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	20190	0060			Rep File	oort		CAI	NDII	DATE		COM	4ITTEE	✓ [LOBI	BYIST		
Name of Filing C	Committee,	Candida	ite or Lo	obbyist:		SAL	A, P	ETE F	RIEN	DS (OF								
Street Address:																			
City:	ERIE								State	e:	PA			Zip Cod	le: 16	501-2	104		
TYPE OF REPORT	6TH TUESD PRE-PRIMA		1.	2ND FRIDA PRIMARY	AY PRE	:- :	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes	√ N	0	
(place X to the right of	6TH TUESD PRE-ELECT		4.	2ND FRIDA ELECTION	AY PRE	E- !	5.	30 DA		Р	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL R	EPORT	7. X	Year 2020)				IG ME CHEC					PAPER		\checkmark	DISK	ETTE	
Name of Office S	ought by C	andidat	e:	-					DAT	E O	F ELE	CTIO	N	District Number	Office Code	Par	ty Cod	Code	
									МО		DAY	YE	AR	6		DEN	1	25	
										11		3	2020		(SEE INS	TRUCTI	ONS FOR	CODES	5)
Summary of Expenditures		and	МО	DAY	YEAR	1			МО		DAY	YI	AR	FO	R OFFIC	E USE	ONLY	,	
				1 1	2	020	Т	0		12		31	2020						
A. Amount Bro	ught Forwa	rd From	Last R	eport				\$				į	548.71						
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																			
C. Total Funds Available (Sum Of Lines A and B) \$ 548.71																			
D. Total Expend	ditures (Fr	om Sche	dule II	I)				\$					0.00						
E. Ending Cash	Balance (S	Subtract	Line D	From Line	C)			\$				5	48.71						
F. Value Of In-	Kind Contri	ibutions	Receive	ed (From S	Schedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obli	gations	(From S	Schedule I\	/)			\$					0.00						
					AFF	IDA	\VI	T SE	CTIC	Ν									
PART I - If this is	s a Commit	tee repo	rt, trea	surer sign	here.	If th	is is	a Car	ndidat	e re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple		port, inclu	uding the	attached so	chedule	s filed	d on	paper	or by e	electr	onic m	edium	, are to t	the best o	f my knov	vledge	and be	lief , tr	ue
Sworn to and subs	cribed before	e me this		20								S	ignature	of Perso	1 Submitt	ing Rep	ort		
		Signatur						-						Prin	ted Name				_
My Commission Ex	cpires	Signatur	•							-				Emai	il				-
	м	0	D/	AY	YR			_			Are	a Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report o	f a cand	idate's	authorized	l Comn	nitte	e, C	andid	ate sl	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	edge and bel	ief this	polit	ical	comm	ittee h	as no	ot viola	ed an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P.	L. 133	3,
Sworn to and subsc		me this											Si	ignature o	of Candida	ite			-
	day of — –							-						Printe	d Name				-
	Sig	gnature						-											_
My Commission Exp	ires													Ema	il				
	_	мо	D	AY	YR	t .		•			Area	Code		Da	ytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
SALA, PETE FRIENDS OF	From:	1/1/202	<u>0</u> To:	12/31/2020
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	\$	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

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 Commit	Name of Filing Committee or Candidate		Reporting Period						
				From:			То	:	
			•			DATE			AMOUNT
Full Name of Contributin	g Committee			М	o	DAY	YEAR		
Mailing Address								\$	0.00
City		State	Zip Code (Plus 4)						

PAGE TOTAL
0.00

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

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 Committ	ee or Candidate			Rep					
			From: To				0:		
			•			DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
Mailing Address City	State	3	Zip Code (Plus 4)				\$	0.00

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

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	me of Filing Committee or Candidate		Reporting Period							
			From:			То:				
				DA	TE		А	MOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR	\$		0.00	
Mailing Address							7		0.00	
City	State	Zip Cod	e (Plus 4)							
								PAGE TO	TAL	
nter Grand Total of Part C on Schedule I, Detailed 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	lame of Filing Committee or Candidate			orting Pe	riod			
			Fror	n:		To) :	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	PAGE 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 of	or Candidate		Report	ing Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (I	Plus 4)					
Receipt Description	•	•			1	•	•	
Futor Coand Total of Bank	Cabadula I Detailed	Commence De	Cookie					PAGE TOTAL
Enter Grand Total of Part I	e on Schedule I, Detailed	Summary Page,	Section	4.			\$	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 Period	I						
SALA, PETE FRIENDS OF	From:	<u>1/1/2020</u> To :	12/31/2020					
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 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 Car	ame of Filing Committee or Candidate				Reporting Period					
			From:			To	:			
				DATE			AMOUNT			
Full Name of Contributor				DAY	YEAR					
Mailing Address						7 \$	C	0.00		
City	State	Zip Code (Plus 4)								
Description of Contribution:	•		•	•		•				
					-					
	inter Grand Total of Part F on Schedule II, In-Kind Contributions Deta			ailed Summary Page,			PAGE TOTAL			
Section 2.						\$	0	.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE	AMOUNT			
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address				-					\$	0.00
City	State	;	Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Place of Business City				State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	nme 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			
Entar Grand Total of Evnanditures on Dags 1. Deport Cover Dags. Item (PAGE TOTAL	
Lines Grand Total Of Expenditures C	nter Grand Total of Expenditures on Page 1, Report Cover Page, Item I					\$	0.00	