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	83000	021				Repo Filed													
Name of Filing C	ommittee	, Candida	ate or Lo	obbyis	st:	A	ACBA	JUDIO	CIA	L EXC	ŒL	LENCE	E CO	MMITTE						
Street Address:	400 k	OPPERS	BUILDI	NG,4	36 SE\	/ENTH	I AVE	NUE												
City:									s	tate:					Zip Code: 15219					
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND I PRIM	FRIDAY ARY	PRE-	2.		DAY MAR				AMENDM REPORT?	Yes] [No	\			
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND I	FRIDAY TION	PRE-	- 5.		DAY CTI		OST-	Г- 6.		TERMINATION REPORT?		Yes] [No	\	
report type)	ANNUAL	REPORT	7. X						LLING METHOD) CHECK ONE						PAPER	\checkmark	DIS	KETTE		
Name of Office S	ought by	Candidat	e:						D	ATE	O	F ELE	CTIC	ON	District Number	Office Code	Pa	rty Coo	le Cou Cod	
									N	10		DAY	Y	EAR		•	<u> </u>			
											11		8	2016		(SEE IN	STRUCTI	ONS FO	R CODES	5)
Summary of		and	МО	DA	Y	YEAR			١	10		DAY	Υ	EAR	FO	R OFFI	E USE	ONL	Y	
Expenditures	irom:		1	11	29	20	16	то			12		31	2016						
A. Amount Bro	ught Forw	ard From	ı Last R	eport					\$				24,	523.36						
B. Total Monetary Contributions And Receipts (From Schedule I))	\$	10.60											
C. Total Funds Available (Sum Of Lines A and B)								\$				24,	533.96							
D. Total Expenditures (From Schedule III)							\$				1,	147.01								
E. Ending Cash Balance (Subtract Line D From Line C)							\$				23,	386.95								
F. Value Of In-	Kind Cont	ributions	Receive	ed (Fr	om Sc	hedule	e II)		\$					0.00						
G. Unpaid Debt	s And Obl	igations	(From S	ched	ule IV)	١			\$					0.00			•			
						AFFI	:DAV	IT S	EC	TIO	N									
PART I - If this is	a Commi	ttee repo	ort, trea	surer	sign h	ere. If	f this	is a C	and	idate	re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		eport, inclu	uding the	attacl	ned sch	edules	filed o	n pape	er or	by ele	ectr	onic m	ediun	ı, are to t	he best o	f my knov	vledge	and b	elief , tı	rue
Sworn to and subs	cribed befo day of	re me this		20							-		:	Signature	of Perso	n Submitt	ing Re	port		_
		Signatur	·e	-				_			•				Prin	ted Name	1			_
My Commission Ex	opires -							_			-				Emai	I				
	ı	МО	D/	ΑY		YR						Are	ea Co	de	Daytim	e Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report	of a cand	idate's	autho	rized (Commi	ittee,	Cand	idat	e sha	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		e best of m	y knowle	edge ar	nd belie	f this p	politica	al com	mitt	ee ha	s no	ot viola	ted a	ny provis	ions of the	e act of J	ıne 3,1	937 (I	P.L. 133	3,
Sworn to and subsc		e me this		20										s	ignature o	f Candida	ate			_
	day of — ·			20 -											Printe	d Name				-
	S	ignature									_									_
My Commission Exp	ires														Emai	II.				
	_	мо	D	AY		YR						Area	Code		Da	ytime T	elepho	ne Nur	nber	⁻

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	11/29/20:	<u>l6</u> To:	12/31/2016
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)	\$	10.60
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			\$	10.60

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate				ng Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing 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	
\$ 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 Candidat	re		Rep	oorting Po	eriod	То	n:	
					DATE		AMOUN	т
			_				71.10011	•
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 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				Reporting Period					
			Fror	n:		To) :		
				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 Coo	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary 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 Candidate	Reporting Pe	eriod	
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	<u>11/29/2016</u> To:	12/31/2016

			D	ATE		AMOUNT
Full Name PNC BANK, NA			МО	DAY	YEAR	
Mailing Address 437 GRANT STREET				31	2016	\$ 10.6
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	12	31	2010	
Receipt Description INTEREST						

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

PAGE TOTAL \$ 10.60

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 Perio	od							
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	<u>11/29/2016</u> To:	<u>12/31/2016</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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	Name of Filing Committee or Candidate Re						
	From:		To:	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 S	chedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
ACBA JUDICIAL EXCELLENCE COMMITTEE			From	<u>11/29/2016</u> T		То:	12/31/2016
			DATE				AMOUNT
To Whom Paid FRANK, GALE, BAILS, MURCKO & DCRASS, P.C.			мо	DAY	YEAR		
Mailing Address 707 GRANT STREET 33RD FLOOR, GULF TOWER			5	20	2016	\$	154.10
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	Description of Expenditure PROFESSIONAL SERVICES				
To Whom Paid ACBA - PAC			мо	DAY	YEAR		
Mailing Address 400 KOPPERS BUILDING 436 SEVENTH AVENUE			6	14	2016	\$	250.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	Description of Expenditure TRANSFER OF RECEIPT DEPOSITED IN ERROR				
To Whom Paid FRANK, GALE, BAILS, MURCKO & DCRASS, P.C.			МО	DAY	YEAR		
Mailing Address 707 GRANT STREET 33RD FLOOR, GULF TOWER			10	13	2016	\$	174.72
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	Description of Expenditure PROFESSIONAL SERVICES				
To Whom Paid FRANK, GALE, BAILS, MURCKO & DCRASS, P.C.			мо	DAY	YEAR		
Mailing Address 707 GRANT STREET 33RD FLOOR, GULF TOWER			10	13	2016	\$	394.35
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	Description of Expenditure PROFESSIONAL SERVICES				
To Whom Paid ACBA - PAC			МО	DAY	YEAR		
Mailing Address 400 KOPPERS BUILDING 436 SEVENTH AVENUE			11	30	2016	\$	173.84
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	Description of Expenditure COPIES, POSTAGE AND JEC LUNCH MEETING				
	•						PAGE TOTAL
Enter Grand Total of Expe	nditures on Page 1, Re	port Cover Page, Item I).			\$	1,147.01