#### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                  | on                   | 2019         | C0384     |                       |         |        | port   |                | CANI            | DII     | DATE      | <b>\</b> | CO          | DMMITTEE LOBBYIST       |                |         |           |                |
|---|----------------------|--------------|-----------|-----------------------|---------|--------|--------|----------------|-----------------|---------|-----------|----------|-------------|-------------------------|----------------|---------|-----------|----------------|
| Name of Filing C                                | committe             | e, Candida   | ate or Lo | obbyist:              |         | KIM    | 1 DIA  | NE E           | ATON            |         |           |          |             |                         |                |         |           |                |
| Street Address:                                 |                      |              |           |                       |         |        |        |                |                 |         |           |          |             |                         |                |         |           |                |
| City:   |                      |              |           |                       |         |        |        |                | State:          |         |           |          |             | Zip Cod                 | e: 15          | 236     |           |                |
| TYPE OF<br>REPORT                               | 6TH TUES             |              | 1.        | 2ND FRIDA<br>PRIMARY  | Y PRE   | -      | 2.     | 30 DA<br>PRIMA |                 | P       | OST-      | 3.       |             | AMENDME<br>REPORT?      | ENT            | Yes     | No        | <b>\</b>       |
| (place X to<br>the right of                     | 6TH TUES             |              | 4.        | 2ND FRIDA<br>ELECTION | y pri   | E-     | 5.     | 30 DA<br>ELECT |                 | P       | OST-      | 6. 2     | X           | TERMINATION Yes PEPORT? |                |         | No        |                |
| report type)                                    | ANNUAL               | . REPORT     | 7.        | <b>Year</b> 2019      |         |        |        |                | IG MET<br>CHECK |         |           |          |             | PAPER                   |                | ₩       | DISKE     | TTE            |
| Name of Office S                                | ought by             | Candidat     | te:       |                       |         |        |        |                | DATE            | OI      | F ELEC    | СТІ      | ON          | District<br>Number      | Office<br>Code | Par     | ty Code   | County<br>Code |
|   |                      |              |           |                       |         |        |        |                | МО              |         | DAY       | •        | YEAR        | 5                       | CPJ            |         |           | code           |
| JUDGE OF THE                                    | COURT                | OF COMM      | ON PLE    | AS                    |         |        |        |                | 1               | 11      |           | 5        | 2019        |                         | (SEE IN:       | STRUCTI | ONS FOR C | CODES)         |
| Summary of                                      |                      | s and        | МО        | DAY                   | YEAR    | 2      |        |                | МО              |         | DAY       | ,        | YEAR        | FOI                     | ROFFIC         | E USE   | ONLY      |                |
| Expenditures                                    | from:                |              | 1         | 10 22                 | 2       | 019    | T      | 0              | 1               | 11      | 2         | 25       | 2019        |                         |                |         |           |                |
| A. Amount Bro                                   | ught Forv            | ward Fron    | 1 Last R  | eport                 |         |        |        | \$             |                 |         |           | 1        | ,250.00     |                         |                |         |           |                |
| B. Total Moneta                                 | ary Contr            | ibutions A   | And Rec   | eipts (From           | Sche    | dule   | e I)   | \$             |                 |         |           |          | 0.00        |                         |                |         |           |                |
| C. Total Funds Available (Sum Of Lines A and B) |                      |              |           |                       |         | \$     |        |                |                 |         | 0.00      |          |             |                         |                |         |           |                |
| D. Total Expenditures (From Schedule III)       |                      |              |           |                       | \$      |        |        |                | 1               | ,250.00 |           |          |             |                         |                |         |           |                |
| E. Ending Cash                                  | Balance              | (Subtract    | Line D    | From Line (           | C)      |        |        | \$             |                 |         |           |          | 0.00        |                         |                |         |           |                |
| F. Value Of In-                                 | Kind Con             | tributions   | Receive   | ed (From S            | chedu   | le I   | I)     | \$             |                 |         |           |          | 0.00        |                         |                |         |           |                |
| G. Unpaid Debt                                  | s And Ob             | ligations    | (From S   | Schedule IV           | )       |        |        | \$             |                 |         |           |          | 0.00        |                         |                |         |           |                |
|   |                      |              |           |                       | AFF     | ·ID    | AVI    | T SE           | CTIO            | N       |           |          |             |                         |                |         |           |                |
| PART I - If this is                             |                      | -            | -         | _                     |         |        |        |                |                 |         | -         |          | _           |                         | _              |         |           |                |
| I swear (or affirm) correct and complete        |                      | report, incl | uding the | attached sci          | nedule: | s file | ed on  | paper (        | or by ele       | ectr    | onic me   | ediu     | m, are to t | he best of              | my knov        | vledge  | and belie | ef , true      |
| Sworn to and subs                               | cribed bef           | ore me this  |           | 20                    |         |        |        |                |                 | -       |           |          | Signature   | of Person               | Submitt        | ing Rep | oort      |                |
|   | _                    | Signatur     | re        |                       |         |        |        | -              |                 | -       |           |          |             | Print                   | ed Name        | 1       |           |                |
| My Commission Ex                                | cpires               |              |           |                       |         |        |        | _              |                 | -       |           |          |             | Email                   |                |         |           |                |
|   |                      | МО           | D/        | AY                    | YR      |        |        |                |                 |         | Are       | ea C     | ode         | Daytime                 | Teleph         | one Nu  | mber      |                |
| Part II- If this is                             | a report             | of a cand    | lidate's  | authorized            | Comn    | nitte  | ee, C  | andida         | ate sha         | II s    | sign he   | ere.     |             |                         |                |         |           |                |
| I swear (or affirm)<br>No 320) as amende        |                      | e best of m  | y knowle  | edge and beli         | ef this | poli   | itical | commi          | ittee has       | s no    | ot violat | ted a    | any provis  | ions of the             | act of J       | ıne 3,1 | 937 (P.L  | . 1333,        |
| Sworn to and subsc                              | ribed befo<br>day of | re me this   |           | 20                    |         |        |        |                |                 |         |           |          | s           | ignature of             | Candida        | ate     |           |                |
|   |                      |              |           |                       |         |        |        | -              |                 |         |           |          |             | Printed                 | Name           |         |           |                |
|   |                      | Signature    |           |                       |         |        |        | -              |                 | -       |           |          |             | E*                      |                |         |           |                |
| My Commission Exp                               | ires                 |              |           |                       |         |        |        |                |                 |         |           |          |             | Email                   |                |         |           |                |
|   | _                    | мо           | D         | AY                    | YR      | ł      |        | -              |                 |         | Area      | Cod      | e           | Da                      | ytime T        | elephor | e Numb    | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period   |               |            |
|--|-----------|------------|---------------|------------|
| KIM DIANE EATON  | From:     | 10/22/2019 | 9 <b>To</b> : | 11/25/2019 |
| 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  | (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 ar 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

|                           | is Part to itemize onl<br>vith an aggregate valu |                  |          |         |        |      |    |        |  |
|---------------------------|--|------------------|----------|---------|--------|------|----|--------|--|
| Name of Filing Commit     | tee or Candidate                                 |                  | Re       | porting | Period |      |    |        |  |
|                           |  |                  | From: To |         |        |      | o: |        |  |
|                           |  | <u>-</u>         |          |         | DATE   |      |    | AMOUNT |  |
| Full Name of Contributing | g 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 | e     |                   | Rep      |    |      |      |    |        |
|--------------------------------------|-------|-------------------|----------|----|------|------|----|--------|
|                                      |       |                   | From: To |    |      |      | o: |        |
|                                      |       |                   |          |    | DATE |      |    | AMOUNT |
| 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 Candi | date               |               | Reporting   | Period |     |      |    |            |
|-----------------------------------|--------------------|---------------|-------------|--------|-----|------|----|------------|
|                                   |                    |               | From:       |        |     | То:  |    |            |
|                                   |                    |               |             | DA     | TE  |      | Α  | MOUNT      |
| Full Name of Contributing Commit  | tee                |               |             | мо     | DAY | YEAR |    |            |
| Mailing Address                   |                    |               |             |        |     |      | \$ | 0.00       |
| City                              | State              | Zip Cod       | e (Plus 4)  |        |     |      |    |            |
|                                   |                    |               |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on S  | Schedule I, Detail | ed Summary 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               | me of Filing Committee or Candidate |               | Rep     | orting Pe  | riod  |      |            |                    |
|---|-------------------------------------|---------------|---------|------------|-------|------|------------|--------------------|
|   |                                     |               | Fror    | n:         |       | To   | <b>)</b> : |                    |
|   |                                     |               |         | D          | ATE   |      | А          | MOUNT              |
| Full Name of Contributor                            |                                     |               |         | мо         | DAY   | YEAR |            |                    |
| Mailing<br>Address                                  | Idress                              |               |         |            |       |      | \$         | 0.00               |
| City  | State                               | Zip Code (Plu | s 4)    |            |       |      |            |                    |
| Employer Name                                       |                                     | •             |         | Occupation |       |      |            |                    |
| Employer Mailing Address/Principal Plac<br>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<br>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 |      |    | AMOUNT     |
| Full Name                     |                        |                |         | МО         | DAY | YEAR |    |            |
| Mailing Address               |                        |                |         |            |     |      | \$ | 0.00       |
| City                          | State                  | Zip Code (     | Plus 4) |            |     |      |    |            |
| Receipt Description           | -                      | •              |         | •          | •   |      |    |            |
| Enter Grand Total of Part E o | on Schedule I. Detaile | d Summary Page | Section | 4          |     |      | ,  | PAGE TOTAL |
|                               | m Schedule 1, Betailet | <i>z</i>       | Section |            |     |      | \$ | 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 Per | od                    |                   |  |  |  |  |  |
|--|---------------|-----------------------|-------------------|--|--|--|--|--|
| KIM DIANE EATON  | From:         | 10/22/2019 <b>To:</b> | <u>11/25/2019</u> |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTO | R                     |                   |  |  |  |  |  |
| 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 Candidat | :e                 |                       | Reporting   | g Period    |       |           |            |
|--------------------------------------|--------------------|-----------------------|-------------|-------------|-------|-----------|------------|
|                                      |                    |                       | From:       |             |       | То:       |            |
|                                      |                    |                       |             | 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   | 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 Candidate                          | 1            |         |            |         | Re     | porting l | Period    |       |         |                    |
|--|--------------|---------|------------|---------|--------|-----------|-----------|-------|---------|--------------------|
|  |              |         |            |         | Fro    | om:       |           | To:   |         |                    |
|  |              |         |            |         |        |           | DATE      |       |         | AMOUNT             |
| Full Name of Contributor                                       |              |         |            |         |        | мо        | DAY       | YEAR  |         |                    |
| Mailing Address  |              |         |            |         |        |           |           |       | -<br>\$ | 0.00               |
| City   | State        |         | Zip Code(I | Plus 4) |        |           |           |       |         |                    |
| Employer of Contributor  |              |         |            |         |        | Occupa    | ition     |       |         |                    |
| Employer Mailing Address/Principal Pla<br>Business             | ce of        | City    |            | State   |        | Zip<br>4) | Code(Plus | Descr | iptio   | n of Contribution  |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | nedule II, I | in-Kind | Contributi | ons De  | etaile | ed        |           |       |         | PAGE TOTAL<br>0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | ommittee or Candidate Reporting Period |            |     |            |  |  |
|---------------------------------------|--|------------|-----|------------|--|--|
| KIM DIANE EATON                       | From                                   | 10/22/2019 | То: | 11/25/2019 |  |  |
|                                       | DATE                                   |            |     | AMOUNT     |  |  |

|   |   |                                |                          | DATE                  |          |    | AMOUNT   |  |  |
|---|---|--------------------------------|--------------------------|-----------------------|----------|----|----------|--|--|
| To Whom Paid JUDICIAL EXCELLENCE COM.           | мо  | DAY                            | YEAR                     |                       |          |    |          |  |  |
| Mailing Address 400 KOPPERS BDG 435 SEVENTH AVE |   |                                | 10                       | 3                     | 2019     | \$ | 1,250.00 |  |  |
| City  | State   | <b>Zip Code (Plus 4)</b> 15219 | <b>Descrip</b><br>ASSESS | otion of Exp<br>SMENT | enditure |    |          |  |  |
| Enter Crand Total of Evnenditures               |   |                                |                          |                       |          |    |          |  |  |
| Enter Grand Total of Expenditures               | ter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                                |                          |                       |          |    |          |  |  |