Campaign Finance Report

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

Filer Identificat Number :	ion 8300	021			Repo Filed		:	CANDI	DATE		COMM	AITTEE	✓	LOBI	BYIST	•	
Name of Filing (Committee, Candid	ate or Lo	obbyist:		ACBA .	JUDI	ICI/	AL EXCEL	LENCE	COM	1MITTE	E					
Street Address:	400 KOPPERS	BUILDI	ING,435 SI	EVENTI	H AVEI	NUE											
City:	PITTSBURGH							State:	PA			Zip Co	de: 15	219			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE- PRIMARY 2. 30 DAY POST- PRIMARY					POST-	T- 3. X AMENDMENT REPORT?				Yes		10	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.		30 DAY POST- 6. ELECTION					TERMIN/ REPORT	Yes	ſ	10	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2019					G METHO				PAPER		\checkmark	DIS	ETTE	
Name of Office S	L Sought by Candida	te:						DATE O	F ELEC	TIO	N	District Number	Office Code	Par	ty Coc	e Cou Cod	
	,							мо	DAY	YE	AR	Humber	couc				
								11		5	2019	·	(SEE INS	TRUCTI	ONS FO	R CODE	S)
	Receipts and	мо	DAY	YEAR				мо	DAY	YE	AR	FC	R OFFIC	E USE	ONL	1	
Expenditures	s from:		5 7	20)19	то		6	1	0	2019						
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			20,5	76.62						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Schee	dule I)		\$				32.12						
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			20,6	08.74						
D. Total Expen	ditures (From Sch	edule II	I)				\$				0.00						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			20,6	08.74						
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedul	e II)		\$				0.00	-					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()			\$				0.00						
				AFF	IDAV	IT S	SE	CTION									
PART I - If this i	s a Committee rep	ort, trea	surer sign	here. I	f this i	s a C	Can	didate re	eport, ca	andid	late sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	attached sc	hedules	filed or	ı pap	er o	r by electi	ronic me	dium,	are to t	the best o	f my knov	vledge	and be	elief , t	rue
Sworn to and subs	scribed before me this day of	5	20							Si	gnature	e of Perso	n Submitt	ing Rep	oort		_
	Signatu	re				_						Prin	ted Name				-
My Commission E	-											Ema	il				-
	мо	DA	AY	YR					Are	a Cod	e	Daytin	e Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comm	ittee,	Cand	dida	te shall :	sign he	re.							
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ef this	politica	l con	nmi	ttee has n	ot violat	ed any	/ provis	ions of th	e act of Ju	ine 3,1	937 (F	.L. 133	33,
Sworn to and subso	cribed before me this day of		20								S	ignature	of Candida	ite			-
						_						Printe	d Name				-
My Commission Exp	Signature											Ema	il				
riy commission exp	,					_											_
	мо	D	AY	YR					Area C	Code		D	aytime Te	elephon	e Nun	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page	e			
Name of Filing Committee or Candidate	Reporting) Period		
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	<u>5/7/201</u>	<u>.9</u> To:	<u>6/10/2019</u>
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	g 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	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	32.12
			1	
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			\$	32.12

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.

PART A

Name of Filing Committee or Candidate					Period			
			From	n:		То	:	
					DATE			AMOUNT
Full Name of Contributing Committee			1	мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
							Γ	PAGE TOTAL

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

0.00

\$

PAGE 3

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 Candidat	e			orting P	eriod	_				
			Fro	m:		Тс):			
					DATE			AMOUNT		
Full Name of Contributor				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										

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 Reportin				rting Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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	Reporting Period	
	From:	То:

				D	ATE			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	······	-	, , , , , , , , , , , , , , , , , , , ,				\$		0.00

I

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			Report	ting Perio	d			
ACBA JUDICIAL EXCELLENCE COMMITTEE					<u>5/7/201</u>	<u>9</u> To:	<u>6/10/2019</u>	
			<u> </u>	D	ATE			AMOUNT
Full Name PNC BANK, N.A.				мо	DAY	YEAR		
Mailing Address P.O. BOX 6	Mailing Address P.O. BOX 609						\$	32.12
City PITTSBURGH	State PA	Zip Code (15230	Plus 4)	6	5	2019	9	
Receipt Description INTER	EST & DIVIDENDS	;			-	-		
Enter Grand Total of Part E on	Schedule I. Detailed	Summary Page.	Section	4.				PAGE TOTAL
			20000				\$	32.12

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		
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	<u>5/7/2019</u> то:	<u>6/10/2019</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, 3		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period						
	From:			То:			
				DATE		АМС	DUNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	5	0.00

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

Name of Filing Committee or Candidate						oorting P	eriod			
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	ion			
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption o	f Contribution

		1		
Enter Grand Total of Part G on Schedule I	I. In-Kind Contril	butions Detail	ed	PAGE TOTAL
Summary Page, Section 3.	_,			0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
			From			То:	
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	0.00