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 :	on 202	3C0139				port ed B		CAND	DATE	✓	СО	MMITTEE		LOBI	BYIST		
Name of Filing C	ommittee, Candi	late or L	obbyist:		MEH	HALC	V, M	ARK FRII	ENDS ()F							
Street Address:																	
City:								State:				Zip Code	e: 15	5401			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3. X		AMENDME REPORT?	NT	Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	E-	5.	30 DA ELECT		POST-	6.		TERMINAT REPORT?	ΓΙΟΝ	Yes	N	0	\
report type)	ANNUAL REPORT	7.	Year 2023					IG METH				PAPER		\	DISK	ETTE	
Name of Office S	ought by Candida	ite:	•					DATE C	F ELE	CTIC)N	District Number	Office Code	Par	ty Cod	Code	
111505 OF THE	COLUBTION COMM	40N DI E	4.0					МО	DAY	Y	EAR	14	CPJ	DEN	1		
JUDGE OF THE	COURT OF COM	10N PLE	AS					11		7	2023		(SEE IN	STRUCTI	ONS FOR	CODES	6)
Summary of Expenditures	•	МО	DAY	YEAR	₹			МО	DAY	Y	EAR	FOF	OFFI	CE USE	ONLY	,	
Expenditures	TIOIII.		5 2	2	023	T	0	ε	5	5	2023						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$		((63,0	00.00)						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	e I)	\$				0.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$		((63,0	00.00)						
D. Total Expend	ditures (From Sch	edule II	I)				\$			15,0	00.00						
E. Ending Cash	Balance (Subtra	t Line D	From Line	C)			\$		(78,0	00.00)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule I\	/)			\$				0.00						
				AFF	·ID/	AVI	ΓSE	CTION									
PART I - If this is	a Committee rep	ort, trea	surer sign	here.	If th	nis is	a Can	ndidate r	eport,	candi	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached so	hedule	s file	d on p	paper (or by elect	tronic m	edium	ı, are to t	he best of	my knov	wledge	and be	lief , tr	rue
Sworn to and subs	cribed before me th	is	20								Signature	of Person	Submit	ting Rep	oort		_
	Signate	ure					• •					Printe	ed Name	:			_
My Commission Ex	pires											Email					-
	мо	D	AY	YR					Ar	ea Co	de	Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nitte	ee, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of	my knowle	edge and bel	ief this	polit	tical	commi	ittee has r	ot viola	ited ar	ny provisi	ions of the	act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc		ŀ									Si	ignature of	Candid	ate			- <u> </u>
	day of						-					Printed	Name				-
	Signature						-										_
My Commission Exp	ires											Email					
	МО	D.	AY	YR	ł		•		Area	Code		Day	time T	elephor	ne Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
MEHALOV, MARK FRIENDS OF	From:	<u>5/2/202</u>	<u>3</u> To:	6/5/2023
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	J Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

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 Candidat	e		Reporting	Period			
		1	From:		То	:	
		•		DATE			AMOUNT
Full Name of Contributing Committee			мо	DAY	YEAR		
Mailing Address		_				\$	0.00
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 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

Full Name of Contributor	D	DATE	т	o:	
Full Name of Contributor		DATE			
Full Name of Contributor	МО				AMOUNT
	""	DAY	YEAR		
Mailing Address				\$	0.00
City State Zip Code (Plus 4)					

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 Cai	ndidate		Reporting	Period				
			From:			То:		
				DA	TE		Α	AMOUNT
Full Name of Contributing Comm	nittee			мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C o	n Schedule I, Detaile	d Summary Pa	age, Sectio	n 3.			\$	0.00

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	1			Repo	orting Pe	riod			
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE TOTAL 0.00

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 Peri	od			
			From:			To:		
		•		E	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	us 4)					
Receipt Description	<u> </u>	'			•			
Futor Curred Total of Doub	F an Cabadula I Datailad	I Comment Dama Co		4			ı	PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	Summary Page, So	ection	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		
MEHALOV, MARK FRIENDS OF	From:	<u>5/2/2023</u> To:	<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	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
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,		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candi	idate		Reportin	g Period			
			From:			To:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						7 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
MEHALOV, MARK FRIENDS OF	From	5/2/2023	То:	<u>6/5/2023</u>

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
FRIENDS OF MARK MEHALOV			МО		ILAK		
Mailing Address 18 MILL ST	iling Address 18 MILL STREET 5 5 2023						
City UNIONTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15401	LOAN T	о сомміт	TEE		
							PAGE TOTAL
Enter Grand Total of Expen	\$	15,000.00					