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 20210	C0118			Report Filed E		CANDI	DATE	✓	СС	MMITTEI		LOBI	BYIST			
	Committee, Candida	ate or Lo	obbyist:		LISA M	-	EMAN										
Street Address:																	
City:							State:				Zip Cod	Zip Code: 15090					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM	DAY F 1ARY	POST-	3.		AMENDMENT REPORT?		Yes	No	Ŷ		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E- 5.	30 D ELEC	DAY F CTION	POST- 6. X		TERMINATION REPORT?		Yes	No	Ŷ	/		
					ING METHO				PAPER		\checkmark	DISKE	TTE				
Name of Office	Sought by Candidat	ie:					DATE O	F ELE	CTION		District Number	Office Code	Par	ty Code	County	,	
			• •				мо	DAY	YEA	R	5	CPJ	D/R				
JUDGE OF THE	COURT OF COMM	ON PLEA	45				11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YEA	R	FO	R OFFIC	e use	ONLY			
Expenditure	s from:	1	19	2	021 T	0	11	2	22	2021							
A. Amount Bro	ought Forward From	n Last Re	eport			4	\$	(33,963	3.11)							
B. Total Monet	ary Contributions A	And Rece	eipts (From	1 Sche	dule I)		\$	0.00									
C. Total Funds	Available (Sum Of	Lines A	and B)			5	\$			0.00							
D. Total Expen	ditures (From Sche	edule III	[)			9	\$		3,10	0.00							
E. Ending Cash	n Balance (Subtract	Line D	From Line	C)			\$	(3	37,063	.11)	-						
F. Value Of In-	-Kind Contributions	Receive	ed (From S	chedu	le II)		\$			0.00	-						
G. Unpaid Deb	ts And Obligations	(From S	chedule IV	')		9	\$			0.00						_	
				AFF	IDAVI	T SI	ECTION										
	s a Committee repo		-					• •		_		my know	ledge	and beli	of true		
correct and comp	lete.	-	attacheu sci	neuure	s mea on	paper	of by elect		curum, a	10	the best of		leuge		er, true	•	
Sworn to and sub	scribed before me this day of		20						Sig	nature	e of Person	Submitt	ing Rep	oort			
	Signatur	7 0				-					Print	ed Name				-	
My Commission E	-	2									Email					•	
	мо	DA	AY	YR				Are	a Code		Daytime	e Telepho	one Nu	mber			
Part II- If this is	a report of a cand	lidate's a	authorized	Comn	nittee, C	andi	date shall	sign he	ere.								
I swear (or affirm No 320) as amend) that to the best of m ed.	iy knowle	dge and beli	ef this	s political	comr	nittee has n	ot violat	ed any	provis	ions of the	act of Ju	ne 3,1	937 (P.I	. 1333,		
Sworn to and subs	cribed before me this									s	ignature o	f Candida	te			•	
	day of 					-					Printeo	l Name					
	Signature					-											
My Commission Ex	pires										Emai	I					
	мо	DA	AY .	YR	ł	-		Area	Code		Da	ytime Te	lephon	e Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	g Period		
LISA MIDDLEMAN	From:	<u>10/19/20</u>	2 <u>1</u> To:	<u>11/22/2021</u>
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	\$	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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00
			1	

PAGE 3

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						
			Fro	om:		То	:				
					DATE			AMOUNT			
Full Name of Contributing Committee				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plus	4)								
							Γ	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 Candidat	e			orting P	eriod	_			
From: To:):		
					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		А	MOUNT	
Full Name of Contributing Commit	ttee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C on	Schedule I, Detail	ed Summary 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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

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 Candi	Name of Filing Committee or Candidate Re				Reporting Period					
From:					om: To:					
			<u>.</u>	D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$	5	0.00	
City	State	Zip Code (Plus 4)							
Receipt Description				1	I	1				
Enter Grand Total of Part E on Sc	hadula I. Datailar	L Summary Dago	Section	4				PAGE TO	FAL	
	neutre 1, Detallet	i Summaly Paye,	Section	7.			\$		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	bd	
LISA MIDDLEMAN	From:	<u>10/19/2021</u> To:	<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	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, 3		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate Re				Reporting Period					
	From:			То:					
				DATE		АМО	UNT		
Full Name of Contributor			мо	DAY	YEAR				
Mailing Address	Mailing Address					\$	0.00		
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	je,	PAGE	TOTAL		
					4	6	0.00		

0.00

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

Name of Filing Committee or Candidate					Re	Reporting 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			1			Occupat	tion	- I			
Employer Mailing Address/Principa Business	l Place of	City		State		Zip 4)	Code(Plus	Descri	ption of	f Contribution	
										PAGE TOTAL	

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
LISA MIDDLEMAN			From	<u>10/19/2021</u>		То:	<u>11/22/2021</u>	
			DATE				AMOUNT	
To Whom Paid ALLEGHENY COUNTY DEMOCRATIC BLACK CAUCUS			мо	DAY	YEAR			
Mailing Address 7618 FINANCE STREET			11	1	2021	\$	100.00	
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	РА	15208	CONTRIBUTION					
To Whom Paid FRIENDS OF LISA MIDDLEMAN			мо	DAY	YEAR			
Mailing Address 2615 GLENCHESTER ROAD			11	6	2021	\$	3,000.00	
City WEXFORD	State	Zip Code (Plus 4)	Descrip	Description of Expenditure				
	PA	15090	CONTRIBUTION					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL	
						\$	3,100.00	