

Campaign Finance Report

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

Filer Identification Number : 2023C0074		Report Filed By :		CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>					
Name of Filing Committee, Candidate or Lobbyist: BATTISTA, MARIA C											
Street Address:											
City:			State:		Zip Code: 16373						
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2023	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>			
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code	
JUDGE OF THE SUPERIOR COURT				MO	DAY	YEAR	-1	SPR	REP	16	
				11	7	2023	(SEE INSTRUCTIONS FOR CODES)				
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		1	1	2023		3	27	2023			
A. Amount Brought Forward From Last Report				\$		0.00					
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		0.00					
C. Total Funds Available (Sum Of Lines A and B)				\$		0.00					
D. Total Expenditures (From Schedule III)				\$		2,814.00					
E. Ending Cash Balance (Subtract Line D From Line C)				\$		(2,814.00)					
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00					
G. Unpaid Debts And Obligations (From Schedule IV)				\$		0.00					

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____

MO DAY YR

Signature of Person Submitting Report

Printed Name

Email

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

Signature

My Commission Expires _____

MO DAY YR

Signature of Candidate

Printed Name

Email

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
BATTISTA, MARIA C	From: <u>1/1/2023</u> To: <u>3/27/2023</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting 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 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 Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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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	MO	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 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 Candidate	Reporting Period
	From: _____ To: _____

				DATE	AMOUNT	
Full Name of Contributor		MO	DAY	YEAR	\$	0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL
\$ 0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 0.00
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE 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	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT		
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 BATTISTA, MARIA C	Reporting Period From: <u>1/1/2023</u> To: <u>3/27/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period (3)	\$ 0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)	\$ 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: To:

			DATE	AMOUNT
Full Name of Contributor	MO	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 Detailed Summary Page, Section 2.				PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period From: _____ To: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address					\$ 0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor					
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.					PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
BATTISTA, MARIA C	From <u>1/1/2023</u> To: <u>3/27/2023</u>

				DATE	AMOUNT
To Whom Paid	MO	DAY	YEAR		
Staples	1	6	2023	\$	451.85
Mailing Address 128 S 32nd St					
City Camp Hill	State PA	Zip Code (Plus 4) 17011	Description of Expenditure Copies		
DMS Printing and Mailing	1	11	2023	\$	525.84
Mailing Address 10883 Route 322					
City Shippenville	State PA	Zip Code (Plus 4) 16254	Description of Expenditure Palm Cards & Booklets		
DMS Printing and Mailing	1	16	2023	\$	363.58
Mailing Address 10883 Route 322					
City Shippenville	State PA	Zip Code (Plus 4) 16254	Description of Expenditure Palm Cards & Post Cards		
DMS Printing and Mailing	2	13	2023	\$	134.62
Mailing Address 10883 Route 322					
City Shippenville	State PA	Zip Code (Plus 4) 16254	Description of Expenditure Palm Cards		
DMS Printing and Mailing	2	13	2023	\$	489.72
Mailing Address 10883 Route 322					
City Shippenville	State PA	Zip Code (Plus 4) 16254	Description of Expenditure Palm Cards, Post Cards & Business Cards		
DMS Printing and Mailing	2	20	2023	\$	222.60
Mailing Address 10883 Route 322					
City Shippenville	State PA	Zip Code (Plus 4) 16254	Description of Expenditure Palm Cards		

To Whom Paid USPS			MO	DAY	YEAR	\$ 167.20
Mailing Address 714 Main St			1	17	2023	
City Emlenton	State PA	Zip Code (Plus 4) 16373	Description of Expenditure Postage			
To Whom Paid All American Awards & Engraving LLC			MO	DAY	YEAR	\$ 38.16
Mailing Address 511 Main St			1	21	2023	
City Shippenville	State PA	Zip Code (Plus 4) 16254	Description of Expenditure Name Badges			
To Whom Paid All American Awards & Engraving LLC			MO	DAY	YEAR	\$ 127.20
Mailing Address 511 Main St			3	20	2023	
City Shippenville	State PA	Zip Code (Plus 4) 16254	Description of Expenditure Name Badges			
To Whom Paid BELA Printing & Packaging			MO	DAY	YEAR	\$ 293.23
Mailing Address 2365 Wyandotte Rd			2	2	2023	
City Willow Grove	State PA	Zip Code (Plus 4) 19090	Description of Expenditure Stickers			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 2,814.00

