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				Repoi Filed			CAND	ID	DATE	\	COMMITTEE LOBBYIST								
Name of Filing C	ommittee, Candi	date or L	obbyist	::	, N	MEHAL	OV,	MΑ	RK												_
Street Address:																					
City:							State:						Zip Code: 15401								
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FF PRIMA		PRE-	2.	30 I PRI			PO	OST-	3.			AMENDMENT REPORT?		Yes		No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FF		PRE-	- 5.	30 I ELE		Y ION	PO	OST-	6. 2	х		RMINAT PORT?	ΓΙΟΝ	Yes		No	•	/
report type)	ANNUAL REPOR	T 7.	Year 2	2023					G METH					PA	PER		V	DI	SKET	TE	
Name of Office S	ought by Candid	ate:				•			DATE	OF	ELE	СТІ	ON		trict mber	Office Code	Pai	rty C	ode (Coun	
JUDGE OF THE	COURT OF COM	MON DIE							МО		DAY	•	YEAR	14		CPJ	D/F	₹	•		
JUDGE OF THE	COURT OF COM	MON PLE	AS						1	1		7	202	3		(SEE IN	STRUCTI	ONS	FOR CO	DES)	,
Summary of Expenditures	•	МО	DAY	′	YEAR				МО		DAY	,	YEAR		FOF	OFFIC	CE USE	ON	ILY		
Expenditures	irom:		10	24	20	23	ГО		1	1	2	27	202	3							
A. Amount Bro	ught Forward Fro	om Last R	eport					\$			(83,	300.00)							
B. Total Monet	ary Contributions	And Rec	eipts (F	From	Sched	lule I)		\$					0.0)							
C. Total Funds Available (Sum Of Lines A and B)							\$			(83,	300.00)								
D. Total Expenditures (From Schedule III) \$										4	,800.00										
E. Ending Cash Balance (Subtract Line D From Line C)								\$			(8	88,	100.00)							
F. Value Of In-	Kind Contribution	ns Receiv	ed (Fro	m Sc	hedul	e II)		\$					0.00								
G. Unpaid Debt	s And Obligation	s (From	Schedul	le IV)			\$					0.00				•				_
					AFFI	[DAV	IT S	E	CTION	J											
PART I - If this is		• •		_						-				_							
correct and comple	that this report, in ete.	cluding th	e attache	ed sch	edules	filed or	ı pape	er o	r by elec	ctro	onic me	ediu	m, are to	the I	est of	my knov	wiedge	and	belief	, tru	ie'
Sworn to and subs	cribed before me th day of	nis	20							-			Signatu	re of	Person	Submitt	ing Re	port			-
	Signat	ure					_			-					Printe	ed Name	•				-
My Commission Ex	rpires						_			-					Email						_
	МО	D	AY		YR						Are	ea C	ode	D	aytime	Teleph	one Nu	ımbe	er		╝
Part II- If this is	a report of a ca	ndidate's	authori	ized	Comm	ittee,	Candi	ida	ite shal	ll s	ign he	ere.									
I swear (or affirm) No 320) as amende		my knowl	edge and	d belie	ef this p	politica	l com	mit	ttee has	no	t violat	ted a	any prov	isions	of the	act of J	une 3,1	937	(P.L.	1333	3,
Sworn to and subsc	ribed before me thi day of	s	20											Signa	ture of	Candida	ate				-
							_			-					Printed	Name					-
My Commission Exp	Signature ires	•					_			_					Email						-
			A.V.				-				Aros	Cod	•		Des	time T	alarhs:	no N	umbe		-
	МО	D	AY		YR						Area	Cod	E		υay	time T	eiepnoi	ie Ni	umbei	l	- 1

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
MEHALOV, MARK	From:	10/24/202	<u>3</u> To:	11/27/2023
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	Name of Filing Committee or Candidate		Reporting	Period			
		F	rom:		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.

Name of Filing Commi	ttee or Candidate		Reporting I	Period			
		1	From:		To	o :	
				DATE			AMOUNT
Full Name of Contributor	r		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.

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		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule 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 Candida	te			Rep	orting Pe	eriod			
				Fror	n:		Т	o:	
					D	ATE		А	MOUNT
Full Name of Contributor					МО	DAY	YEAR	\$	0.00
Mailing Address								7	
City	State	Zi	ip Code (Plus	s 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal F	lace of Business		City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sc	nedule 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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•			•			
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C					PAGE TOTAL
Enter Grand Total of Part	e on Schedule I, Detalled	summary 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 Peri	od	
MEHALOV, MARK	From:	10/24/2023 To:	11/27/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 F			
MEHALOV, MARK	From	10/24/2023	То:	11/27/2023

				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
FRIENDS OF MARK MEHALOV	М		ILAK				
Mailing Address 18 MILL STREET				13	2023	\$	4,800.00
City UNIONTOWN	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15401	LOAN T	О СОММІТ	TEE		
							PAGE TOTAL
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							4,800.00