### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | on                                     | 20220        | C1589       |                        |         |        | port   |        | CAN      | IDI   | DATE     | <b>√</b> | СО          | MMITTEE            |                | LOBE         | BYIST    |         |          |
|---|--|--------------|-------------|------------------------|---------|--------|--------|--------|----------|-------|----------|----------|-------------|--------------------|----------------|--------------|----------|---------|----------|
| Name of Filing C                          | ommitte                                | e, Candida   | ate or L    | obbyist:               |         | BET    | TH F   | NCH    |          |       |          |          |             |                    |                |              |          |         |          |
| Street Address:                           |  |              |             |                        |         |        |        |        |          |       |          |          |             |                    |                |              |          |         |          |
| City:                                     |  |              |             |                        |         |        |        |        | State    | :     |          |          |             | Zip Code           | e: 18          | 104          |          |         |          |
| TYPE OF<br>REPORT                         | 6TH TUES                               |              | 1.          | 2ND FRIDA'<br>PRIMARY  | Y PRE   | -      | 2.     | 30 DA  |          | Р     | OST-     | 3.       |             | AMENDME<br>REPORT? | NT             | Yes          | No       | )       | <b>\</b> |
| (place X to<br>the right of               | 6TH TUES                               |              | 4.          | 2ND FRIDA'<br>ELECTION | y pri   | ≣-     | 5.     | 30 DA  |          | Р     | OST-     | 6.       |             | TERMINAT REPORT?   | ΓΙΟΝ           | Yes          | No       | )       | <b>√</b> |
| report type)                              | ANNUAL                                 | . REPORT     | 7. <b>X</b> | <b>Year</b> 2022       |         |        |        |        | CHECK    |       |          |          |             | PAPER              |                | $\checkmark$ | DISKE    | TTE     |          |
| Name of Office S                          | L<br>Sought by                         | , Candidat   | e:          |                        |         |        |        |        | DAT      | E 0   | F ELE    | CTI      | ON          | District<br>Number | Office<br>Code | Par          | ty Code  | Cour    |          |
|   |  |              |             |                        |         |        |        |        | МО       |       | DAY      | Υ        | EAR         | 132                | STH            | REP          |          | TCOUC   | •        |
| REPRESENTATI                              | VE IN TH                               | ie gener     | AL ASS      | EMBLY                  |         |        |        |        |          | 11    |          | 8        | 2022        |                    | (SEE INS       | TRUCTIO      | ONS FOR  | CODES   | )        |
| Summary of                                | Receipts                               | s and        | МО          | DAY                    | YEAR    | ł      |        |        | МО       |       | DAY      | Y        | 'EAR        | FOF                | OFFIC          | E USE        | ONLY     |         |          |
| Expenditures                              | from:                                  |              |             | 11 29                  | 2       | 022    | Т      | 0      |          | 12    |          | 31       | 2022        |                    |                |              |          |         |          |
| A. Amount Bro                             | ught Forv                              | ward From    | ı Last R    | eport                  |         |        |        | \$     |          |       | •        |          | 0.00        |                    |                |              |          |         |          |
| 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)                 |         |        |        | \$     |          |       |          |          | 0.00        |                    |                |              |          |         |          |
| D. Total Expend                           | ditures (I                             | From Sche    | dule II     | I)                     |         |        |        | \$     |          |       |          |          | 0.00        |                    |                |              |          |         |          |
| E. Ending Cash                            | Balance                                | (Subtract    | Line D      | From Line (            | C)      |        |        | \$     |          |       |          |          | 0.00        |                    |                |              |          |         |          |
| F. Value Of In-                           | Kind Con                               | tributions   | Receive     | ed (From Se            | chedu   | le I   | I)     | \$     |          |       |          |          | 0.00        |                    |                |              |          |         |          |
| G. Unpaid Debt                            | s And Ob                               | ligations    | (From S     | Schedule IV            | )       |        |        | \$     |          |       |          |          | 0.00        |                    | ,              |              |          |         |          |
|   |  |              |             |                        | AFF     | ID     | AVI    | T SE   | CTIO     | N     |          |          |             |                    |                |              |          |         |          |
| PART I - If this is                       | a Comm                                 | nittee repo  | ort, trea   | surer sign l           | here.   | If th  | nis is | a Car  | didat    | e re  | port, c  | cand     | idate sig   | ın here.           |                |              |          |         |          |
| I swear (or affirm)<br>correct and comple |  | report, incl | uding the   | attached scl           | hedule  | s file | ed on  | paper  | or by e  | lectr | ronic m  | ediur    | n, are to t | he best of         | my know        | /ledge       | and beli | ef , tr | ue       |
| Sworn to and subs                         | cribed bef<br>day of                   | ore me this  |             | 20                     |         |        |        |        |          | ,     |          |          | Signature   | of Person          | Submitt        | ing Rep      | ort      |         |          |
|   | _                                      | Signatur     | ·e          |                        |         |        |        | -<br>- |          |       |          |          |             | Printe             | ed Name        |              |          |         | _        |
| My Commission Ex                          | pires                                  |              |             |                        |         |        |        | _      |          | •     |          |          |             | Email              |                |              |          |         |          |
|   |  | МО           | D           | AY                     | YR      |        |        |        |          |       | Are      | ea Co    | de          | Daytime            | Telepho        | one Nu       | mber     |         |          |
| Part II- If this is                       | a report                               | of a cand    | idate's     | authorized             | Comn    | nitte  | ee, C  | andid  | ate sh   | all s | sign he  | ere.     |             |                    |                |              |          |         |          |
| I swear (or affirm)<br>No 320) as amende  |  | e best of m  | y knowle    | edge and beli          | ef this | poli   | itical | comm   | ittee ha | as no | ot viola | ted a    | ny provisi  | ions of the        | act of Ju      | ne 3,1       | 937 (P.I | 133     | 3,       |
| Sworn to and subsc                        | ribed befo<br>day of                   | re me this   |             | 20                     |         |        |        |        |          |       |          |          | Si          | ignature of        | Candida        | te           |          |         | _        |
|   | —————————————————————————————————————— |              |             |                        |         |        |        | -      |          |       |          |          |             | Printed            | Name           |              |          |         | -        |
|   |  | Signature    |             |                        |         |        |        | -      |          |       |          |          |             |                    |                |              |          |         | _        |
| My Commission Exp                         | ires                                   |              |             |                        |         |        |        |        |          |       |          |          |             | Email              |                |              |          |         |          |
|   | -                                      | мо           | D           | AY                     | YR      | t .    |        | -      |          |       | Area     | Code     | ı           | Day                | time Te        | lephon       | e Numb   | er      | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period  |               |            |
|--|-----------|-----------|---------------|------------|
| BETH FINCH   | From:     | 11/29/202 | <u>22</u> To: | 12/31/2022 |
| 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

| Name of Filing Committee or Candidate |           |                   | Reporting Period |      |      |    |        |  |
|---------------------------------------|-----------|-------------------|------------------|------|------|----|--------|--|
|                                       |           |                   | From:            |      | То   | :  |        |  |
|                                       |           | L                 |                  | DATE |      |    | AMOUNT |  |
| Full Name of Contributing             | Committee |                   | 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 |
|------------|
| \$<br>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 Filling Committee of Candidate |       |                   |   |    | Reporting Period From: To: |      |          |       |  |  |
|--|-------|-------------------|---|----|----------------------------|------|----------|-------|--|--|
|  |       |                   |   |    | DATE                       |      | AN       | 4OUNT |  |  |
| Full Name of Contributor               |       |                   |   | МО | DAY                        | YEAR |          |       |  |  |
| Mailing Address                        |       |                   |   |    |                            |      | \$<br>\$ | 0.00  |  |  |
| City                                   | State | Zip Code (Plus 4) | 1 |    |                            |      |          |       |  |  |

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  |      | А  | MOUNT      |
| Full Name of Contributing Committee   |                       |          |             | мо     | DAY | YEAR |    |            |
| Mailing Address                       |                       |          |             |        |     |      | \$ | 0.00       |
| City                                  | State                 | Zip Cod  | e (Plus 4)  |        |     |      |    |            |
|                                       |                       |          |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on Scho   | edule I, Detailed Sun | 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  |      |            |                 |
|--|----------------------|----------------|---------|-----------|-------|------|------------|-----------------|
|  |                      |                | Fron    | n:        |       | To   | <b>)</b> : |                 |
|  |                      |                |         | D         | ATE   |      | ı          | AMOUNT          |
| Full Name of Contributor                           |                      |                |         | МО        | DAY   | YEAR |            |                 |
| Mailing<br>Address                                 |                      |                |         |           |       |      | \$         | 0.00            |
| City   | State                | Zip Code (Plus | s 4)    |           |       |      |            |                 |
| Employer Name                                      |                      |                |         | Occupa    | tion  |      |            |                 |
| Employer Mailing Address/Principal Pla<br>Business | ce of                | City           |         |           | State |      | Zip Co     | ode (Plus 4)    |
| Enter Grand Total of Part C on Scho                | edule I, Detailed Su | ımmary Page,   | Section | on 3.     |       |      | \$         | PAGE 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 Co | andidate              |                  | Report  | ting Perio | bd  |      |    |          |
|--------------------------------|-----------------------|------------------|---------|------------|-----|------|----|----------|
|                                |                       |                  | From:   |            |     | То:  |    |          |
|                                |                       |                  |         | D          | ATE |      | AN | 10UNT    |
| Full Name                      |                       |                  |         | МО         | DAY | YEAR |    |          |
| Mailing Address                |                       |                  |         |            |     |      | \$ | 0.00     |
| City                           | State                 | Zip Code (       | Plus 4) |            |     |      |    |          |
| Receipt Description            | ·                     | •                |         |            |     |      |    |          |
| Enter Grand Total of Part E or | Schedule T Detaile    | d Summary Page   | Section | 4          |     |      | PA | GE TOTAL |
| Lines Grana Fotal of Fair 2 of | r benedule 1/ betanet | z Summary r 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 Peri | od                           |            |
|--|----------------|------------------------------|------------|
| BETH FINCH   | From:          | <u>11/29/2022</u> <b>To:</b> | 12/31/2022 |
| 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   | 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                |                       | Reportin | 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 S   | chedule II, In-Kir | nd Contributions Deta | iled Sun | nmary Pag | je,  |           | PAGE TOTAL |  |
| Section 2.                         |                    |                       |          |           |      | \$        | 0.00       |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                         | ame of Filing Committee or Candidate |         |            |         |        | porting   | Period    |        |       |                        |  |
|---|--------------------------------------|---------|------------|---------|--------|-----------|-----------|--------|-------|------------------------|--|
|   |                                      |         |            |         | From:  |           |           | То:    | То:   |                        |  |
|   |                                      |         |            |         | •      |           | DATE      |        |       | AMOUNT                 |  |
| Full Name of Contributor                                      |                                      |         |            |         |        | мо        | DAY       | YEAR   |       |                        |  |
| Mailing Address   |                                      |         |            |         |        |           |           |        | \$    | 0.00                   |  |
| City  | State                                |         | Zip Code(I | Plus 4) |        |           |           |        |       |                        |  |
| Employer of Contributor                                       | -1                                   |         | •          |         |        | Occupa    | ation     |        |       |                        |  |
| Employer Mailing Address/Principal Pla<br>Business            | ace of                               | City    |            | State   |        | Zip<br>4) | Code(Plus | Descri | ption | of Contribution        |  |
| Enter Grand Total of Part G on Sc<br>Summary Page, Section 3. | hedule II, I                         | in-Kind | Contributi | ons De  | etaile | ed        |           |        |       | <b>PAGE TOTAL</b> 0.00 |  |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or | Candidate              |                         | Reporti | ng Period   |           |           |            |  |
|-----------------------------|------------------------|-------------------------|---------|-------------|-----------|-----------|------------|--|
|                             |                        |                         | From    |             |           | То:       |            |  |
|                             |                        |                         |         | DATE        |           |           | AMOUNT     |  |
| To Whom Paid                |                        |                         | МО      | DAY         | YEAR      |           |            |  |
| Mailing Address             |                        |                         |         |             |           | \$        | 0.00       |  |
| City                        | State                  | Zip Code (Plus 4)       | Descri  | ption of Ex | penditure |           |            |  |
|                             |                        |                         |         |             |           |           | PAGE TOTAL |  |
| Enter Grand Total of Expe   | naitures on Page 1, Re | port Cover Page, Item L | ).      |             |           | <b>\$</b> | 0.00       |  |