

Campaign Finance Report

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

Filer Identification Number : 20140449		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: COMMITTEE TO ELECT AMODIE JUDGE											
Street Address:											
City: NEW CASTLE				State: PA		Zip Code: 16105					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2015	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR				
					11	3	2015				
Summary of Receipts and Expenditures from:					MO	DAY	YEAR	FOR OFFICE USE ONLY			
					5	5	2015				
					6	8	2015				
A. Amount Brought Forward From Last Report					\$ 10,464.57						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 12,900.00						
C. Total Funds Available (Sum Of Lines A and B)					\$ 23,364.57						
D. Total Expenditures (From Schedule III)					\$ 19,148.22						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 4,215.75						
F. Value Of In-Kind Contributions Received (From Schedule II)					\$ 1,834.79						
G. Unpaid Debts And Obligations (From Schedule IV)					\$ 10,000.00						

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
COMMITTEE TO ELECT AMODIE JUDGE	From: <u>5/5/2015</u> To: <u>6/8/2015</u>

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)	\$ 400.00
TOTAL for the Reporting Period (2)	\$ 400.00

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)	\$ 12,500.00
TOTAL for the Reporting Period (3)	\$ 12,500.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 12,900.00
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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	Reporting Period
	From: To:

DATE				AMOUNT
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Full Name of Contributing Committee			MO	DAY	YEAR	\$0.00
Mailing Address						
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 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 Candidate COMMITTEE TO ELECT AMODIE JUDGE	Reporting Period From: <u>5/5/2015</u> To: <u>6/8/2015</u>
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				DATE			AMOUNT
Full Name of Contributor TIMOTHY O'BRIEN				MO 5	DAY 6	YEAR 2015	\$ 100.00
Mailing Address							
City	ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117				
Full Name of Contributor ALLEN D DEEP				MO 5	DAY 21	YEAR 2015	\$ 200.00
Mailing Address							
City	ELLWOOD CITY	State PA	Zip Code (Plus 4) 16117				
Full Name of Contributor DR. ABEL ROBLES				MO 6	DAY 4	YEAR 2015	\$ 100.00
Mailing Address							
City	POLAND	State OH	Zip Code (Plus 4) 44514				

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

PAGE TOTAL
\$ 400.00

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:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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 COMMITTEE TO ELECT AMODIE JUDGE	Reporting Period From: <u>5/5/2015</u> To: <u>6/8/2015</u>
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				DATE	AMOUNT		
Full Name of Contributor MELISSA AMODIE				MO	DAY	YEAR	\$ 10,000.00
Mailing Address City NEW CASTLE State PA Zip Code (Plus 4) 16105				5	21	2015	
Employer Name AOPC				Occupation MAG. DIST JUDGE			
Employer Mailing Address/Principal Place of Business				City MECHANICSBURG		State PA	Zip Code (Plus 4)
Full Name of Contributor GARY F. LYNCH				MO	DAY	YEAR	\$ 500.00
Mailing Address City NEW CASTLE State PA Zip Code (Plus 4) 16107				5	14	2015	
Employer Name LYNCH & CARLSON				Occupation ATTORNEY			
Employer Mailing Address/Principal Place of Business				City NEW CASTLE		State PA	Zip Code (Plus 4) 16101
Full Name of Contributor NICOLE L. VITALE				MO	DAY	YEAR	\$ 500.00
Mailing Address City NEW CASTLE State PA Zip Code (Plus 4) 16105				5	27	2015	
Employer Name HOMEMAKER				Occupation			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)
Full Name of Contributor BARBARA HASSON				MO	DAY	YEAR	\$ 500.00
Mailing Address City NEW CASTLE State PA Zip Code (Plus 4) 16105				6	1	2015	
Employer Name RETIRED				Occupation			
Employer Mailing Address/Principal Place of Business				City		State	Zip Code (Plus 4)

Full Name of Contributor JENNIFER AND JASON A. NATIVIO			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			6	10	2015	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16105				
Employer Name CASTLE REALTY			Occupation			
Employer Mailing Address/Principal Place of Business		City NEW CASTLE	State PA	Zip Code (Plus 4) 16101		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 12,500.00

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	Reporting Period	
	From:	To:

				DATE			AMOUNT	
Full Name				MO	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Plus 4)						
Receipt Description								

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

PAGE TOTAL
\$ 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 Period	
COMMITTEE TO ELECT AMODIE JUDGE		From: <u>5/5/2015</u> To: <u>6/8/2015</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	1,834.79
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	1,834.79

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

Name of Filing Committee or Candidate	Reporting Period
COMMITTEE TO ELECT AMODIE JUDGE	From: <u>5/5/2015</u> To: <u>6/8/2015</u>

				DATE		AMOUNT	
Full Name of Contributor AUDREY AMODIE				MO	DAY	YEAR	\$ 1,200.00
Mailing Address				5	21	2015	
City	NEW CASTLE	State	Zip Code(Plus 4)				
		PA	16105				
Employer of Contributor				Occupation		OWNER	
FINANCIAL PLANNING CONCEPTS							
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
			NEW CASTLE	PA	16105	ELECTION PARTY	
Full Name of Contributor D H MARKETING CONCEPTS				MO	DAY	YEAR	\$ 258.07
Mailing Address				5	5	2015	
City	NEW CASTLE	State	Zip Code(Plus 4)				
		PA	16101				
Employer of Contributor				Occupation		OWNER	
D H MARKETING CONC							
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
			NEW CASTLE	PA		MAILERS	
Full Name of Contributor D H MARKETING CONCEPTS				MO	DAY	YEAR	\$ 135.53
Mailing Address				5	5	2015	
City	NEW CASTLE	State	Zip Code(Plus 4)				
		PA	16101				
Employer of Contributor				Occupation		OWNER	
D H MARKETING CONC							
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
			NEW CASTLE	PA		MAILERS	
Full Name of Contributor D H MARKETING CONCEPTS				MO	DAY	YEAR	\$ 241.19
Mailing Address				5	13	2015	
City	NEW CASTLE	State	Zip Code(Plus 4)				
		PA	16101				
Employer of Contributor				Occupation		OWNER	
D H MARKETING CONC							
Employer Mailing Address/Principal Place of Business			City	State	Zip Code(Plus 4)	Description of Contribution	
			NEW CASTLE	PA		MAILERS	

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

PAGE TOTAL

1,834.79

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
COMMITTEE TO ELECT AMODIE JUDGE	From <u>5/5/2015</u> To: <u>6/8/2015</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
U S POSTMASTER				
Mailing Address	5	5	2015	\$ 2,031.48
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure MAILINGS	
To Whom Paid	MO	DAY	YEAR	
FOREVER MEDIA				
Mailing Address	5	6	2015	\$ 1,232.50
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure	
To Whom Paid	MO	DAY	YEAR	
U S POSTMASTER				
Mailing Address	5	6	2015	\$ 233.30
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure MAILINGS	
To Whom Paid	MO	DAY	YEAR	
FRANZ MEDIA				
Mailing Address	5	6	2015	\$ 3,854.69
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure ADS	
To Whom Paid	MO	DAY	YEAR	
N C NEWS				
Mailing Address	5	7	2015	\$ 710.00
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure	
To Whom Paid	MO	DAY	YEAR	
U S POSTMASTER				
Mailing Address	5	13	2015	\$ 1,094.11
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure	

To Whom Paid N C NEWS			MO	DAY	YEAR	\$ 862.00
Mailing Address			5	14	2015	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure AD			

To Whom Paid SUPERIOR SIGNS & GRAPHICS			MO	DAY	YEAR	\$ 4,911.51
Mailing Address			5	21	2015	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure SIGNS			

To Whom Paid FRANZ MEDIA			MO	DAY	YEAR	\$ 1,449.35
Mailing Address			5	24	2015	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure ADS & MAILERS			

To Whom Paid BRINDLE PRINTING			MO	DAY	YEAR	\$ 1,285.88
Mailing Address			5	28	2015	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16103	Description of Expenditure POSTCARDS			

To Whom Paid THE GLOB. LENDER			MO	DAY	YEAR	\$ 370.00
Mailing Address			5	29	2015	
City NEW WILMINGTON	State PA	Zip Code (Plus 4) 16142	Description of Expenditure ADS			

To Whom Paid N C NEWS			MO	DAY	YEAR	\$ 160.00
Mailing Address			5	29	2015	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16101	Description of Expenditure			

To Whom Paid BRINDLE PRINTING			MO	DAY	YEAR	\$ 954.00
Mailing Address			6	8	2015	
City NEW CASTLE	State PA	Zip Code (Plus 4) 16103	Description of Expenditure POSTCARDS			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 19,148.82

SCHEDULE IV

STATEMENT OF UNPAID DEBTS

**Use this Section to itemize all unpaid debts and obligations
which are outstanding at the end of the reporting period**

Name of Filing Committee or Candidate COMMITTEE TO ELECT AMODIE JUDGE	Reporting Period From: <u>5/5/2015</u> To: <u>6/8/2015</u>
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				DATE			Outstanding Balance of Debt
Name of Creditor				MO	DAY	YEAR	\$ 10,000.00
MELISSA A. AMODIE							
Mailing Address				5	21	2015	
City	NEW CASTLE	State	PA	Zip Code (Plus 4)	16105	Description of Debt	
						LOAN TO COMMITTEE	

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 10,000.00
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