### **Campaign Finance Report**

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati<br>Number :           | on 8                        | 3000     | 21        |                        |         | Rep<br>File |       |                | CANDI       | DATE     |             | СОМ        | <b>4ITTEE</b>      | ✓              | LOB      | BYIST     |           |     |
|--|-----------------------------|----------|-----------|------------------------|---------|-------------|-------|----------------|-------------|----------|-------------|------------|--------------------|----------------|----------|-----------|-----------|-----|
| Name of Filing C                         | Committee, Can              | ndidat   | te or Lo  | bbyist:                |         | ACB.        | A Jl  | JDICI          | AL EXCE     | LLENCI   | E COI       | MMITTE     | <b>.</b>           |                |          |           |           | _   |
| Street Address:                          | 400 KOPP                    | ERS E    | BUILDI    | NG,436 SE              | VENT    | ΗA\         | /EN   | UE             |             |          |             |            |                    |                |          |           |           |     |
| City:                                    | PITTSBUR                    | GH       |           |                        |         |             |       |                | State:      | PA       |             |            | Zip Cod            | le: 15         | 5219     |           |           |     |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY  | 1        | 1.        | 2ND FRIDAY<br>PRIMARY  | Y PRE   | - 2         | 2.    | 30 DA<br>PRIMA |             | POST-    | 3.          |            | AMENDM<br>REPORT   |                | Yes      | No        | Y         |     |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION |          | 1.        | 2ND FRIDAY<br>ELECTION | y pre   | - 5         | 5.    | 30 DA<br>ELECT |             | POST-    | 6. <b>X</b> |            | TERMINA<br>REPORT  |                | Yes      | No        | ~         |     |
| report type)                             | ANNUAL REPO                 | ORT 7    | 7.        | <b>Year</b> 2023       |         |             |       |                | IG METHO    |          |             |            | PAPER              |                | <b>\</b> | DISKE     | TTE       |     |
| Name of Office S                         | Sought by Cand              | didate   |           |                        |         |             |       |                | DATE 0      | F ELE    | СТІО        | N          | District<br>Number | Office<br>Code | Par      | ty Code   | County    | ,   |
|  |                             |          |           |                        |         |             |       |                | МО          | DAY      | YE          | AR         | Number             | code           |          |           | couc      | _   |
|  |                             |          |           |                        |         |             |       |                | 11          |          | 7           | 2023       |                    | (SEE IN        | STRUCTI  | ONS FOR ( | ODES)     | _   |
| Summary of Expenditures                  |                             | d        | МО        | DAY                    | YEAR    | l           |       |                | МО          | DAY      | YE          | AR         | FO                 | R OFFI         | CE USE   | ONLY      |           |     |
| Expenditures                             | irom:                       |          | 1         | .0 24                  | 2       | 023         | Т     | <u> </u>       | 11          | 2        | 27          | 2023       |                    |                |          |           |           |     |
| A. Amount Bro                            | ught Forward I              | From     | Last Re   | eport                  |         |             |       | \$             |             |          | 15,2        | 256.17     |                    |                |          |           |           |     |
| B. Total Moneta                          | ary Contributio             | ns Ar    | nd Rece   | eipts (From            | Sche    | dule        | I)    | \$             |             |          | ]           | 110.44     |                    |                |          |           |           |     |
| C. Total Funds                           | Available (Sun              | n Of L   | ines A    | and B)                 |         |             |       | \$             |             |          | 15,3        | 366.61     |                    |                |          |           |           |     |
| D. Total Expend                          | ditures (From S             | Sched    | dule III  | <b>:</b> )             |         |             |       | \$             |             |          | 6,5         | 57.01      |                    |                |          |           |           |     |
| E. Ending Cash                           | Balance (Subt               | tract I  | Line D I  | From Line (            | C)      |             |       | \$             |             |          | 8,8         | 09.60      |                    |                |          |           |           |     |
| F. Value Of In-                          | Kind Contribut              | ions I   | Receive   | ed (From So            | hedu    | le II       | )     | \$             |             |          |             | 0.00       |                    |                |          |           |           |     |
| G. Unpaid Debt                           | s And Obligati              | ons (    | From S    | chedule IV             | )       |             |       | \$             |             |          |             | 0.00       |                    |                | 1        |           |           |     |
|  |                             |          |           |                        | AFF     | IDA         | VI    | T SE           | CTION       |          |             |            |                    |                |          |           |           |     |
| PART I - If this is                      | s a Committee               | repor    | rt, treas | surer sign l           | nere. I | [f thi      | is is | a Can          | ndidate re  | eport, o | andi        | date sig   | ın here.           |                |          |           |           |     |
| I swear (or affirm) correct and comple   |                             | , includ | ding the  | attached sch           | nedules | filed       | d on  | paper (        | or by elect | ronic m  | edium       | , are to t | he best o          | f my kno       | wledge   | and beli  | ef , true | \$, |
| Sworn to and subs                        | cribed before me            | this     |           | 20                     |         |             |       |                |             |          | s           | ignature   | of Perso           | n Submit       | ting Rep | ort       |           | 1   |
|  |                             |          |           | ·                      |         |             |       | -              |             |          |             |            | Prin               | ted Name       | e        |           |           | ٠   |
| My Commission Ex                         | -                           | nature   | •         |                        |         |             |       |                |             |          |             |            | Ema                | il             |          |           |           | .   |
|  | МО                          |          | DA        | Υ                      | YR      |             |       | -              |             | Are      | ea Cod      | le         |                    | e Telepi       | none Nu  | mber      |           |     |
| Part II- If this is                      | a report of a               | candi    | date's a  | authorized             | Comn    | nitte       | e, C  | andida         | ate shall   | sign he  | ere.        |            |                    |                |          |           |           | ī   |
| I swear (or affirm)<br>No 320) as amende |                             | of my    | knowle    | dge and belie          | ef this | polit       | ical  | commi          | ittee has n | ot viola | ted an      | y provis   | ions of th         | e act of J     | une 3,1  | 937 (P.L  | . 1333,   | 1   |
| Sworn to and subsc                       | ribed before me             | this     |           |                        |         |             |       |                |             |          |             | s          | ignature o         | of Candid      | ate      |           |           | .   |
| -  | day of                      |          |           | 20                     |         |             |       | _              |             |          |             |            |                    |                |          |           |           | .   |
|  | C! ·                        |          |           |                        |         |             |       | _              |             |          |             |            | Printe             | d Name         |          |           |           |     |
| My Commission Exp                        | Signati<br>ires             | ure      |           |                        |         |             |       |                |             |          |             |            | Ema                | il             |          |           |           |     |
|  | МО                          |          | DA        | ıΥ                     | YR      |             |       | •              |             | Area     | Code        |            | Da                 | aytime T       | elephor  | ne Numb   | er        |     |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period  |                |            |
|--|-----------|-----------|----------------|------------|
| ACBA JUDICIAL EXCELLENCE COMMITTEE   | From:     | 10/24/202 | 2 <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  | ) Period  | (4)       | \$             | 110.44     |
|  |           |           | 1              |            |
| 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 |           |           | \$             | 110.44     |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                           | his Part to itemize onl<br>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 Candid | ate   |                   | Rep<br>Fro | oorting P | eriod | To   | o:       |       |
|------------------------------------|-------|-------------------|------------|-----------|-------|------|----------|-------|
|                                    |       |                   |            |           | DATE  |      | AN       | 4OUNT |
| Full Name of Contributor           |       |                   |            | МО        | DAY   | YEAR |          |       |
| Mailing Address                    |       |                   |            |           |       |      | \$<br>\$ | 0.00  |
| City                               | State | Zip Code (Plus 4) | 1          |           |       |      |          |       |

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 Candi | date               |               | Reporting   | Period |     |      |    |            |
|-----------------------------------|--------------------|---------------|-------------|--------|-----|------|----|------------|
|                                   |                    |               | From:       |        |     | То:  |    |            |
|                                   |                    |               |             | DA     | TE  |      | Α  | MOUNT      |
| Full Name of Contributing Commit  | tee                |               |             | мо     | DAY | YEAR |    |            |
| Mailing Address                   |                    |               |             |        |     |      | \$ | 0.00       |
| City                              | State              | Zip Cod       | e (Plus 4)  |        |     |      |    |            |
|                                   |                    |               |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on S  | Schedule I, Detail | ed 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               |                    |                | Rep     | orting Pe | riod  |      |          |            |
|---|--------------------|----------------|---------|-----------|-------|------|----------|------------|
|   |                    |                | Fror    | m:        |       | То   | :        |            |
|   |                    |                |         | D         | ATE   |      | АМ       | OUNT       |
| Full Name of Contributor                            |                    |                |         | мо        | DAY   | YEAR |          |            |
| Mailing<br>Address                                  |                    |                |         |           |       |      | \$       | 0.00       |
| City  | State              | Zip Code (Plus | s 4)    |           |       |      |          |            |
| Employer Name                                       |                    | •              |         | Occupat   | tion  |      | •        |            |
| Employer Mailing Address/Principal Plac<br>Business | e of               | City           |         |           | State |      | Zip Code | e (Plus 4) |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed S | ummary Page,   | Section | on 3.     |       |      | PA       | GE TOTAL   |
|   |                    | , .5.,         |         |           |       | 4    | <b>•</b> | 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 Perio | d                |              |           |           |
|---------------------------------------|--------------|------------|---------|-----------|------------------|--------------|-----------|-----------|
| ACBA JUDICIAL EXCELLENCE COMMITT      | EE           |            | From:   |           | <u>10/24/202</u> | <u>3</u> To: | 11/27/202 | <u>23</u> |
|                                       |              |            |         | D         | ATE              |              | AMOUNT    |           |
| Full Name                             |              |            |         |           | DAY              | YEAR         |           |           |
| DOLLAR BANK                           |              |            |         | МО        | DAY              | YEAK         |           |           |
| Mailing Address 225 FORBES AVENU      | JE           |            |         |           |                  |              | <b>\$</b> | 97.09     |
| City PITTSBURGH                       | State        | Zip Code ( | Plus 4) | 11        | 27               | 2023         |           |           |
|                                       | PA           | 15222      |         |           |                  |              |           |           |
| Receipt Description INTEREST          |              | •          |         |           |                  |              |           |           |
| Full Name                             |              |            |         |           |                  |              |           |           |
| CHARLES SCHWAB                        |              |            |         | МО        | DAY              | YEAR         |           |           |
| Mailing Address 1600 WASHINGTON       | ROAD SUITE B |            |         |           |                  |              | \$        | 13.35     |
| City PITTSBURGH                       | State        | Zip Code ( | Plus 4) | 11        | 27               | 2023         |           |           |
|                                       | PA           | 15228      |         |           |                  |              |           |           |
| Receipt Description INTEREST          | •            | •          |         |           |                  |              | •         |           |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL \$** 110.44

#### **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 Perio | od                           |            |
|--|-----------------|------------------------------|------------|
| ACBA JUDICIAL EXCELLENCE COMMITTEE   | From:           | <u>10/24/2023</u> <b>To:</b> | 11/27/2023 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR  | L.                           |            |
| 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, 1 |                 | \$                           | 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   | g Period    |       |           |            |
|--------------------------------------|--------------------|-----------------------|-------------|-------------|-------|-----------|------------|
|                                      |                    |                       | From:       |             |       | То:       |            |
|                                      |                    |                       |             | DATE        |       |           | AMOUNT     |
| Full Name of Contributor             |                    |                       | МО          | DAY         | YEAR  |           |            |
| Mailing Address                      |                    |                       |             |             |       | <b>\$</b> | 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                          |             |        |            |         | Re    | porting   | Period    |        |           |                    |
|--|-------------|--------|------------|---------|-------|-----------|-----------|--------|-----------|--------------------|
|  |             |        |            |         | Fro   | om:       |           | To:    |           |                    |
|  |             |        |            |         |       |           | DATE      |        |           | AMOUNT             |
| Full Name of Contributor                                       |             |        |            |         |       | мо        | DAY       | YEAR   |           |                    |
| Mailing Address  |             |        |            |         |       |           |           |        | <b>\$</b> | 0.00               |
| City   | State       |        | Zip Code(F | Plus 4) |       |           |           |        |           |                    |
| Employer of Contributor  |             |        |            |         |       | Occupa    | ation     |        |           |                    |
| Employer Mailing Address/Principal Plac<br>Business            | ce of       | City   |            | State   |       | Zip<br>4) | Code(Plus | Descri | ption     | of Contribution    |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, I | n-Kind | Contributi | ons De  | taile | ed        |           |        |           | PAGE TOTAL<br>0.00 |

### STATEMENT OF EXPENDITURES

|   |                     |                    | T                                 |                         |                           |                |     |            |
|---|---------------------|--------------------|-----------------------------------|-------------------------|---------------------------|----------------|-----|------------|
| Name of Filing Comm                       | iittee or Candidate |                    |                                   | Reporti                 | ng Period                 |                |     |            |
| ACBA JUDICIAL EXC                         | ELLENCE COMMITT     | ГЕЕ                |                                   | From                    | 10/24                     | 1/2023         | То: | 11/27/2023 |
|   |                     |                    | l                                 |                         | DATE                      |                |     | AMOUNT     |
| <b>To Whom Paid</b><br>JEWISH CHRONICLE   |                     |                    |                                   | мо                      | DAY                       | YEAR           |     |            |
| Mailing Address 59                        | 915 BEACON STRE     | ET                 |                                   | 10                      | 25                        | 2023           | \$  | 410.00     |
| City PITTSBURGH                           |                     | State              | Zip Code (Plus 4)                 | Descrip                 | tion of Exp               | l<br>enditure  |     |            |
|   |                     | PA                 | 15217                             | ADVER                   |                           |                |     |            |
| To Whom Paid<br>NEW PITTSBURGH CO         | OURIER              |                    |                                   | МО                      | DAY                       | YEAR           |     |            |
| Mailing Address 3                         | 15 EAST CARSON S    | STREET             |                                   | 10                      | 31                        | 2023           | \$  | 860.27     |
| <b>City</b> PITTSBURGH                    |                     | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 15219    | <b>Descrip</b><br>ADVER | tion of Exp               | l<br>penditure |     |            |
| <b>To Whom Paid</b><br>535 MEDIA          |                     |                    |                                   | МО                      | DAY                       | YEAR           |     |            |
| Mailing Address 2                         | 10 WOOD STREET      |                    |                                   | 10                      | 31                        | 2023           | \$  | 1,500.00   |
| City TARENTUM                             |                     | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15084 |                         | otion of Exp<br>ER DISPLA |                |     |            |
| <b>To Whom Paid</b><br>PITTSBURGH POST G  | GAZETTE             |                    |                                   | МО                      | DAY                       | YEAR           |     |            |
| Mailing Address 3                         | 58 NORTH SHORE      | DRIVE              |                                   | 10                      | 29                        | 2023           | \$  | 1,650.00   |
| <b>City</b> PITTSBURGH                    |                     | <b>State</b><br>PA | Zip Code (Plus 4)<br>15212        | -                       | otion of Exp              |                |     |            |
| <b>To Whom Paid</b><br>FRANK, GALE, BAILS | & POCRASS,          | P.C.               |                                   | МО                      | DAY                       | YEAR           |     |            |
|   |                     |                    |                                   |                         |                           |                | 1   |            |

Zip Code (Plus 4)

15219

**Description of Expenditure** 

PREPARE AND FILE JEC REPORTS

State

PΑ

City

**PITTSBURGH** 

| o Whom Paid<br>CBA      |                         |                                   | мо                       | DAY          | YEAR     |                                  |
|-------------------------|-------------------------|-----------------------------------|--------------------------|--------------|----------|----------------------------------|
| lailing Address 400 KO  | PPERS BLDG. 436 SEVENTH | I AVENUE                          | 10                       | 31           | 2023     | \$<br>40.74                      |
| ity CLINTON             | <b>State</b><br>PA      | <b>Zip Code (Plus 4)</b><br>15026 | <b>Descrip</b><br>MAILIN | otion of Exp | enditure |                                  |
|                         |                         |                                   |                          |              |          |                                  |
| nter Grand Total of Exp | enditures on Page 1, Re | port Cover Page, Item D           | ) <u>.</u>               |              |          | \$<br><b>PAGE TOTAL</b> 6,557.01 |
| nter Grand Total of Exp | enditures on Page 1, Re | port Cover Page, Item D           |                          |              |          | \$                               |
| nter Grand Total of Exp | enditures on Page 1, Re | port Cover Page, Item D           |                          |              |          | \$<br>6,557.01                   |
| nter Grand Total of Exp | enditures on Page 1, Re | port Cover Page, Item D           |                          |              |          | \$                               |