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	0021			Repor Filed		CAN	ND1	DATE		СОМІ	MITTEE	Y	LUB	D1131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		ACBA J	UDICI	AL EX	CEL	LENC	E COI	MMITTE	E				
Street Address:	400 KOPPERS	BUILD:	ING,436 SI	EVENT	H AVEN	IUE										
City:							State	:				Zip Co	de: 15	5219		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2. X	30 DA		Р	POST-	3.		AMENDN REPORT		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		Р	POST-	6.		TERMIN/ REPORT		Yes	No	\
report type)	ANNUAL REPORT	7.	Year 2017				NG ME					PAPER		$ \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	DISKE	TTE
Name of Office S	ought by Candida	te:	-		<u>-</u>		DATI	ΕO	F ELE	CTIO	N	District Number	Office Code	Pa	rty Code	County Code
							МО		DAY	YE	AR		•			•
								11		7	2017		(SEE IN	STRUCT	ONS FOR	CODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	ΥI	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		3 28	20	017 1	ГО		5		1	2017					
A. Amount Bro	ught Forward Froi	m Last R	eport			\$				23,3	886.95					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$					0.68					
C. Total Funds	Available (Sum O	f Lines A	and B)			\$				23,3	387.63					
D. Total Expend	ditures (From Sch	edule II	I)			\$					50.00					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$				23,3	37.63					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedul	le II)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$					0.00			'		
				AFF	IDAV!	T SE	CTIC	N								
	a Committee rep	-	_										f my kno	wledge	and beli	ef , true
correct and comple																
Sworn to and subs	cribed before me this day of	s 	_ 20			_				S	ignature	of Perso	n Submit	ting Re	port	
	Signatu	ıre				_						Prin	ted Name	е		
My Commission Ex	pires					_		•				Ema	il			
	МО	D.	AY	YR					Are	ea Cod	le	Daytin	e Teleph	none Nu	ımber	
	a report of a can				•											
No 320) as amende		ny knowl	edge and beli	ief this	political	comm	ittee ha	as n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	1937 (P.L	. 1333,
Sworn to and subsc	ribed before me this day of		20								S	ignature (of Candid	ate		
			_			_						Printe	ed Name			
My Commission Exp	Signature ires					-		•				Ema	il			
	МО	D	AY	YR		_			Area	Code		D	aytime T	elepho	ne Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	<u>3/28/201</u>	<u>7</u> To:	5/1/2017
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	(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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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

	this Part to itemize onl with an aggregate value		\$2	250.00) in the			
Nume of Fining Comm	intec of cumulate	ate Reporting Period From: To:				:		
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I	!		<u> </u>			DAGE 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					Reporting Period					
				From: T			o:			
			•		DATE		А	MOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)	١							

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				Period				
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sum	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.)

lame of Filing Committee or Candidate			Reporting Period						
				Fror	n:		To):	
					D	ATE		AI	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address State Tip Code (Plus 4)								\$	0.00
City State Zip Code (Plus 4)				s 4)					
Employer Name	•				Occupa	tion			
Employer Mailing Address/Principal Pla Business	ice of	Ci	ty			State		Zip Cod	e (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summary	Page,	Section	on 3.			P \$	AGE 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		Report	ting Perio	od			
			From:			To:		
				D	ATE		А	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•		•		•		
Enter Grand Total of Part E	on Schedule I. Detailed	d Summary Page	Section	4			P	AGE TOTAL
- Control of Fare E	on Jonesia 1, Detailed	a cannual y 1 age,	2001011	••			\$	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 Perio	od	
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	3/28/2017 To:	<u>5/1/2017</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,		\$	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			
	ntributor State Zip Code (Plus					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 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 Candi	me of Filing Committee or Candidate					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			1			Occupa	tion	<u> </u>	1	
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descr	iption (of Contribution
Enter Grand Total of Part G on	Schedule II,	In-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Po	eriod		
ACBA JUDICIAL EXCELLENCE COMMITTEE	From	3/28/2017	То:	5/1/2017

				DATE			AMOUNT
To Whom Paid PNC BANK			МО	DAY	YEAR		
Mailing Address P.O. BOX 609			1	1	2017	\$	50.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure ACCOUNT FEE				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	PAGE TOTAL 50.00