#### **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	20210	C0388				port ed B		CAN	NDIDATE COMMITTEE LOBBYIST						BYIST			
Name of Filing C	ommittee,	Candida	ite or Lo	obbyist:		FRE	D A	PIER	ERANTONI								•		
Street Address:																			
City:									State					Zip Code	e: 18	641			
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		Р	POST- 3.			AMENDME REPORT?	NT	Yes	No		<b>\</b>
(place X to the right of	6TH TUESDA PRE-ELECTI		4.	2ND FRIDAY ELECTION	Y PRE	≣-	5.	30 DA		Р	POST- 6. <b>X</b>			TERMINAT REPORT?	TION	Yes	No		<b>\</b>
report type)	ANNUAL R	EPORT	7.	<b>Year</b> 2021					IG MET					PAPER		<b>\</b>	DISKE	TTE	
Name of Office S	ought by C	andidat	e:						DATE	0	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
				_					МО		DAY	YE	AR	11	СРЈ			•	
JUDGE OF THE	COURT OF	СОММ	ON PLEA	4S						11		2	2021	<del> </del>	(SEE INS	TRUCTI	ONS FOR (	CODES	)
Summary of	•	and	мо	DAY	YEAR	R			МО		DAY	YE	AR	FOR	R OFFIC	E USE	ONLY		
Expenditures	from:		1	19	2	021	Т	0		11	2	22	2021						
A. Amount Bro	ught Forwa	rd From	Last R	eport	-			\$				•	0.00						
B. Total Moneta	ary Contribu	utions A	nd Rec	eipts (From	Sche	dule	e I)	\$					0.00						
C. Total Funds	Available (\$	Sum Of	Lines A	and B)				\$					0.00						
D. Total Expend	ditures (Fro	m Sche	dule II	()				\$					0.00						
E. Ending Cash	Balance (S	ubtract	Line D	From Line (	<b>C)</b>			\$					0.00						
F. Value Of In-	Kind Contri	butions	Receive	ed (From So	chedu	le I	I)	\$					0.00						
G. Unpaid Debt	s And Oblig	jations (	(From S	chedule IV	)			\$					0.00						
					AFF	ID	AVI	T SE	CTIO	Ν									
PART I - If this is	a Committ	tee repo	rt, trea	surer sign h	here.	If th	nis is	a Can	didate	e re	port, c	andic	ate si	gn here.					
I swear (or affirm) correct and comple	that this repete.	ort, inclu	ıding the	attached sch	nedules	s file	ed on	paper (	or by el	ectr	onic me	edium,	are to	the best of	my knov	/ledge	and beli	ef , tr	ue.
Sworn to and subs	cribed before day of	e me this		20								S	gnatur	e of Person	Submitt	ing Rep	ort		_
		Signatur						-		•				Printe	ed Name				-
My Commission Ex		Signatur	•							-				Email					-
	мс	o	D#	ΑΥ	YR						Are	ea Cod	e	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of	f a cand	idate's	authorized	Comn	nitte	ee, C	andida	ate sh	all s	sign he	ere.							
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and beli	ef this	poli	itical	commi	ittee ha	s no	ot violat	ted an	, provis	ions of the	act of Ju	ine 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		me this											s	ignature of	Candida	te			-
	day of —							-						Printed	Name				-
	Sia	ınature						-		_				Frinceu	····				_
My Commission Exp	_									•				Email					_
		мо	D#	ΑΥ	YR	1		-			Area	Code		Day	time Te	lephor	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	J Period		
FRED A. PIERANTONI	From:	10/19/202	<u>1</u> To:	11/22/2021
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	y 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	y 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

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate val							
Name of Filing Comm	nittee or Candidate		Re					
			Fr	om:		То	:	
		•			DATE			AMOUNT
Full Name of Contributi	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus	4)					
	•	•		•	•	•	$\overline{}$	PAGE 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 of Candidate				oorting P m:	eriod	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		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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	ame of Filing Committee or Candidate			Reporting Period						
			Fron	n:		):				
				D	ATE		A	AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	s <b>4</b> )							
Employer Name				Occupat	tion					
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			1	PAGE TOTAL		
							<b>\$</b>	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	Candidate		Repor					
			From:			To:		
			•	D	ATE		А	MOUNT
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. Detailed	l Summary Page	Section	4			P/	AGE TOTAL
- Country of Furt 2	Juliana 1/ Butanet	. January rage,		••			\$	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	riod	
FRED A. PIERANTONI	From:	<u>10/19/2021</u> <b>To:</b>	11/22/2021
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 Period					
			From:			То:		
				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 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	ame of Filing Committee or Candidate				Re	porting	Period				
					Fro	From:			То:		
					•		DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•					Occupa	ation				
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Desc	cript	ion of	f Contribution
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II, I	n-Kind	Contributi	ons De	etaile	ed					PAGE TOTAL 0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	lame of Filing Committee or Candidate					Reporting Period				
			From			То:				
				DATE			AMOUNT			
To Whom Paid	мо	DAY	YEAR							
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure					
							PAGE TOTAL			
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L	).			\$	0.00			