### **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	021			Rep File			CAND	DATE		СОМ	<b>4ITTEE</b>	✓	LOBE	SYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		ACBA	Δ	JUDIO	CIAL EXC	ELLEN	CE C	TIMMC	ΓEE				
Street Address:	400 KOPPERS	BUILDI	ING,436 SE	VENT	H AV	'ENI	JE									
City:	PITTSBURGH							State:	PA			Zip Cod	ie: 15	5219		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.						AY ARY	POST- 3.			AMENDMENT Yes REPORT?			No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION						Y POST- 6. ION			TERMINA REPORT		Yes	No	<b>~</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2015					NG METH CHECK O				PAPER		<b>/</b>	DISKE	TTE
Name of Office S	Sought by Candida	te:	_					DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YI	AR	Number	code			Code
								11		3	2015		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	l			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	from:		3 31	2	015	T	0	5	5	4	2015					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			34,2	244.12					
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				1.02					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			34,2	245.14					
D. Total Expend	ditures (From Scho	edule II	I)				\$			3,9	39.17					
E. Ending Cash	Balance (Subtract	Line D	From Line C	C)			\$			30,3	05.97					
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II)	)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0.00			•		
				AFF	IDA	VI	ΓSE	CTION								
	s a Committee rep	-	_						-		_					
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached sch	edules	s filed	on	paper	or by elect	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me this day of	i	20							S	Signature	of Perso	n Submit	ting Rep	ort	
			<u> </u>				- -					Prin	ted Nam	e		
My Commission Ex	Signatu pires	re										Ema	il			
	мо	D	AY	YR			-		Ar	ea Coo	le	Daytim	e Telepi	none Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	e, Ca	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politi	ical	comm	ittee has r	not viola	ted an	y provis	ions of the	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate		
	day of —— ————						-					Printe	d Name			
	Signature						-									
My Commission Exp	ires											Ema	il			
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
ACBA - JUDICIAL EXCELLENCE COMMITTEE	From:	<u>3/31/201</u>	<u>5</u> To:	5/4/2015
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	1.02
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			\$	1.02

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	)					
	•	•			•	•		PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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 of Canadate				Reporting Period From: To:					
			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	Reporting Period							
			Fror	m:		То	:	
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	s 4)					
Employer Name		•		Occupat	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page,	Section	on 3.			PA	GE TOTAL
		, .5.,				4	<b>•</b>	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	Reporting Peri		
ACBA - JUDICIAL EXCELLENCE COMMITTEE	From:	3/31/2015 <b>To:</b>	<u>5/4/2015</u>

			D	ATE		AMOUNT	
Full Name PNC BANK, N.A.			МО	DAY	YEAR		
Mailing Address P.O. BOX 609				30	2015	\$	1.02
<b>City</b> PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	4	30	2015		
Receipt Description INTEREST							

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

PAGE TOTAL
\$ 1.02

#### **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	d	
ACBA - JUDICIAL EXCELLENCE COMMITTEE	From:	3/31/2015 <b>To:</b>	<u>5/4/2015</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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, 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	Reporting 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					
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				<b>PAGE TOTAL</b> 0.00

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate  ACBA - JUDICIAL EXCELLENCE COMMITTEE  To Whom Paid FRANK, GALE, BAILS, MURCKO & Samp; POCRASS, P.C.  Mailing Address 707 GRANT STREET 33RD FLOOR, GULF TOWER  City PITTSBURGH  State PA  2ip Code (Plus 4) 15219  Description of Expenditure PROFESSIONAL SERVICES  To Whom Paid CITY GOURMET CATERING	5/4/2015  AMOUNT  123.50
To Whom Paid FRANK, GALE, BAILS, MURCKO & STREET 33RD FLOOR, GULF TOWER  City PITTSBURGH  State PA  PA  To Whom Paid  To Whom Paid	AMOUNT
To Whom Paid FRANK, GALE, BAILS, MURCKO & POCRASS, P.C.  Mailing Address 707 GRANT STREET 33RD FLOOR, GULF TOWER 2 26 2015 \$  City PITTSBURGH State PA 15219 Description of Expenditure PROFESSIONAL SERVICES  To Whom Paid NO DAY YEAR	
FRANK, GALE, BAILS, MURCKO & POCRASS, P.C.  Mailing Address 707 GRANT STREET 33RD FLOOR, GULF TOWER 2 26 2015  City PITTSBURGH State PA 15219  To Whom Paid  MO DAY YEAR  PA Description of Expenditure PROFESSIONAL SERVICES	123.50
City PITTSBURGH  State PA  15219  Description of Expenditure PROFESSIONAL SERVICES  To Whom Paid  MO DAY YEAR	123.50
To Whom Paid  PA  Description of Expenditure PROFESSIONAL SERVICES  MO DAY YEAR	
MO   DAY   YEAR	
Mailing Address 384 BUTLER STREET 4 22 2015 \$	110.02
City PITTSBURGH PA  State PA  2ip Code (Plus 4) Description of Expenditure JEC 3/30/15 MEETING	
To Whom Paid FRANK, GALE, BAILS, MURCKO & DAY YEAR  YEAR	
Mailing Address 707 GRANT STREET 33RD FLOOR, GULF TOWER 4 22 2015 \$	30.65
City PITTSBURGH  State PA  State PA  State PA  Description of Expenditure PROFESSIONAL SERVICES	
To Whom Paid TRIB TOTAL MEDIA  MO DAY YEAR	
Mailing Address 622 CABIN HILL DRIVE 4 30 2015 \$	3,675.00
City GREENSBERG State Zip Code (Plus 4) Description of Expenditure PA 15601 JUDICIAL RATINGS ADS	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL** 

3,939.17