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 :	tion 2023	C0147			Repo Filed		С	ANDI	DATE	✓	CO	OMMITTE	E	LOB	BYIST		
Name of Filing	Committee, Candid	ate or Lo	obbyist:		SALA,	PETE	R J.				•						
Street Address																	
City:							Sta	te:				Zip Code: 16502					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY				DAY MARY	F	POST- 3. X			AMENDMENT REPORT?		Yes	N	D I	</td
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					DAY CTION	-	POST-	6.		TERMINATION REPORT?		Yes	N	C	</td
report type)	ANNUAL REPORT	7.	Year 2023				.ING N) CHE					PAPER		\checkmark	DISK	ETTE	
Name of Office	Sought by Candida	te:					DA	TE O	F ELE	СТІС	N	District Number	Office Code	Par	ty Code	Coun Code	
	E COURT OF COMM		۵ 5				мо		DAY	Y	EAR	6	CPJ	DEM	1		
JODGE OF THE			~5					11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES))
	Receipts and	мо	DAY	YEAF	2		мо	1	DAY	Y	EAR	FO	R OFFIC	E USE	ONLY		
Expenditure	s from:		5 2	2	023	то		6		5	2023						
A. Amount Bro	ought Forward Fror	n Last R	eport				\$			(6,7	28.29)						
B. Total Mone	tary Contributions	And Rec	eipts (Fron	n Sche	dule I))	\$				0.00						
C. Total Funds	s Available (Sum Of	Lines A	and B)				\$			(6,7	28.29)						
D. Total Exper	nditures (From Sch	edule II	I)				\$			1,7	782.00]					
E. Ending Cas	h Balance (Subtrac	t Line D	From Line	C)			\$			(8,5	10.29)						
F. Value Of In	-Kind Contributions	s Receivo	ed (From S	chedu	le II)		\$				0.00						
G. Unpaid Deb	ots And Obligations	(From S	Schedule IV	/)			\$				0.00						
				AFF	IDAV	'IT S	SECT	[ON									
	is a Committee rep																
I swear (or affirm correct and comp	n) that this report, incl lete.	luding the	e attached sc	hedule	s filed o	n pape	er or by	elect	ronic m	edium	, are to	the best of	my know	ledge	and bel	ief , tri	ıe
Sworn to and sub	scribed before me this day of	5	20							9	Signatur	e of Persor	Submitt	ing Rep	oort		-
	Signatu	re				_						Print	ed Name				-
My Commission E	-	-										Emai	I				-
	мо	D	AY	YR					Ar	ea Co	le	Daytime	e Telepho	one Nu	mber		
Part II- If this is	s a report of a can	didate's	authorized	Com	nittee,	Cand	idate	shall	sign h	ere.							
I swear (or affirm No 320) as amend) that to the best of n led.	ny knowle	edge and beli	ief this	s politica	il com	mittee	has n	ot viola	ted ar	ıy provis	ions of the	act of Ju	ine 3,1	937 (P.	L. 1333	3,
Sworn to and subscribed before me this day of 20											S	ignature o	f Candida	te			-
												Printe	d Name				-
My Commission Ex	Signature					_						Emai	1				-
																	-
	мо	D	AY	YR	Ł				Area	Code		Da	ytime Te	lephor	e Numl	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SALA, PETER J. From: <u>5/2/2023</u> **To:** 6/5/2023 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	•)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.								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 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							
				То:						
				DA	TE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR		0.00		
Mailing Address							- \$	0.00		
City	State	Zip Cod	e (Plus 4)							
					PAGE TOTAL					
Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 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 Room Room Room Room Room Room Room Roo				Reporting Period					
From:				m: To:					
				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, Sectio							P#	AGE 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			Report	ing Peric	d				
			From:			То:			
				D	ATE			AMOUNT	Г
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 Sumr	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 Period		
SALA, PETER J.	From:	<u>5/2/2023</u> то:	<u>6/5/2023</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 (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 R			Reporting Period						
F						То:			
				DATE			AMOUNT		
Full Name of Contributor				DAY	YEAR				
Mailing Address						 \$		0.00	
City	State	Zip Code (Plus 4)							
Description of Contribution:	•		-		•				
Enter Grand Total of Part F on Scl Section 2.	nedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	je,		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:					
					DATE		AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address			-				\$ 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 Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	d			PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate				Reporting Period						
SALA, PETER J.	From	<u>5//</u>	<u>6/5/2023</u>							
		DATE	AMOUNT							
To Whom Paid	мо	DAY	YEAR							
SAMPLE NEWS GROUP										
Mailing Address			5	3	2023	\$	1,782.00			
City CORRY	State	Zip Code (Plus 4)	Description of Expenditure							
	16407	ADVER	FISING/NE	WS PAPE	RS					
					PAGE TOTAL					
Enter Grand Total of Expend) .			\$	1,782.00					