm | | From: | | | То | : | | | |
| | | | | | DATE | | | AMOUNT | |
| Full Name of Contribut | ing Committee | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) |) | | | | | | |
| | ! | I | ! | | <u> </u> | | | 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 o | r Candidate | | Rep Fro | oorting P | eriod | To | o: | |
|----------------------------|-------------|-------------------|------------|-----------|-------|------|----|--------|
| | | | l | | 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 Candi | date | | 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.)

| Name of Filing Committee or Candidate Re | | 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 | | Repor | ting Perio | od | | | |
|-------------------------------|-------------------------|-------------------|---------|------------|-----|------|----|----------|
| | | | From: | | | To: | | |
| | | | • | D | ATE | | AI | MOUNT |
| 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. Detailed | d Summary Page | Section | 4 | | | PA | GE TOTAL |
| - Inc. Statia Total of Fall E | Jonedane 1, Betanet | . Jammar y r uge, | 500.011 | | | | \$ | 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 Per | iod | |
|--|----------------|------------------------------|-------------------|
| BETSY WAHL FOR JUDGE | From: | <u>11/23/2021</u> To: | <u>12/31/2021</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | PER CONTRIBUTO | R | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | TF) | | |
| 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 Candidate | | | | | Reporting | Period | | | |
|---|-------------|--------|---------------|------|-----------|-----------|--------|-------|-----------------|
| | | | | | From: | | То: | | |
| | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | | Zip Code(Plus | 4) | | | | | |
| Employer of Contributor | | | | | Occupa | ation | | | |
| Employer Mailing Address/Principal Plad Business | ce of | City | Sta | ite | Zip 4) | Code(Plus | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Sch | edule II, I | n-Kind | Contributions | Deta | ailed | | | | PAGE TOTAL |
| Summary Page, Section 3. | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| | Reporting Period | | | | |
|---------------------------|------------------|-----|------------|--|--|
| BETSY WAHL FOR JUDGE From | 11/23/2021 | То: | 12/31/2021 | | |

| | | | | DATE | | | AMOUNT |
|---|--------------------|-----------------------------------|---|------|------|----|----------------------------|
| To Whom Paid 12TH CATERING | | | мо | DAY | YEAR | | |
| Mailing Address 3312-20 SPRING GARDEN ST | | | 12 | 9 | 2021 | \$ | 1,000.00 |
| City PHILA | State PA | Zip Code (Plus 4) 19104 | Description of Expenditure CMAPAIGN EXPENDITURE | | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | PAGE TOTAL 1,000.00 |