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 :	ion 202	3C0147			Report Filed B		CANDI	DATE	✓	CC	OMMITTE		LOBI	BYIST	
Name of Filing C	Committee, Cand	idate or Lo	obbyist:	S	SALA, PI	ETER	J.								
Street Address:															
City:							State:				Zip Cod	e: 16	502		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-		30 DA PRIM		POST-	3.		AMENDM REPORT?	ENT	Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-		30 DA ELEC		POST-	6.		TERMINA REPORT?	TION	Yes	No	\checkmark
report type)	ANNUAL REPOR	T 7.	Year 2023				NG METHO CHECK O				PAPER		\checkmark	DISKE	TTE
Name of Office S	⊥ Sought by Candid	ate:					DATE O	FELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR	6 CPJ DEM				
JUDGE OF THE	COURT OF COM	MON PLE	AS				11		7	2023		(SEE INS	TRUCTI	ONS FOR (CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	EAR	FO	R OFFIC	E USE	ONLY	
Expenditures	s from:		9 19	20	23 T	0	10		23	2023					
A. Amount Brought Forward From Last Report \$ (8,51							10.29)								
B. Total Monetary Contributions And Receipts (From Schedule I										0.00					
C. Total Funds	Available (Sum (Of Lines A	and B)			\$			(8,5	10.29)					
D. Total Expen	ditures (From Sc	hedule II	[)			\$			2,6	533.80					
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)		\$		(11,14	14.09)					
F. Value Of In-	Kind Contributio	ns Receive	ed (From S	chedule	e II)	\$				0.00					
G. Unpaid Deb	ts And Obligatior	s (From S	chedule IV	')		\$				0.00					
				AFFI	DAVIT	r se	CTION								
PART I - If this is	s a Committee re	port, trea	surer sign	here. If	f this is	a Car	ndidate re	eport, d	andi	date sig	gn here.				
I swear (or affirm correct and compl) that this report, ir ete.	cluding the	attached sc	hedules	filed on p	oaper	or by elect	ronic m	edium	, are to	the best of	my know	ledge	and beli	ef , true
Sworn to and subs	scribed before me tl day of	nis	20						s	ignatur	e of Person	Submitt	ing Rep	oort	
	Signa	ture	-			-					Print	ed Name			
My Commission E	-										Emai				
	мо	DA	AY	YR		-		Are	ea Cod	le	Daytime	e Telepho	one Nu	mber	
Part II- If this is	a report of a ca	ndidate's	authorized	Commi	ittee, Ca	ndid	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amendo) that to the best of ed.	my knowle	edge and beli	ef this p	olitical	comm	ittee has n	ot viola	ted an	y provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333,
Sworn to and subso	cribed before me thi	S								s	ignature o	f Candida	te		
	day of 										Printe	l Name			
	Signature	•				•									
My Commission Exp	bires										Emai	I			
	мо	D	AY.	YR				Area	Code		Da	ytime Te	lephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SALA, PETER J. From: <u>9/19/2023</u> To: 10/23/2023 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 Candidat	e		Reporting Period						
					From: To:				
		·			DATE			AMOUNT	
Full Name of Contributing Committee			м	10	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		

Use this Part to it	emize all other 50.01 to \$250.0	1 TO \$250.00 contribution 00 in the repo	s wi ortin	ith an ng per	aggreg iod.			rom
Name of Filing Committee or Candida	te		Rep	orting P	eriod			
			Fror	m:		Тс	0:	
					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, Detail	ed 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 Candidate			Reporting					
			From:			То:		
				DA	TE		A	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	\$	0.00
Mailing Address							7 *	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary 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			Rep	orting Pe	riod			
			Froi	n:		Т):	
				D	ATE		АМ	IOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Code	e (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ummary Page	e, Sectio	on 3.			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	
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 Sumn	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>9/19/2023</u> то:	<u>10/23/2023</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			Reporting	Period				
	F					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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	ie,		PAGE TOTA	L
						\$		0.00

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

Name of Filing Committee or Candidate			Rep	porting I	Period		
			Fro	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 Sch Summary Page, Section 3.	edule II, In-Kind	l Contributions D	etaile	d			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Co	ommittee or Candidate			Reporti	ng Period				
SALA, PETER J.				From	<u>9/19</u>	9/2023	То:	<u>10/23/2023</u>	
					DATE			AMOUNT	
To Whom Paid				мо	DAY	YEAR			
WECREATE, LLC									
Mailing Address	1001 STATE STREET	SUITE # 103		7	13	2023	\$	34.95	
City ERIE		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	16501	ADVERT	ISING/WE	BSITE			
To Whom Paid WECREATE, LLC				мо	DAY	YEAR			
Mailing Address	1001 STATE STREET	SUITE # 103		8 13 2023 \$ 34.5					
City ERIE		State	Zip Code (Plus 4)	Description of Expenditure					
		PA	16501	ADVERT					
To Whom Paid	To Whom Paid WECREATE, LLC			мо	DAY	YEAR			
Mailing Address 1001 STATE STREET SUITE # 103			9	13	2023	\$	34.95		
	1001 STATE STREET			-					
City ERIE		State	Zip Code (Plus 4)	Description of Expenditure ADVERTISING/WEBSITE					
To Whom Paid		PA	16501	ADVERI					
WECREATE, LLC				мо	DAY	YEAR			
Mailing Address	1001 STATE STREET	SUITE # 103		10	13	2023	\$	34.95	
		State	Zin Code (Blue 4)						
City ERIE		PA	Zip Code (Plus 4) 16501		tion of Exp TISING/WE				
To Whom Paid			10501						
	RINITY CATHOLIC CHU	IRCH		мо	DAY	YEAR			
Mailing Address	2220 REED STREET			7	23	2023	\$	300.00	
City ERIE		State	Zip Code (Plus 4)	Descrip	i tion of Exp	enditure	1		
	PA 16503				ISING				
To Whom Paid				мо	DAY	YEAR			
SAMPLE NEWS G	ROUP								
Mailing Address	28 W. SOUTH STREE	T		10	6	2023	\$	1,732.00	
City CORRY		State	Zip Code (Plus 4)	4) Description of Expenditure					
		PA	16407	ADVERTISING/NEWSPAPERS					

To WI	nom Paid				мо	DAY	YEAR		
UNIT	ED STATES F	POSTAL SERVICE			NO				
Mailin	ng Address	1401 STATE STR	REET SUITE #100		7	20	2023	\$	462.00
City	ERIE		State	Zip Code (Plus 4)	Descrip				
			PA	16501	ADVER	ISING/PO	STAGE		
									PAGE TOTAL
Entei	r Grand Tot	al of Expenditur	es on Page 1, Ro	eport Cover Page, Item D	•			\$	2,633.80
								L	