# **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Files Identifiest                       |                        | 2017         |             |                       | -                            | Repo       | -+    |               | CANDI       | DATE                   | COM          | IMITTEE            |              | LOB          | BYIST    |          |  |
|---|------------------------|--------------|-------------|-----------------------|------------------------------|------------|-------|---------------|-------------|------------------------|--------------|--------------------|--------------|--------------|----------|----------|--|
| Filer Identificat<br>Number :           |                        | 2017(        |             |                       |                              | Filed      |       | :             |             |                        |              |                    | Y            |              |          |          |  |
| Name of Filing                          | Committee              | e, Candida   | ate or Lo   | bbyist:               |                              | ANDY       | SZE   | FIF           | OR JUD      | GE                     |              |                    |              |              |          |          |  |
| Street Address:                         |                        |              |             |                       |                              |            |       |               |             |                        |              |                    |              |              |          |          |  |
| City:                                   | PITTS                  | BURGH        |             |                       |                              |            |       |               | State:      | <b>Zip Code:</b> 15243 |              |                    |              |              |          |          |  |
| TYPE OF<br>REPORT                       | 6TH TUES<br>PRE-PRIM   |              |             | 2ND FRIDA<br>PRIMARY  | AY PRE- 2. 30 DAY<br>PRIMARY |            |       |               |             | POST-                  | 3.           | AMENDI<br>REPORT   |              | Yes          | No       | 0        | $\checkmark$                                 |
| (place X to<br>the right of             | 6TH TUES<br>PRE-ELEC   |              |             | 2ND FRIDA<br>ELECTION | Y PRE                        | E- 5.      |       | ) da'<br>.ect |             | POST-                  | 6.           | TERMIN<br>REPORT   |              | Yes          | No       | C        | $\checkmark$                                 |
| report type)                            | ANNUAL                 | REPORT       | 7. <b>X</b> | <b>Year</b> 2021      |                              |            |       |               | G METHO     |                        |              | PAPER              |              | $\checkmark$ | DISK     | TTE      | 1  |
| Name of Office                          | ⊥<br>Sought by         | Candidat     | ie:         |                       |                              |            |       |               | DATE O      | F ELEC                 | TION         | District<br>Number |              | Par          | ty Code  | Cour     |  |
|   |                        |              |             | -                     |                              |            |       |               | мо          | DAY                    | YEAR         | 5                  | CPJ          | DEN          | 1        | Teor     | <u>.                                    </u> |
| JUDGE OF THE                            | COURIC                 | F COMM       | ON PLEA     | AS                    |                              |            |       | ľ             | 11          |                        | 2 202        | 1                  | (SEE INS     | STRUCTI      | ONS FOR  | CODES    | .)   |
| Summary of                              | Receipts               | and          | мо          | DAY                   | YEAR                         | 2          |       |               | мо          | DAY                    | YEAR         | F                  | OR OFFIC     | E USE        | ONLY     |          |  |
| Expenditure                             | s from:                |              | 1           | 1 23                  | 2                            | 021        | то    | İ             | 12          | 3                      | 1 202        | 1                  | _            |              |          |          | _  |
| A. Amount Bro                           | ought Forw             | ard From     | 1 Last Re   | eport                 |                              |            |       | \$            |             |                        | 0.0          | D                  |              |              |          |          |  |
| B. Total Monet                          | ary Contri             | butions A    | And Rece    | eipts (From           | n Sche                       | edule I)   | )     | \$            |             |                        | 0.00         | D                  |              |              |          |          |  |
| C. Total Funds                          | Available              | (Sum Of      | Lines A     | and B)                |                              |            |       | \$            |             |                        | 0.0          | D                  |              |              |          |          |  |
| D. Total Expen                          | ditures (F             | rom Sche     | dule III    | )                     |                              |            |       | \$            |             |                        | 0.00         | )                  |              |              |          |          |  |
| E. Ending Cash                          | n Balance (            | (Subtract    | Line D F    | From Line             | C)                           |            |       | \$            |             |                        | 4,125.44     | ŀ                  |              |              |          |          |  |
| F. Value Of In-                         | -Kind Cont             | ributions    | Receive     | ed (From S            | chedu                        | le II)     |       | \$            |             |                        | 0.00         | )                  |              |              |          |          |  |
| G. Unpaid Deb                           | ts And Ob              | ligations    | (From So    | chedule IV            | ')                           |            |       | \$            |             |                        | 10,000.00    | )                  |              |              |          |          |  |
|   |                        |              |             |                       | AFF                          | IDAV       | ΊΤ S  | SE            | CTION       |                        |              |                    |              |              |          |          |  |
| PART I - If this i                      |                        |              |             |                       |                              |            |       |               |             |                        |              |                    |              |              |          |          |  |
| I swear (or affirm<br>correct and compl |                        | eport, inclu | uding the   | attached sc           | hedule                       | s filed o  | n pap | per o         | or by elect | ronic me               | dium, are to | the best o         | of my knov   | vledge       | and bel  | ief , tr | ue   |
| Sworn to and sub                        | scribed befo<br>day of | ore me this  |             | 20                    |                              |            |       |               |             |                        | Signatu      | re of Perso        | on Submitt   | ing Rep      | oort     |          | -  |
|   |                        | Signatur     | re          |                       |                              |            | _     |               |             |                        |              | Prir               | nted Name    |              |          |          | -  |
| My Commission E                         | xpires                 | - <b>.</b>   | -           |                       |                              |            |       |               |             |                        |              | Ema                | ail          |              |          |          | -  |
|   |                        | мо           | DA          | Y                     | YR                           |            |       |               |             | Area                   | a Code       | Daytin             | ne Teleph    | one Nu       | mber     |          |  |
| Part II- If this is                     | a report               | of a cand    | lidate's a  | authorized            | Comn                         | nittee,    | Can   | dida          | te shall    | sign he                | re.          |                    |              |              |          |          |  |
| I swear (or affirm<br>No 320) as amend  | ed.                    |              | ıy knowled  | dge and beli          | ef this                      | s politica | al co | mmi           | ttee has n  | ot violate             | ed any prov  | isions of th       | ie act of Ju | ine 3,1      | 937 (P.I | L. 133   | 3,   |
| Sworn to and subs                       | cribed befor<br>day of | e me this    |             | 20                    |                              |            |       |               |             |                        |              | Signature          | of Candida   | ite          |          |          | -  |
| day of 20 Printed Name                  |                        |              |             |                       |                              |            |       |               | -           |                        |              |                    |              |              |          |          |  |
| My Commission Ex                        |                        | ignature     |             |                       |                              |            |       |               |             |                        |              | Ema                | ail          |              |          |          | _  |
|   | _                      | мо           | DA          | Y                     | YR                           | Ł          |       |               |             | Area C                 | ode          | D                  | aytime Te    | elephor      | e Numl   | ber      | -  |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** ANDY SZEFI FOR JUDGE From: <u>11/23/2021</u> To: 12/31/2021 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<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |       |                  |          |          |       |      |    |            |  |  |
|---|-------|------------------|----------|----------|-------|------|----|------------|--|--|
| Name of Filing Committee or Candida   | te    |                  | Rep      | orting P | eriod |      |    |            |  |  |
|   |       |                  | From: Te |          |       | ):   |    |            |  |  |
|   |       |                  |          |          | 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          | MOUNT      |  |
| Full Name of Contributing Committee   |                      |          |                  | мо   | DAY | YEAR | \$         | 0.00       |  |
| Mailing Address                       |                      |          |                  |      |     |      | <b>7</b> * | 0.00       |  |
| City                                  | State                | Zip Cod  | e (Plus 4)       |      |     |      |            |            |  |
|                                       |                      |          |                  |      |     |      |            |            |  |
|                                       |                      |          |                  |      |     |      |            | PAGE TOTAL |  |
| Enter Grand Total of Part C on Sched  | lule 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 Re                                  |                |              |       | eporting Period |       |      |          |                          |  |
|---|----------------|--------------|-------|-----------------|-------|------|----------|--------------------------|--|
|   |                |              | Froi  | n:              |       | Т    | ):       |                          |  |
|   |                |              |       | 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, Sectior |                |              |       |                 |       |      | P#       | <b>AGE TOTAL</b><br>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 Peric | d   |      |    |         |      |
|---------------------------------------|----------------------|------------|---------|-----------|-----|------|----|---------|------|
|                                       |                      |            | From:   |           |     | То:  |    |         |      |
|                                       |                      |            |         | D         | ATE |      |    | AMOUNT  |      |
| Full Name                             |                      |            |         | мо        | DAY | YEAR | \$ |         | 0.00 |
| Mailing Address                       |                      |            |         |           |     |      |    |         |      |
| City                                  | State                | Zip Code ( | Plus 4) |           |     |      |    |         |      |
| Receipt Description                   | ·                    | •          |         |           |     |      | •  |         |      |
|                                       |                      | _          |         |           |     |      |    | PAGE TO | TAL  |
| Enter Grand Total of Part E on Sched  | ule 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                           |                   |
|---|-----------------|------------------------------|-------------------|
| ANDY SZEFI FOR JUDGE  | From:           | <u>11/23/2021</u> <b>то:</b> | <u>12/31/2021</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 (<br>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  |                    |                   | From:            |          |      | То:         |           |    |  |
|  |                    |                   |                  | DATE     |      |             | AMOUNT    |    |  |
| Full Name of Contributor                           |                    |                   | мо               | DAY      | YEAR |             |           |    |  |
| Mailing Address                                    |                    |                   |                  |          |      | <b>]</b> \$ | 0.0       | )0 |  |
| City   | State              | Zip Code (Plus 4) |                  |          |      |             |           |    |  |
| Description of Contribution:                       |                    |                   |                  |          |      |             |           |    |  |
| Enter Grand Total of Part F on Sched<br>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 |              |        |                           |  |  |
|---|-------------------|-------------------|--------|------------------|--------------|--------|---------------------------|--|--|
|   |                   |                   |        | m:               |              | То:    |                           |  |  |
|   |                   |                   |        |                  | DATE         |        | AMOUNT                    |  |  |
| Full Name of Contributor  |                   |                   |        | мо               | DAY          | YEAR   |                           |  |  |
| Mailing Address   |                   |                   | -      |                  |              |        | <b>\$</b> 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 Scho<br>Summary Page, Section 3. | edule II, In-Kind | d Contributions D | etaile | d                |              |        | <b>PAGE TOTAL</b><br>0.00 |  |  |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name 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)   |                      |                    |                  | Description of Expenditure |  |    |            |  |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D |                      |                    |                  |                            |  |    | PAGE TOTAL |  |  |
|  | JII Page 1, Report C | lover Page, menn i |                  |                            |  | \$ | 0.00       |  |  |

9/15/2025 5:12:33 PM