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	20200	0435			Repo Filed		:	CANDI	DATE		СОМ	MITTEE	✓	LOBI	BYIST		
Name of Filing	Committee	e, Candida	ate or Lo	bbyist:		VOTEN	NEFT	Γ										
Street Address:																		
City:	PITTS	SBURGH							State: PA Zip Code: 15243									
TYPE OF REPORT	6TH TUES PRE-PRIM		1.) DA RIMA		POST- 3.			AMENDMENT REPORT?		Yes	Nc)	\checkmark
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	E- 5.) DA ECT	Y F TON	POST-	6. X		TERMIN REPORT		Yes	Nc	, •	
report type)	ANNUAL	REPORT	7.	Year 2021					IG METHO		<u> </u>		PAPER		\checkmark	DISKE	TTE	
Name of Office	⊥ Souaht bv	Candidat	I :e:						DATE O	F ELE	CTIC	DN	District Number	Office Code	Par	ty Code	Count	
									мо	DAY	Y	EAR	-1	SPR	DEN	1	02	
JUDGE OF THE	SUPERIC	OR COURT	-						11		2	2021	 	(SEE INS	TRUCTI	ONS FOR	CODES)	
Summary of		and	мо	DAY	YEAR	2			мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditure	s from:		1	0 19	2	021	то		11		22	2021						
A. Amount Bro	ought Forv	vard From	n Last Re	eport				\$			4,	593.70						
B. Total Monet	tary Contri	ibutions A	And Rece	eipts (From	1 Sche	dule I))	\$				0.00						
C. Total Funds	Available	(Sum Of	Lines A	and B)				\$			4,	593.70						
D. Total Expen	nditures (F	rom Sche	dule III	.)				\$			1,0	003.00						
E. Ending Cash	n Balance	(Subtract	Line D I	From Line	C)			\$			3,5	590.70						
F. Value Of In-	-Kind Cont	tributions	Receive	d (From S	chedu	le II)		\$				0.00	4					
G. Unpaid Deb	ts And Ob	ligations	(From S	chedule IV	')			\$				0.00						
					AFF	IDAV	IT S	SE	CTION									
PART I - If this i		-		-									-					
I swear (or affirm correct and compl		report, inclu	uding the	attached sc	hedules	s filed o	n pap	per o	or by elect	ronic m	edium	, are to i	the best o	f my know	vledge	and beli	ef , tru	Je
Sworn to and sub	scribed befo day of	ore me this		20							9	Signature	e of Perso	n Submitt	ing Rep	oort		-
		Signatur	e				_						Prin	ted Name				-
My Commission E	xpires	-											Ema	il				_
		мо	DA	Y	YR					Ar	ea Co	de	Daytin	ne Telepho	one Nu	mber		
Part II- If this is I swear (or affirm No 320) as amend	·) that to th									-		ıy provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subscribed before me this day of 20												s	ignature	of Candida	ite			-
				20									Printe	ed Name				-
My Commission Ex		Signature											Ema	il				-
	_	мо	DA	Y	YR	2	_			Area	Code		D	aytime Te	elephon	e Numb	er	-
																		- 1

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** VOTENEFT From: <u>10/19/2021</u> **To:** 11/22/2021 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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					
			From: To			D:				
					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, Detailed Summary Page, Section 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		A	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 Sche	dule 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 Rej				eporting Period					
From:				m: To:					
				D	ATE		АМ	IOUNT	
Full Name of Contributor				мо	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Pl	ıs 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)	
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section							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			Report	ing Perio	d			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR	\$ 0.0	00
Mailing Address								
City	State	Zip Code (Plus 4)					
Receipt Description	·							
		_	.				PAGE TOTAL	
Enter Grand Total of Part E on Schedu	lie 1, Detailed Sumn	nary 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 Perio	od	
VOTENEFT	From:	<u>10/19/2021</u> то:	<u>11/22/2021</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 PAR	TF)		
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						То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address] \$	0.0)0
City	State	Zip Code (Plus 4)						
Description of Contribution:								
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	le,	P	AGE TOTAL	_
						\$	0.0	0

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

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 Sch Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period							
VOTENEFT				<u>10/19</u>	9/2021	То:	<u>11/22/2021</u>			
				DATE AMOU						
To Whom Paid			мо	DAY	YEAR					
Shapiro for PA										
Mailing Address				7	2021	\$	1,000.00			
City Philadelphia	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	19110	Donatio	'n						
To Whom Paid			мо	DAY	YEAR					
Citizens Bank					1 27.11					
Mailing Address			10	29	2021	\$	3.00			
City Pittsburgh	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•				
	PA	15220	Bank St	atement F	ee					
							PAGE TOTAL			
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item I) .			\$	1,003.00			