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 2023	3C0173			Rep File			CAND	NDIDATE COMMITTEE LOBBYIST									
Name of Filing C	ommittee, Candid	late or L	obbyist:	•	ANDI	REV	V F. S	SZEFI										
Street Address:																		
City:	_							State:					Zip Code	e: 15	216			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY						30 DA PRIMA		POST				AMENDMENT REPORT?		Yes	١	lo	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5	i.	30 DA		POST	·- 6			TERMINAT REPORT?	ΓΙΟΝ	Yes	١	lo	/
report type)	ANNUAL REPORT	7.	Year 2023					NG METH CHECK (PAPER		V	DISK	ETTE	
Name of Office S	ought by Candida	ite:	_					DATE	E OF ELECTION District Office Number Code							ty Cod	e Cou	
								МО	DA	Y	YEAR		5	CPJ	DEI	М	1	
JUDGE OF THE	COURT OF COMM	10N PLE	AS					1	1	7	20	23		(SEE IN:	STRUCTI	ONS FO	R CODES	5)
Summary of	•	МО	DAY	YEAR				МО	DA	Y	YEAR		FOR	OFFIC	E USE	ONL	′	
Expenditures	from:		5 2	. 20	023	T	0		6 5 2023									
A. Amount Bro	ught Forward Fro	m Last R	eport		·		\$			(2	0,000.0	00)						
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule	I)	\$			0.00								
C. Total Funds Available (Sum Of Lines A and B) \$ 0.00									00									
D. Total Expenditures (From Schedule III) \$ 25,000.00																		
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$			(45	5,000.0	0)						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II))	\$				0.	00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)			\$				0.	00			'			
				AFF	IDA	VI	T SE	CTION										
	a Committee rep		_						=	-		_						
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	e attached sc	hedules	filed	on	paper	or by elec	tronic	med	ium, are	to th	ne best of	my knov	wledge	and be	lief , tr	rue
Sworn to and subs	cribed before me thi day of	s	20								Signa	ture	of Person	Submitt	ing Re	oort		_
	Signatu	ıre	_				-						Printe	ed Name				_
My Commission Ex	pires								_				Email					
	МО	D	AY	YR						Area	Code		Daytime	Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	Comn	nittee	e, Ca	andid	ate shal	l sign	her	e.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowle	edge and beli	ief this	politi	cal	comm	ittee has	not vi	olate	d any pro	ovisio	ons of the	act of J	une 3,1	937 (P	.L. 133	з,
Sworn to and subsc	ribed before me this											Sig	gnature of	Candida	ate			_
	day of 						-						Printed	Name				-
My Commission Exp	Signature						-						Email					$ \Big $
, сеолоп ехр																		_
	МО	D	AY	YR					Ar	ea Co	ode		Day	time T	elephor	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
ANDREW F. SZEFI	From:	5/2/202	<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) 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

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng 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

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 Fr				oorting P				
					DATE	To		AMOUNT
Full Name of Contributor				мо	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 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 Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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	Rep	Reporting Period							
			Froi	m:		To	То:		
				D	ATE		А	MOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plu	s 4)						
Employer Name		•		Occupa	tion		•		
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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	ting Perio	od			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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		
ANDREW F. SZEFI	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	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,	•	\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidat	:e		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate					porting	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									- \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iptio	n of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	nedule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate					Reporting Period						
ANDREW F. SZEFI				From	<u>5/2</u>	2/2023	То:	<u>6/5/2023</u>			
					DATE			AMOUNT			
To Whom Paid ANDY SZEFI FOR JUDGE				мо	DAY	YEAR					
Mailing Address 501 AUSTIN AVE				5	4	2023	\$	25,000.00			
City PITTSBURGH State Zip Code (Plus 4) PA 15243				1 -	otion of Exp			DNAL FUNDS			