#### **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 8300		Report CANDIDAT Filed By:			DATE		СОМ	<b>4ITTEE</b>	<b>✓</b>	LOBI	BYIST						
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		ACBA	۱ - ۱	JUDIO	CIAL EX	(CE	ELLEN	CE CO	TIMMC	ΓEE					
Street Address:	400 KOPPERS	BUILDI	NG,436 SE	VENT	H AV	ΈΝΙ	JE											
City:	PITTSBURGH	-				State:				PA			<b>Zip Code:</b> 15219					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	/ PRE	- 2		30 DA PRIMA		P	OST-	3.		AMENDM REPORT		Yes	No		<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	/ PRE	- 5		30 DA		P	OST-	6.		TERMINA REPORT		Yes	No	•	<b>\</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2014					NG MET CHECK					PAPER		<b>/</b>	DISKE	TTE	
Name of Office S	- Sought by Candida	te:						DATE	OF	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО		DAY	YE	AR						
								1	11		4	2014		(SEE IN	ISTRUCTI	ONS FOR (	ODES)	)
	Receipts and	МО	DAY	YEAR	1			МО		DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	irom:	1	11 25	2	014	T	0	1	12	(*)	31	2014						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$	_			35,8	379.85						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				1	184.57						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$				36,0	)46.42						
D. Total Expen	ditures (From Scho	edule II	I)				\$				1,8	320.30						
E. Ending Cash	Balance (Subtract	Line D	From Line (	C)			\$				34,2	44.12						
F. Value Of In-	Kind Contributions	Receive	ed (From So	hedu	le II)	)	\$					0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$					0.00			•			
				AFF	IDA	VI٦	ΓSE	CTIO	V									
	s a Committee rep	-	_									_						
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sch	edules	filed	on p	oaper	or by ele	ectr	onic me	dium	, are to t	he best o	f my kno	wledge	and beli	ef , tru	ue
Sworn to and subs	cribed before me this day of	•	20						-		s	ignature	of Perso	n Submit	ting Rep	ort		_
	- ——		_				-		-				Prin	ted Name	e			-
My Commission Ex	Signatu pires	re							-				Ema	il				-
	мо	DA	AY	YR			-		-	Are	a Cod	le	Daytim	e Teleph	none Nu	mber		-
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	e, Ca	andid	ate sha	all sign here.									
I swear (or affirm) No 320) as amende		ny knowle	edge and beli	ef this	politi	cal	comm	ittee has	s no	ot violat	t violated any provisions of the act of June 3,1937 (P.L. 133							3,
Sworn to and subsc	ribed before me this								Signature of Candidate								-	
	day of								Printed Name								_	
	Signature						-						riiite	.u 14a1116				
My Commission Exp	<del>-</del>								-				Ema	il				_
	МО	D/	AY	YR	,					Area	Code		Da	aytime T	elephor	ne Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

	1			
Name of Filing Committee or Candidate	Reporting	g Period		
ACBA - JUDICIAL EXCELLENCE COMMITTEE	From:	11/25/20:	<u>l4</u> To:	12/31/2014
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	J 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	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	j Period	(4)	\$	184.57
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	184.57

#### **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 Filing Committee or Candidate  Rep								
					DATE	To		AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	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 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	me of Filing Committee or Candidate				Reporting Period					
			Froi	m:		То:				
				D	ATE		А	MOUNT		
Full Name of Contributor				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plu	s 4)							
Employer Name		•		Occupa	tion		•			
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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 Candidate			Donout	ing Perio				
ACBA - JUDICIAL EXCELLENCE COMMIT	ITEE		From:		11/25/201	<u>4</u> To:	12/31/20	<u>14</u>
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR		
COMCAST				MO	DAT	ILAK		
Mailing Address 301 - 399 OLIVER A	VENUE						<b>\$</b>	180.00
City PITTSBURGH	State	Zip Code (	Plus 4)	1	1	2014		
	PA	15222						
Receipt Description REFUND								
Full Name					DAY	VEAD		
PNC BANK, N.A.				МО	DAY	YEAR		
Mailing Address P.O. BOX 609							<b>\$</b>	4.57
City PITTSBURGH	State	Zip Code (	Plus 4)	12	31	2014		
	PA	15230						
Receipt Description INTEREST								

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL**\$ 184.57

#### **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	
ACBA - JUDICIAL EXCELLENCE COMMITTEE	From:	<u>11/25/2014</u> <b>To:</b>	<u>12/31/2014</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					Reporting	Period				
					From:			То:		
						DAT	E			AMOUNT
Full Name of Contributor					мо	DAY	,	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(Plus	4)						
Employer of Contributor					Оссир	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zi 4)	p Code(Pl )	us	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

Name of Filing Committee or	Candidate		Reportir	ng Period			
ACBA - JUDICIAL EXCELLEN	CE COMMITTEE		From	11/2	5/2014	То:	12/31/2014
				DATE			AMOUNT
To Whom Paid THE JEWISH CHRONICLE			мо	DAY	YEAR		
Mailing Address 5915 BEA	CON STREET 3RD FLOOR		1	8	2014	\$	1,062.00
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15217					INGS &
<b>To Whom Paid</b> FRANK, GALE, BAILS, MURCK	O & POCRASS, P.C.		мо	DAY	YEAR		
Mailing Address 707 GRAN	IT STREET 33RD FLOOR, (	GULF TOWER	1	22	2014	\$	512.00
City PITTSBURGH  State  PA  15219				otion of Exp			
<b>To Whom Paid</b> FRANK, GALE, BAILS, MURCK	O & POCRASS, P.C.		МО	DAY	YEAR		
Mailing Address 707 GRAN	IT STREET 33RD FLOOR, 0	GULF TOWER	2	18	2014	\$	143.50
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15219		otion of Exp SSIONAL S			
<b>To Whom Paid</b> FRANK, GALE, BAILS, MURCK	O & POCRASS, P.C.	·	мо	DAY	YEAR		
Mailing Address 707 GRAN	IT STREET 33RD FLOOR, (	GULF TOWER	5	8	2014	\$	17.00
City PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15219		otion of Exp			
To Whom Paid CITY DELI			МО	DAY	YEAR		
Mailing Address 436 SEVE	NTH AVENUE LOWER LEVE	EL KOPPERS BLDG.	5	8	2014	\$	85.80
City PITTSBURGH  State PA  2ip Code (Plus 4) 15222				otion of Exp			
Enter Grand Total of Expe	nditures on Page 1, Rep	oort Cover Page, Item I	).			\$	<b>PAGE TOTAL</b> 1,820.30