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 8300	0021				port ed B		CANDI	DATE		COMMITTEE V LOBBYIST							
Name of Filing C	ommittee, Candi	late or L	obbyist:		ACB	BA JU	JDICI	AL EXCE	LLENCI	E COI	MMITTE	E						
Street Address:	400 KOPPER	S BUILD:	ING,435 SE	VENT	H A\	VEN	UE											
City:	PITTSBURGH							State:	PA			Zip Cod	le: 1!	5219				
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	30 DA PRIMA		POST-	3.		AMENDMENT REPORT?		Yes	No	•	/				
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION						POST-	6.		TERMINA REPORT		Yes	No		/	
report type)	ANNUAL REPORT	7. X	Year 2020					LING METHOD) CHECK ONE						/	DISKE	TTE		
Name of Office S	ought by Candida	nte:						DATE 0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun		
								МО	DAY	YE	AR	Number	code	<u> </u>		couc		
								11		3	2020		(SEE IN	STRUCTION	ONS FOR C	ODES)	1	
	Receipts and	МО	DAY	YEAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY			
Expenditures	from:		11 24	20	020	T	0	12		31	2020							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-		21,0	13.42							
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$				51.26							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			21,0	064.68							
D. Total Expend	ditures (From Sch	edule II	I)				\$			7	16.70							
E. Ending Cash	Balance (Subtra	t Line D	From Line (C)			\$			20,3	47.98]						
F. Value Of In-	Kind Contribution	s Receiv	ed (From So	chedul	le II	I)	\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•				
				AFF	IDA	٩VI	T SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign l	nere. I	[f th	is is	a Can	ididate re	eport, o	candi	date sig	ın here.						
I swear (or affirm) correct and comple	that this report, incete.	luding the	e attached sch	nedules	filed	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe	
Sworn to and subs	cribed before me th day of	s	20							s	ignature	of Perso	n Submit	ting Rep	ort			
	Signate	ıre					-					Prin	ted Nam	e				
My Commission Ex	rpires						_					Ema	il					
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Telepi	none Nu	mber			
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	ee, C	andida	ate shall	sign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ef this	polit	tical	commi	ittee has n	ot viola	ted an	y provisi	ions of th	e act of J	une 3,19	937 (P.L.	. 1333	3,	
Sworn to and subsc	ribed before me this day of		30								Si	ignature o	of Candid	ate			-	
							-					Printe	d Name				-	
My Commission Exp	Signature						-					Ema	il				-	
, commission Exp																		
	мо	D	AY	YR					Area	Code		Da	aytime 1	elephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period						
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	11/24/202	<u>20</u> To:	12/31/2020			
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)	\$	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

	this Part to itemize onl with an aggregate value		\$2) in the				
	From:				renou	То	·o:		
		<u> </u>			DATE			AMOUNT	
Full Name of Contribut	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4))						
	_		!		<u> </u>			DAGE TOTAL	

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 Candidate				Reporting Period						
Fr				From: T				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 Candidate			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.)

ame of Filing Committee or Candidate			Rep	orting Pe	riod			
			Froi	m:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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 or C	andidate		Repor	ting Perio	od			
			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
	Joneans 1/ Detailed	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 Per	iod	
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	<u>11/24/2020</u> To:	<u>12/31/2020</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candid	ate		Reporting	g Period			
			From:			To:	
				DATE			AMOUNT
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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	те Г		PAGE TOTAL
Section 2.	ciicadic 11, 111 Kii	ia contributions beta	nea Sam	iiiiai y i aş	,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting P	Period			
				Fro	om:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus 4)						
Employer of Contributor					Occupa	tion			
Employer Mailing Address/Principal Plac Business	ce of Cit	ity	State		Zip 4)	Code(Plus	Descri	ption o	f Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-K	(ind (Contributions De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	indidate		Reporti	ng Period			
ACBA JUDICIAL EXCELLENCE C	COMMITTEE		From	<u>11/2</u>	4/2020	То:	12/31/2020
				DATE			AMOUNT
To Whom Paid FRANK, GALE, BAILS, MURCKO	& POCRASS, P.C		мо	DAY	YEAR		
Mailing Address 707 GRANT	STREET 33RD FLOOR,	GULF TOWER	1	31	2020	\$	525.62
City PITTSBURGH State PA 2ip Code (Plus 4) 15219				ption of Exp			
To Whom Paid FRANK, GALE, BAILS, MURCKO & DOCRASS, P.C.			МО	DAY	YEAR		
Mailing Address 707 GRANT	STREET 33RD FLOOR,	GULF TOWER	3	6	2020	\$	123.50
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219		ption of Exp			
To Whom Paid FRANK, GALE, BAILS, MURCKO	& POCRASS, P.C		МО	DAY	YEAR		
Mailing Address 707 GRANT	STREET 33RD FLOOR	GULF TOWER	9	21	2020	\$	67.58
City PITTSBURGH State PA 2ip Code (Plus 4) 15219				ption of Exp RE REPORT		1	
Enter Grand Total of Expend	litures on Page 1. Re	eport Cover Page. Item [).				PAGE TOTAL

716.70