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 201	90060			Repor Filed		CANDI	DATE	СОМ	MITTEE	✓	LOBI	BYIST			
	Committee, Candi	date or L	obbyist:			-	FRIENDS	OF								
Street Address:																
City:	ERIE						State: PA				Zip Code: 16501-2104					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST- 3		AMENDI REPORT		Yes	No	 ✓ 		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	<u>-</u> 5.	30 D ELEC	AY I CTION	POST- 6	j.	TERMIN REPORT		Yes	No	\checkmark		
report type)	ANNUAL REPORT	r 7. x	Year 2019				NG METH		PAPER		\checkmark	DISKE	TTE			
Name of Office	L Sought by Candida	ate:					DATE O	OF ELEC	TION	District Number	Office Code	Par	ty Code	County Code		
	COURT OF COM		46				мо	DAY	YEAR	6	CPJ	DEN	1	25		
JUDGE OF THE		MOIN PLE	AS				11	5	5 2019]	(SEE INS	STRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEAR	FC	OR OFFIC	E USE	ONLY			
Expenditure	s from:		6 11	2	019 1	О	12	31	2019							
A. Amount Bro	ought Forward Fro	om Last R	eport			\$	5		451.46							
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5	97.25								
C. Total Funds	Available (Sum O	of Lines A	and B)			\$	5		548.71							
D. Total Exper	ditures (From Scl	hedule II	I)			\$	5		0.00							
E. Ending Cash	n Balance (Subtra	ct Line D	From Line	C)			5		548.71							
F. Value Of In-	-Kind Contributior	ns Receiv	ed (From S	chedu	le II)	4	\$ 0.00									
G. Unpaid Deb	ts And Obligation	s (From S	Schedule I\	/)		4	5		0.00							
				AFF	IDAV	IT SE	ECTION									
	s a Committee re													- 6 . 1		
correct and comp) that this report, ind lete.	cluding the	e attached sc	nedule	s filed on	paper	or by elect	ronic med	lium, are to	the best o	от ту кпоч	viedge	and bell	ef , true		
Sworn to and sub	scribed before me th day of	is	20						Signatur	e of Perso	on Submitt	ing Rep	oort			
	Signat	ure				_				Prir	ited Name					
My Commission E	-									Ema	nil					
	мо	D	AY	YR				Area	Code	Daytin	ne Teleph	one Nu	mber			
Part II- If this is	a report of a car	ndidate's	authorized	Com	nittee, O	Candio	date shall	sign her	e.							
I swear (or affirm No 320) as amend) that to the best of ed.	my knowle	edge and bel	ief this	political	com	nittee has n	ot violate	d any provis	ions of th	e act of Ju	ine 3,1	937 (P.L	1333,		
Sworn to and subs	cribed before me this day of	5	20						S	ignature	of Candida	ite				
						_				Printe	ed Name					
My Commission Ex	Signature	1				_				Ema	nil					
						_										
	МО	D	AY	YR	2			Area Co	ode	D	aytime Te	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SALA, PETE FRIENDS OF	<u>6/11/201</u>	<u>9</u> To:	<u>12/31/2019</u>	
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	50.00
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)	\$	47.25
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			\$	97.25

PART A 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.

Name of Filing Committee or Candidate				Reporting Period					
				From: To:					
		·			DATE			AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	4)						
								PAGE TOTAL	
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	0.00	

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 Candida	te		Rep	orting P	eriod				
			Fror	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, Detail	ed Summary Pag	je, Se	ection 2	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			Reporting Period					
			From:			То:		
				DA	TE			AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary 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				
			Froi	n:		Т):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			P#	AGE TOTAL 0.00

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			Reporting Period						
SALA, PETE FRIENDS OF From:					<u>6/11/201</u>		<u>12/31/2019</u>		
				D	ATE			AMOUNT	
Full Name SPECTRUM REACH				мо	DAY	YEAR	\$	47.25	
Mailing Address				8	20	201	9		
City NEW YORK	State	Zip Code (Plus 4)	Ū.					
	NY	10087							
Receipt Description REFUND	·	•							
			- ··	_				PAGE TOTAL	
Enter Grand Total of Part E on Sch	equie I, Detailed	i Summary Page,	Section	4.			\$	47.25	

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		
SALA, PETE FRIENDS OF	From:	<u>6/11/2019</u> то:	<u>12/31/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	ſF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (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, 1		\$	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					
F			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Reporting Period			
						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 Plac	e of Business	City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution	
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
	From			То:			
				DATE			AMOUNT
To Whom Paid				DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Exponditures	on Page 1. Penert (Cover Bage Item [`				PAGE TOTAL
Enter Grand Total of Expenditures of	JII Page 1, Report C	lover Page, menn i				\$	0.00