### **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	0060			Repo Filed		CA	WDI	COMMITTEE COBSTST							
Name of Filing C	ommittee, Candida	ate or L	obbyist:	Ì	SALA,	PETE	FRIEN	IDS	OF							
Street Address:	731 FRENCH S	ST, 2ND	) FL													
City:	ERIE						Stat	e:	PA		Zip Co	ode: 1	.6501-2	2104		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 D PRIM	AY IARY					AMENDMENT Yes REPORT?				
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D	AY CTION	F	POST- 6	5.	TERMIN REPOR	IATION Γ?	Yes	No	<b>√</b>	
report type)	Pe) ANNUAL REPORT 7. X Year 2020 FILING METHOD ( ) CHECK ONE									PAPER		<b>\</b>	DISKE	TTE		
Name of Office S	- Sought by Candidat	:e:					DAT	ΓΕ Ο	F ELEC	TION	District Numbe			rty Code	County Code	
							МО		DAY	YEAR	6	·	DE	М	25	
								11		3 20	20	(SEE I	NSTRUCT	ONS FOR	CODES)	
	Receipts and	МО	DAY	YEAR			МО		DAY	YEAR	F	OR OFF	ICE USE	ONLY		
Expenditures	from:		1 1	20	020	то		12	3:	1 20	20					
A. Amount Bro	ught Forward Fron	ı Last R	eport			\$	5			548.	71					
B. Total Moneta	ary Contributions A	And Rec	eipts (From	Sche	dule I	) (	5			0.	00					
C. Total Funds Available (Sum Of Lines A and B)							5			548.	71					
D. Total Expenditures (From Schedule III)							5			0.0	00					
E. Ending Cash Balance (Subtract Line D From Line C)						9	5			548.7	71					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	9	5			0.0	00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	')		9	5			0.0	00		1			
				AFF	IDAV	IT SE	CTI	ON								
I swear (or affirm)	s a Committee repo that this report, incl		_						-		_		owledge	and beli	ef , true	
correct and comple																
Sworn to and subs	cribed before me this day of —									Signa	ture of Pers	on Submi	itting Re	port		
	Signatur	·e				_					Pri	nted Nan	ne			
My Commission Ex	rpires					_					Em	ail				
	МО		AY	YR						Code	Dayti	me Telep	hone Nu	ımber		
	a report of a cand								_					007 (0.1	4000	
No 320) as amende		iy knowi	eage and bell	er this	politica	ai comr	nittee	nas n	ot violate	a any pro	visions of t	ne act or	June 3,1	.937 (P.L	. 1333,	
Sworn to and subsc	ribed before me this day of		20								Signature	of Candi	date			
			_			_					Prin	ted Name	•		<del></del>	
My Commission Exp	Signature ires					_					Em	ail			—	
	мо	D	AY	YR					Area C	ode	ļ	Daytime	Telepho	ne Numb	er	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g 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
			I	
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

Name of Filing Committee or Candidate			Reporting	Period			
			From:		То	:	
		L		DATE			AMOUNT
Full Name of Contributing (	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 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 Reporti				ng 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				Rep	Reporting Period					
				Froi	n:		То:			
					D	ATE		АМ	IOUNT	
Full Name of Contributor					МО	DAY	YEAR			
Mailing Address								\$	0.00	
City	State	Zi	p Code (Plus	s 4)						
Employer Name	•	•			Occupa	tion				
Employer Mailing Address/Principal P Business	lace of		City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Sc	hedule I, Deta	iled Sumr	mary Page,	Section	on 3.			P <i>A</i>	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 C	Name of Filing Committee or Candidate			Reporting Period						
			From:			To:				
				D	ATE		АМ	OUNT		
Full Name				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (	Plus 4)							
Receipt Description		·					•			
Enter Grand Total of Part E or	n Schedule T. Detailed	d Summary Page	Section	4			PAC	GE TOTAL		
	Juliania I Detaile	a cannual y 1 age,	2001011	••			\$	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		
SALA, PETE FRIENDS OF	From:	<u>1/1/2020</u> <b>To:</b>	<u>12/31/2020</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,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candidat	Reporting Period						
	From:						
		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					Re	porting F	Period			
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									<b>\$</b>	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				<b>PAGE TOTAL</b> 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

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