## **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 8300	021			Repor Filed I		CANDI	DATE		СОМИ	MITTEE	✓	LOB	BYIST	
Name of Filing	Committee, Candid	late or L	obbyist:	1	ACBA J	UDICI	AL EXCE	LLENCE		1MITTE	E				
Street Address:	400 KOPPERS	5 BUILD	ING,436 SE	EVENTI	H AVEN	IUE									
City:	PITTSBURGH						State:	PA			Zip Co	<b>de:</b> 15	219		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2. <b>X</b>	30 DA PRIM		POST-	3.		AMENDM REPORT		Yes	No	$\checkmark$
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		POST-	6.		TERMIN/ REPORT		Yes	No	$\checkmark$
report type)	ANNUAL REPORT	7.	<b>Year</b> 2023				NG METHO CHECK O				PAPER		$\checkmark$	DISKE	TTE
Name of Office	Sought by Candida	te:	-				DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR					
							11		7	2023	<b> </b>	(SEE INS	TRUCTI	ONS FOR (	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	R OFFIC	e use	ONLY	
Expenditures	s from:		3 28	20	)23 <b>T</b>	0	5		1	2023					
A. Amount Bro	ught Forward From	m Last R	leport			\$			5,7	83.08					
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Scheo	dule I)	\$				65.87					
C. Total Funds	Available (Sum Of	f Lines A	and B)			\$			5,8	48.95					
D. Total Expen	ditures (From Sch	edule II	1)			\$			2	94.04					
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)		\$			5,5	54.91					
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedul	e II)	\$				0.00					
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		\$				0.00					
				AFF	IDAVI	T SE	CTION								
	s a Committee rep	•	-					•		_	-				
I swear (or affirm correct and compl	) that this report, inc ete.	luding the	e attached sc	hedules	filed on	paper	or by elect	ronic m	edium,	are to t	the best o	f my knov	/ledge	and beli	ef , true
Sworn to and sub	scribed before me this day of	S	20						Si	gnature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	Ire				_					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 can	didate's	authorized	Comm	ittee, C	Candid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amend	) that to the best of r ed.	ny knowl	edge and beli	ef this	political	comm	ittee has n	ot viola	ted any	/ provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subse	cribed before me this									s	ignature o	of Candida	te		
	day of					_					Drinte	d Name			
	Signature					_					- inte				
My Commission Ex	-										Ema	il			
	мо	D	AY	YR		-		Area	Code		D	aytime Te	lephor	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>3/28/2023</u> To: <u>5/1/2023</u> 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) 65.87 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 65.87 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 Commit	Name of Filing Committee or Candidate						
			Reporting From:	i cirioù	То		
			From:		10	•	
				DATE			AMOUNT
Full Name of Contributing	) Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of Pa	art A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00

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

\$

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: 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 S	Schedule I, Detai	led 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 Cand	lidate		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 I	Period	
	From:		То:
		DATE	AMOUNT

				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 Candidate			Report	ing Perio	d		
ACBA JUDICIAL EXCELLENCE COMMITT	ΈE		From:		<u>3/28/202</u>	<u>3</u> To:	<u>5/1/2023</u>
				D	ATE		AMOUNT
Full Name DOLLAR BANK				мо	DAY	YEAR	
Mailing Address 225 FORBEA AVENU	IE						<b>\$</b> 2.51
City PITTSBURGH	State PA	<b>Zip Code (</b> 15222	Plus 4)	1	31	2023	
Receipt Description INTEREST							
Full Name FRAGASSO FINANCIAL ADVISORS				мо	DAY	YEAR	
Mailing Address 10 SMITHFIELD STR				1	31	2023	<b>\$</b> 7.69
City PITTSBURGH	<b>State</b> PA	Zip Code (1 15222	Plus 4)	1	51	2025	
Receipt Description DIVIDENDS		•					
Full Name DOLLAR BANK				мо	DAY	YEAR	
Mailing Address 225 FORBES AVENU	IE						<b>\$</b> 1.99
City PITTSBURGH	<b>State</b> PA	<b>Zip Code (</b> 15222	Plus 4)	2	28	2023	
Receipt Description INTEREST	1				1	1	
Full Name FRAGASSO FINANCIAL ADVISORS				мо	DAY	YEAR	
Mailing Address 10 SMITHFIELD STR	REET						<b>\$</b> 15.32
City PITTSBURGH	<b>State</b> PA	<b>Zip Code (</b> 1 15222	Plus 4)	2	28	2023	
Receipt Description DIVIDENDS	1	1			1	1	·

PAGE 8

Full Name DOLLAR BANK			мо	DAY	YEAR		
Mailing Address 225 FORBES AV	/ENUE					\$	2.0
City PITTSBURGH	State	Zip Code (Plus 4)	3	31	2023		
	PA	15222					
Receipt Description INTEREST							
Full Name			мо	DAY	YEAR		
FRAGASSO FINANCIAL ADVISORS			110				
Mailing Address 10 SMITHFIELD	STREET					\$	15.4
City PITTSBURGH	State	Zip Code (Plus 4)	3	31	2023		
	PA	15222					
Receipt Description DIVIDENDS	S						
DOLLAR BANK			мо	DAY	YEAR		
Mailing Address 225 FORBES AV	/ENUE					\$	1.9
City PITTSBURGH	State	Zip Code (Plus 4)	4	30	2023		
	PA	15222					
Receipt Description INTEREST	I	- I			1	•	
-							
Full Name				DAY	VEAD		
			мо	DAY	YEAR		
Full Name			мо	DAY	YEAR	\$	18.9
Full Name FRAGASSO FINANCIAL ADVISORS		Zip Code (Plus 4)	<b>мо</b> 4	<b>DAY</b> 30	<b>YEAR</b> 2023		18.9
Full Name FRAGASSO FINANCIAL ADVISORS Mailing Address 10 SMITHFIELD	STREET	<b>Zip Code (Plus 4)</b> 15222					18.9
Full Name FRAGASSO FINANCIAL ADVISORS Mailing Address 10 SMITHFIELD	STREET State						18.9
Full Name FRAGASSO FINANCIAL ADVISORS Mailing Address 10 SMITHFIELD City PITTSBURGH	STREET State PA	15222	4				18.5 TOTAL

#### 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 P	eriod	
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	<u>3/28/2023</u> <b>To:</b>	<u>5/1/2023</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P		FOR	
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		A	MOUNT
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 Detail			iled Sum	mary Pag	e,	PA	AGE TOTAL
Section 2.					5	5	0.00

#### PAGE 11

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Rej	porting F	Period			
					From: To:					
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•				Occupation					
Employer Mailing Address/Principal Place of City State Business						Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De				taile	ed				PAGE TOTAL	
Summary Page, Section 3.	,									0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ndidate		Reporti	ng Period			
ACBA JUDICIAL EXCELLENCE C	OMMITTEE		From	3/28	<u>8/2023</u>	То:	<u>5/1/2023</u>
				DATE			AMOUNT
To Whom Paid FRANK, GALE, BAILS & PO	CRASS, P.C.		мо	DAY	YEAR		
Mailing Address 707 GRANT STREE 33RD FLR., GULF TOWER				19	2023	\$	108.50
City PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15219		otion of Exp SSIONAL S			
To Whom Paid FRANK, GALE, BAILS & amp; POCRASS, P.C.			мо	DAY	YEAR		
Mailing Address 707 GRANT	STREE 33RD FLR., GU	LF TOWER	2	14	2023	\$	108.50
City PITTSBURGH	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15219	Description of Expenditure PROFESSIONAL SERVICES				
<b>To Whom Paid</b> ACBA			мо	DAY	YEAR		
Mailing Address 400 KOPPER	RS BLDG. 436 SEVENTI	H AVENUE	5	1	2023	\$	77.04
City PITTSBURGH State Zip Code (Plus 4)   PA 15219			-	<b>otion of Exp</b> Y JUDICIA			
Enter Grand Total of Expend	itures on Page 1 Re	anort Cover Page Item I	<u> </u>				PAGE TOTAL
	itures on Fage 1, Re	eport cover rage, item i				\$	294.04