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 2021	LC0070			Rep File			CAN	IIDI	DATE	~	′ [ОММІТ	TEE		LOBI	BYIS	Т	
Name of Filing C	Committee, Candid	late or L	obbyist:		COW	AN,	, ALY	SSA											
Street Address:																			
City:								State	::				Zip (Code	e: 15	101			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DA PRIMA		Р	OST-	3. :	X	AMEN REPO		NT	Yes		No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDATELECTION	Y PRE	:- 5		30 DA ELECT		Р	OST-	6.			TERMINATION Yes NO					
report type)	ANNUAL REPORT	7.	Year 2021					IG ME				PAPER DISH						KETTE	
Name of Office S	Sought by Candida	te:	•		-			DAT	E OI	F ELE	CTI	District Office Party Cod Number Code						de Cou	
111D OF OF THE	COURT OF COM	40N DIE	AC ALLEC					МО		DAY	1	YEAR	R 5 CPJA DEM						
JUDGE OF THE COURT OF COMMON PLEAS - ALLEGHENY 11 2 2021 (SEE INSTRUCTIONS FO										OR CODE	S)								
	Receipts and	МО	DAY	YEAR	,			МО		DAY		YEAR		FOF	OFFIC	E USE	ONL	Y	
Expenditures	s trom:		5 4	20	021	T	0		6		7	202	1						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$					0.0)						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule :	I)	\$					0.0							
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00																			
D. Total Expend	ditures (From Sch	edule II	I)				\$				13	,663.53	3						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			(13,	663.53	<u> </u>						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedul	le II)		\$					0.00)						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$					0.00			,				
				AFF	IDA	VI	ΓSE	CTIC	N										
	a Committee rep	•	-										_						
correct and comple) that this report, inc ete.	luding the	attached sci	nedules	filed	on I	paper	or by e	lectr	onic m	ediu	m, are to	the bes	t of	my knov	/ledge	and b	elief , t	rue
Sworn to and subs	cribed before me thi day of	s	20						•			Signatu	re of Pe	rson	Submitt	ing Rep	ort		
	Signatu	ıre					- -		•				P	rinte	ed Name				
My Commission Ex	cpires						_		-				E	mail					
	МО	D	AY	YR						Ar	ea C	ode	Day	time	Teleph	one Nu	mber		Ш
Part II- If this is	a report of a can	didate's	authorized	Comm	ittee	, Ca	andid	ate sh	all s	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of 1 ed.	my knowle	edge and beli	ef this	politi	cal	comm	ittee h	as no	ot viola	ted	any prov	isions of	the	act of Ju	ine 3,1	937 (P.L. 13	33,
Sworn to and subsc	ribed before me this day of		20										Signatu	re of	Candida	te			_
							-						Pri	nted	Name				-
My Commission Exp	Signature ires						-		-				E	mail					-
	мо	D	AY	YR			•			Area	Cod	e		Day	time Te	elephor	e Nu	nber	$- \mid$

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
COWAN, ALYSSA	From:	<u>5/4/202</u>	<u>1</u> To:	6/7/2021
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	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	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 Commi	ttee or Candidate		Reporti	ng Period			
		From:		o:			
		L		DATE			AMOUNT
Full Name of Contributin	g Committee		МС	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)	1						

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.)

			_	orting Pe				
			Fror	n:		To):	
				D.	ATE		A	MOUNT
				мо	DAY	YEAR		
							\$	0.00
State	Zi	p Code (Plus	s 4)					
·	·			Occupa	tion			
al Place of		City			State		Zip Cod	le (Plus 4)
Schedule I, Detai	iled Sumr	mary Page,	Section	on 3.				PAGE TOTAL 0.00
	al Place of	al Place of	al Place of City	State Zip Code (Plus 4) al Place of City	State Zip Code (Plus 4) Occupa	State Zip Code (Plus 4) Occupation Oliver State	State Zip Code (Plus 4) Occupation Olympia Place of City State Schedule I, Detailed Summary Page, Section 3.	State Zip Code (Plus 4) Occupation Olivy State Zip Code Occupation State Zip Code

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	bd			
			From:			To:		
				D	ATE		AM	OUNT
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			PAG	E TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Perio	d	
COWAN, ALYSSA	From:	<u>5/4/2021</u> To:	6/7/2021
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTOR		
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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						\$	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	е				Re	porting	Period			
					Fro	om:		То:		
					•		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor	-1		•			Occupa	ation			
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	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
COWAN, ALYSSA			From	<u>5/4</u>	<u>4/2021</u>	То:	6/7/2021
				DATE			AMOUNT
To Whom Paid RAFF PRINTING, INC			МО	DAY	YEAR		
Mailing Address PO BOX 4	2365		5	6	2021	\$	8,526.21
City Pittsburgh State Zip Code (Plus 4) PA 15203				otion of Exp	penditure		
To Whom Paid Pittsburgh Post-Gazette				DAY	YEAR		
Mailing Address 358 North	Shore Drive		5	13	2021	\$	1,295.71
City Pittsburgh	State PA	Zip Code (Plus 4) 15212	Descrip eblast	otion of Exp	penditure		
To Whom Paid The Committee To Elect Alyss	sa Cowan for Judge		МО	DAY	YEAR		
Mailing Address 3157 Beechwood Drive			6	7	2021	\$	3,841.61
City Allison Park	City Allison Park State PA 2ip Code (Plus 4)			otion of Exp		•	
	L						PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

13,663.53