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 :	i on 83(00021			Report Filed E		CANDI	DATE		COM	MITTEE	✓	LOBE	BYIST	
Name of Filing C	Committee, Cand	idate or L	obbyist:		ACBA JI	UDICI	AL EXCE	LLENCE		1MITTE	Ē				
Street Address:	Street Address: 400 KOPPERS BUILDING,436 SEVENTH AVENUE														
City:	PITTSBURG	Н					State:	PA			Zip Co	de: 15	219		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					AY POST- 3. ARY				AMENDM REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					AY I FION	POST-	OST- 6.		TERMINATION REPORT?		Yes	No	\checkmark
report type)	ANNUAL REPOR	R T 7.	Year 2022				NG METHO				PAPER		\checkmark	DISKE	TTE
Name of Office S	L Sought by Candic	late:					DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR					
							11		8	2022		(SEE INS	TRUCTIO	ONS FOR (CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY	
Expenditures	s from:		3 29	20	22 T	0	5		2	2022					
A. Amount Bro	ught Forward Fr	om Last R	eport			\$			8,4	67.80					
B. Total Monet	ary Contribution	s And Rec	eipts (Fron	n Sched	lule I)	\$	\$ 7.65								
C. Total Funds	Available (Sum	Of Lines A	and B)			\$			8,4	75.45					
D. Total Expen	ditures (From So	hedule II	1)			\$			2	78.50					
E. Ending Cash	Balance (Subtra	act Line D	From Line	C)		\$			8,1	96.95	-				
F. Value Of In-	Kind Contributio	ns Receiv	ed (From S	chedule	e II)	\$				0.00	-				
G. Unpaid Deb	ts And Obligation	ns (From S	Schedule I\	/)		\$				0.00		·			
				AFFI	DAVI	T SE	CTION								
PART I - If this is		• •	-					•		_	-				
correct and compl) that this report, in ete.	ncluding the	e attached sc	nedules	filed on	paper	or by elect	ronic me	eaium,	are to t	the best o	т ту кпоч	leage	and bell	er, true
Sworn to and subs	cribed before me t day of	his	20						S	ignature	e of Perso	n Submitt	ing Rep	oort	
	Signa	ture				_					Prin	ted Name			
My Commission E	-					_					Ema	il			
	мо	D	AY	YR				Are	ea Cod	e	Daytim	e Teleph	one Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorized	Comm	ittee, C	andid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		f my knowl	edge and bel	ief this p	political	comm	ittee has n	ot viola	ted any	y provis	ions of th	e act of Ju	ine 3,19	937 (P.L	. 1333,
Sworn to and subso	ribed before me th day of	is	20							S	ignature o	of Candida	ite		
						_					Printe	ed Name			
My Commission Exp	Signatur bires	e				-					Ema	il			
						_									
	мо	D	AY	YR				Area	Code		D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** ACBA JUDICIAL EXCELLENCE COMMITTEE From: <u>3/29/2022</u> To: 5/2/2022 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					
Fro						:				
					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

\$

PAGE 3

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		Rep	orting P	eriod				
From:						Тс	То:		
					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 S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	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 Comm	ittee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						Γ		PAGE TOTAL	
Enter Grand Total of Part C or	n Schedule I, Detaile	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				Occupation				
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule 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 Candidate			Reporting Period						
	From: To				1				
					ATE	AMOUNT			
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I			1	1				
Enter Grand Total of Part E o	- Schodulo I. Dotailoc		Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	i Summaly Paye,	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 Per	riod							
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	<u>3/29/2022</u> то:	<u>5/2/2022</u>						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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, 3		\$	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					
	From:			То:					
				DATE		AMOUN	NT		
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 Schedule II, In-Kind Contributions Details Section 2.				mary Pag	je,	PAGE T	OTAL		
					4	•	0.00		

0.00

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

Name of Filing Committee or Candidate					Reporting Period					
						From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	Zip Code(Plus 4)								
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion o	of Contribution
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
ACBA JUDICIAL EXCELLENCE COMMIT	From	<u>3/29</u>	<u>5/2/2022</u>				
		AMOUNT					
To Whom Paid FRANK, GALE, BAILS & amp; POCRASS	мо	DAY	YEAR				
Mailing Address 707 GRANT STREET	1	20	2022	\$	60.00		
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	otion of Exp	Denditure		
	РА	15219	PROFES	SSIONAL S	ERVICES	5	
To Whom Paid FRANK, GALE, BAILS & amp; POCRASS			мо	DAY	YEAR		
Mailing Address 707 GRANT STREET	33RD FLR., GULF TO	WER	2	3	2022	\$	218.50
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	Denditure		
PA 15219 PROFESSIONAL SERVICES						5	
							PAGE TOTAL
Enter Grand Total of Expenditures	on Page 1, Report C	over Page, Item I).			\$	278.50