### **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	2019	C0222				eport led B		CAND	IDATE	<b>√</b>	co	MMITTEE		LOBI	BYIST		
Name of Filing C	Committee	e, Candida	ate or L	obbyist:		SAL	LA, P	ETER	J									
Street Address:																		
City:									State:				Zip Code	: 16	502			
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDAY PRIMARY	Y PRE	-	2. <b>X</b>	30 DA PRIMA		POST-	3.		AMENDME REPORT?	Yes	No	•	<b>/</b>	
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDAY ELECTION	Y PRE	<u>-</u>	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ION	Yes	No		<b>/</b>
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2019					IG METH CHECK C				PAPER		$\checkmark$	DISKE	TTE	
Name of Office S	Sought by	Candidat	te:						DATE (	OF ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
		= 22144		_					МО	DAY	YEAR	2	6	СРЈ	DEN	1	25	
JUDGE OF THE	COURT O	)F COMM	ON PLE	AS					11		5 2	019		(SEE INS	TRUCTI	ONS FOR (	CODES	,
Summary of	•	and	МО	DAY	YEAR	Ł			МО	DAY	YEAF	₹	FOR	OFFIC	E USE	ONLY		
Expenditures	from:			1 21	2	019	<b>T</b>	0	Ę	5	6 2	019						
A. Amount Bro	ught Forv	vard Fron	n Last R	eport		_		\$			(	0.00						
B. Total Moneta	ary Contri	ibutions /	And Rec	eipts (From	Sche	dule	e I)	\$			C	0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			C	0.00						
D. Total Expend	ditures (F	rom Sche	dule II	I)				\$			3,230	.04						
E. Ending Cash	Balance	(Subtract	Line D	From Line (	C)	_		\$			(3,230.	04)						
F. Value Of In-	Kind Cont	ributions	Receive	ed (From Sc	chedu	le I	I)	\$			0	.00						
G. Unpaid Debt	s And Ob	ligations	(From S	chedule IV	)			\$			C	0.00		'				
					AFF	·ID	AVI	T SE	CTION									
PART I - If this is	s a Comm	ittee repo	ort, trea	surer sign l	nere.	If th	nis is	a Can	ndidate r	eport,	candidat	e sig	jn here.					
I swear (or affirm) correct and comple		eport, incl	uding the	: attached sch	nedules	s file	ed on	paper o	or by elec	tronic m	edium, ar	e to t	the best of r	ny know	/ledge	and beli	ef , tru	ıe
Sworn to and subs	scribed befo day of	re me this		20							Sign	ature	e of Person	Submitti	ing Rep	ort		-
		Signatur				_		- -					Printe	d Name				-
My Commission Ex	xpires	Jigiiutu.	e										Email					-
	1	мо	D/	AY	YR					Ar	ea Code		Daytime	Telepho	one Nu	mber		
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		e best of m	ıy knowle	edge and belie	ef this	; poli	itical	commi	ittee has i	not viola	ted any p	rovis	ions of the a	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		e me this										s	ignature of	Candida	te			-
	day of ——			_ 20				-					Printed	Name				-
		Signature				—		-										_
My Commission Exp		_											Email					
		МО	D <sub>i</sub>	AY	YR			•		Area	Code		Day	time Te	lephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
SALA, PETER J	From:	<u>1/21/201</u>	<u>9</u> To:	5/6/2019
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)	\$	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

		ly contributions related from \$50.01 to			-				
Name of Filing Committee o	or Candidate		Re	Reporting Period					
				From: To			<b>)</b> :		
		•			DATE			AMOUNT	
Full Name of Contributing Con	mmittee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	I)						
	-	-						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 Filling Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
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	ame of Filing Committee or Candidate Repor		Reporting	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		AI	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address						\$	0.00		
City	State	Zip Cod	de (Plus	s <b>4</b> )					
Employer Name	•				Occupation				
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 \$	<b>AGE TOTAL</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 Candid	ate		Report	ting Perio	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				МО	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (	Plus 4)				
Receipt Description		·					
Enter Grand Total of Part E on Sch	edule I. Detaile	d Summary Page	Section	4			PAGE TOTAL
The stand rotal of rare E on och	caale 1, betallet	a cammary rage,	5000001	••			\$ 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							
SALA, PETER J	From:	<u>1/21/2019</u> <b>To:</b>	<u>5/6/2019</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 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 Period					
			From:			To:		
				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	edule II, In-Kin	d Contributions Deta	iled Sum	mary Pac	ie, F		PAGE TOTAL	
Section 2.	, , , , , , , , , , , , , , , , , , , ,			,		\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Reporting Period					
					From:		То:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(Plus	4)						
Employer of Contributor					Occupa	ation				
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	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 o	r Candidate		Reporti	ng Period			
SALA, PETER J			From	1/2	1/2019	То:	5/6/2019
				AMOUNT			
To Whom Paid COUNTY OF ERIE			мо	DAY	YEAR		
Mailing Address 140 WEST 6TH STREET, 1ST FLOOR			1	25	2019	\$	35.00
City ERIE State PA 16501			Description of Expenditure  VOTER REGISTRATION LIST				
To Whom Paid KIMKOPY PRINTING			мо	DAY	YEAR		
Mailing Address 2040 WE	EST 8TH STREET		1	21	2019	\$	943.40
City ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16505	Description of Expenditure SIGNS				
To Whom Paid DESANTIS SIGNS & GRAPH	ICS, INC.	-	МО	DAY	YEAR		
Mailing Address 540 W.	18TH STREET		2	4	2019	\$	1,317.50
City ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16502		otion of Exp			
<b>To Whom Paid</b> WAL-MART			МО	DAY	YEAR		
Mailing Address 5350 WE	1ailing Address 5350 WEST RIDGE ROAD			14	2019	\$	53.59

City ERIE	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16506	Description of Expenditure INVITATIONS				
To Whom Paid LOWE'S			мо	DAY	YEAR		
Mailing Address 1930 KEYSTONE DR	IVE		4	28	2019	\$	124.83
City ERIE	State	Zip Code (Plus 4)	-	tion of Exp			
	PA	16509	WOOD	FOR SIGN:	S		

Zip Code (Plus 4)

State

City   ERIE									17.02 12	
State   Stat					мо	DAY	YEAR			
To Whom Paid Address	Mailing Address	905 MILLCREEK MA	LL		4	26	2019	\$	21.10	
PA	City <sub>EDIE</sub>	State Zip Code (Plus 4)			Descrir	tion of Exr	l enditure			
Mailing   Address   6807   PEACH ST   State   PA   16509   PHONE   PHONE   PHONE   PHONE   PHONE   PA   PA   PA   PA   PA   PA   PA   P	LIME		PA	16565			, cirarear c			
State   PA					МО	DAY	YEAR			
PA	Mailing Address	6807 PEACH ST			4	29	2019	\$	194.08	
PA	City FRIF		State	Zip Code (Plus 4)	Descrir	tion of Exr	enditure			
HOME DEPOT	LIVIE	PA 16509								
State   PA					МО	DAY	YEAR			
To Whom Paid HOME DEPOT	Mailing Address	7451 PEACH STREE	Т		4	29	2019	\$	346.69	
TO Whom Paid HOME DEPOT   Total PEACH STREET   Total Peach State PA   Total Peach Street   Total of Expenditures   Total of Expenditures   Pa   Total of Expen	City ERIE		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
Mode   DEPOT			PA	16509						
City ERIE State PA 16509 PA 16509 POOD FOR SIGNS  To Whom Paid HOME DEPOT  Mo DAY VEAR  Mailing Address 7451 PEACH STREET 5 5 5 2019 \$ 23  City ERIE PA 2ip Code (Plus 4) 16509 POOD FOR SIGNS  To Whom Paid COPY KING PA 16509 PA 16502 PASSIGNS  To Whom Paid COPY KING PA 16502 PASSIGNS  To Whom Paid PA 16509 PASSIGNS  To Whom Paid PA 16					МО	DAY	YEAR			
PA	Mailing Address	7451 PEACH STREE	Т		5	2	2019	\$	141.32	
PA	City ERIE		State	Zip Code (Plus 4)	Descrip	otion of Exp	enditure			
Mo			PA	16509						
City ERIE  State PA 16509  MO DAY VEAR  City ERIE  To Whom Paid COPY KING  Mailing Address 1162 WEST 8TH ST  State PA 16502  To Code (Plus 4) 16509  MO DAY VEAR  28  29  \$ 28  PAGE TOTAL  PAGE TOTAL					МО	DAY	YEAR			
To Whom Paid COPY KING  Mailing Address 1162 WEST 8TH ST  State PA 2ip Code (Plus 4) 16502  Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.  PA 16509  MO DAY YEAR  2 2019 \$ 28	Mailing Address	7451 PEACH STREE	Т		5	5	2019	\$	23.91	
To Whom Paid COPY KING  Mailing Address 1162 WEST 8TH ST  City ERIE  PA  State PA  PA  2ip Code (Plus 4) 16502  Description of Expenditure 24x36 POSTER  PAGE TOTAL  PAGE TOTAL  PAGE TOTAL	City FRIF		State	Zip Code (Plus 4)	Descrip	tion of Ext	enditure			
COPY KING  Mo DAY YEAR  Mailing Address 1162 WEST 8TH ST  State 2ip Code (Plus 4) 16502  PA Description of Expenditure 24x36 POSTER  PAGE TOTAL  PAGE TOTAL  PAGE TOTAL	LINIE		PA	16509						
City ERIE  State   Zip Code (Plus 4)   Description of Expenditure   24x36 POSTER  PA   16502   PAGE TOTAL   P			•		МО	DAY	YEAR			
PA 16502 24x36 POSTER  PAGE TOTAL  Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	Mailing Address	1162 WEST 8TH ST			3	26	2019	\$	28.62	
PA 16502 24x36 POSTER  PAGE TOTAL  Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	City FRIF		State	Zip Code (Plus 4)	Descrir	tion of Exr	enditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	LIVIL		PA	16502						
	Enton Commid To	tal of Evacualities		Demont Course Poors There P	•				PAGE TOTAL	
	Liitei Granu 10	tai oi Expenditures (	un raye 1, F	Cepoit Cover Page, Item D	•			\$	3,230.04	