Campaign Finance Report

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

Filer Identificat Number :	ion	20190	060			Report Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOBE	BYIST		
Name of Filing (Committee, C	andida	te or Lo	obbyist:			-	RIENDS	OF								
Street Address:	731 FRE	NCH S	5T, 2ND	FL													
City:	ERIE							State:	PA			Zip Co	de: 16	501-2	104		
TYPE OF REPORT	6TH TUESDA PRE-PRIMAR		1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA PRIMA		POST-	3.			AMENDMENT REPORT?		N	D	\checkmark
(place X to the right of	6TH TUESDA PRE-ELECTIC		4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA ELECT		POST- 6. X		TERMINATION REPORT?		Yes	N	D	\checkmark	
report type)	ANNUAL RE	PORT	7.	Year 2023				NG METHO						\checkmark	DISK	ETTE	
Name of Office S	L Sought by Ca	ndidat	e:					DATE O	FELE	CTIC	N	District Number	Office Code	Par	ty Code	Cour	
		CO.M.M		• •				мо	DAY	Y	AR	6	CPJ	DEN	1	25	
JUDGE OF THE	COURTOF		JN PLE	45				11		7	2023		(SEE INS	TRUCTI	ONS FOR	CODES)
Summary of		nd	мо	DAY	YEAR			мо	DAY	Y	EAR	FC	OR OFFIC	E USE	ONLY		
Expenditures	s from:		1	LO 24	20)23 T	0	11	2	27	2023						
A. Amount Bro	ught Forwar	d From	Last R	eport			\$			2,9	952.36						
B. Total Monetary Contributions And Receipts (From Schedule I									3,450.00								
C. Total Funds Available (Sum Of Lines A and B)							\$			6,4	402.36						
D. Total Expen	ditures (Fror	m Sche	dule II	[)			\$			e	558.11						
E. Ending Cash	Balance (Su	ıbtract	Line D	From Line	C)		\$			5,7	44.25						
F. Value Of In-	Kind Contrib	utions	Receive	ed (From S	chedul	e II)	\$				0.00	1					
G. Unpaid Deb	ts And Obliga	ations((From S	Schedule IV	')		\$				0.00						
					AFF:	IDAVI	T SE	CTION									
PART I - If this i		-		-								-					
I swear (or affirm correct and compl		ort, inclu	iding the	attached sc	hedules	filed on	paper	or by elect	ronic me	edium	, are to	the best o	of my knov	vledge	and bel	ief , tr	ue
Sworn to and subs	day of	me this		20						S	Signaturo	e of Perso	n Submitt	ing Rep	oort		-
	s	Signatur	e				_					Prin	ted Name				-
My Commission E	xpires						_					Ema	il				_
	МО		D/	AY	YR				Are	ea Coo	le	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of	a cand	idate's	authorized	Comm	ittee, C	andid	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amend		est of m	y knowle	edge and beli	ef this	political	comm	ittee has n	ot viola	ted an	ıy provis	ions of th	e act of Ju	ine 3,19	937 (P.	L. 133	з,
Sworn to and subso	cribed before m day of	ne this		20							s	ignature	of Candida	ite			-
							-					Printe	ed Name				-
My Commission Exp	-	ature					-		Email						-		
							-										_
	Ν	10	DA	AY	YR				Area	Code		D	aytime Te	elephon	e Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
SALA, PETE FRIENDS OF	From:	<u>10/24/202</u>	<u>3</u> To:	<u>11/27/2023</u>
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)	\$	1,450.00		
TOTAL for the Reporting	Period	(2)	\$	1,450.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			•	
Contributions Received From Political Committees (Part C)			\$	1,000.00
All Other Contributions (Part D)			\$	1,000.00
TOTAL for the Reporting	Period	(3)	\$	2,000.00
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			\$	3,450.00

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 Candid	Name of Filing Committee or Candidate			Reporting Period					
	Fn			From: To:					
					DATE			AMOUNT	
Full Name of Contributing Committee			1	мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	4)						
							Γ	PAGE TOTAL	

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE 3

\$

0.00

	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. (Exclude contributions from political committees reported in Part A)								
Name of Filing Comm	ittee or Candidat	e		Report	ting Pe	eriod			
SALA, PETE FRIENDS	S OF			From:	m: <u>10/24/2023</u> To: <u>11</u>				<u>11/27/2023</u>
						DATE			AMOUNT
Full Name of Contributo	Pr			м	10	DAY	YEAR		
Mailing Address 31	11 STERRETTAN	IA ROAD						\$	200.00
City ERIE		State PA	Zip Code (Plus 4) 16506		10	26	2023		
Full Name of Contributor MICHAEL KOEHLER					10	DAY	YEAR		
Mailing Address 3863 HERSHEY ROAD							\$	250.00	
City ERIE		State PA	Zip Code (Plus 4) 16506		11	3	2023		
Full Name of Contributo	pr			м	10	DAY	YEAR		
Mailing Address P.C). BOX 1004							\$	200.00
City ERIE		State PA	Zip Code (Plus 4) 16512		11	3	2023		
Full Name of Contributo CHARLES KLEIN)r			м	10	DAY	YEAR		
Mailing Address 57	06 JONES LANE							\$	100.00
City ERIE		State PA	Zip Code (Plus 4) 16505		11	3	2023		
Full Name of Contributo CARL ANDERSON III	pr			м	10	DAY	YEAR		
Mailing Address 3830 PARADE STREET							\$	250.00	
City ERIE		State PA	Zip Code (Plus 4)		11	3	2023		

Full Name of Contributor BRUCE HOFFMAN				DAY	YEAR	
Mailing Address C/O 100	2 WEST 8TH STREET					\$ 100.00
City ERIE	State PA	Zip Code (Plus 4) 16502	11	10	2023	
Full Name of Contributor WILLIAM RIORDAN	мо	DAY	YEAR			
Mailing Address 1665 SKYLINE DRIVE						\$ 100.00
City ERIE	State PA	Zip Code (Plus 4) 16509	- 11	10	2023	
Full Name of Contributor TIMOTHY McNAIR			мо	DAY	YEAR	
Mailing Address 821 STATE STREET						\$ 250.00
City ERIE	State PA	Zip Code (Plus 4) 16501	11	7	2023	
				•		PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

1,450.00

\$

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						
SALA, PETE FRIENDS OF			From:	<u>10/2</u>	4/2023	То:	<u>11</u>	<u>/27/2023</u>	
					TE		А	AMOUNT	
Full Name of Contributing Committee PA UAW GOOD GOVERNMENT COMMITTEE					DAY	YEAR			
Mailing Address 1375 VIRGINIA DRI	VE, SUITE 201						\$	1,000.00	
City FORT WASHINGTON	State PA	Zip Cod 19034	e (Plus 4)	11	3	2023			
Enter Grand Total of Part C on Sche	dule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	PAGE TOTAL 1,000.00	

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	me of Filing Committee or Candidate			Reporting Period					
SALA, PETE FRIENDS OF			Fron	1:	<u>10/24/2</u>	023 T o	b: <u>11/27/2023</u>		
				DA	TE		AMOUNT		
Full Name of Contributor SUMNER NICHOLS				мо	DAY	YEAR			
Mailing Address 407 MOHAWK DRIVE							\$ 1,000.00		
City ERIE	State PA	Zip Code (Plus 16501	: 4)	11	6	2023			
Employer Name _{N/A}				Occupation RETIRED					
Employer Mailing Address/Principal Place Business	e of	City			State		Zip Code (Plus 4)		
407 MOHAWK DRIVE ERIE					PA		16501		
Enter Grand Total of Part C on Schee	dule I, Detailed Su	immary Page,	Sectio	on 3.			PAGE TOTAL \$ 1,000.00		

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 Perio	od					
			From:	From: To:						
				D	ATE			AMOUNT		
Full Name				мо	DAY	YEAR				
Mailing Address							\$		0.00	
City	State	Zip Code (Plus 4)							
Receipt Description										
Enter Grand Total of Part E on Schedu	ule T. Detailed Summ	nary Page	Section	4				PAGE TO	AL	
		iiai y i uge,	Section				\$		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 Perio	d	
SALA, PETE FRIENDS OF	From:	<u>10/24/2023</u> To:	<u>11/27/2023</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			
			From:			То:	
				DATE		ΑΜΟΙ	UNT
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 Schedule II, In-Kind Contributions Detai Section 2.			iled Sum	mary Pag	je,	PAGE	TOTAL
					4	5	0.00

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

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate			Reporting Period						
					From: To:					
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address								\$	0.00	
City	State		Zip Code(F	Plus 4)						
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Place of City State Business					Zip 4)	Code(Plus	Descri	ption	of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De				taile	ed				PAGE TOTAL	
Summary Page, Section 3.									0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	ame of Filing Committee or Candidate							
SALA, PETE FRIENDS OF			From	<u>10/24</u>	<u>4/2023</u>	То:	<u>11/27/2023</u>	
				DATE			AMOUNT	
To Whom Paid NORTHWEST BANK			мо	DAY	YEAR			
Mailing Address 800 STATE	STREET #100		10	25	2023	\$	37.00	
City ERIE	State Zip Code (Plus 4) PA 16501			Description of Expenditure BANK CHARGE				
To Whom Paid NORTHWEST BANK			мо	DAY	YEAR			
Mailing Address 800 STATE	STREET #100		10	26	2023	\$	74.00	
CityERIEStateZip Code (Plus 4)PA16501			-	Description of Expenditure BANK CHARGE				
To Whom Paid PAYPAL, INC.			мо	DAY	YEAR			
Mailing Address 2211 N. 15	T STREET		11	7	2023	\$	17.11	
City SAN JOSE	State CA	Zip Code (Plus 4) 95131		Description of Expenditure PAYPAL FEES				
To Whom Paid SAMPLE NEWS GROUP			мо	DAY	YEAR			
Mailing Address 28 WEST SC	OUTH STREET		11	27	2023	\$	50.00	
City CORRY	State PA	Zip Code (Plus 4) 16407	Descrip ADVER	tion of Exp TISING	penditure	1		
To Whom Paid SENIOR CITIZEN NEWS			мо	DAY	YEAR			
Mailing Address P.O. BOX 3056			11	27	2023	\$	480.00	
City ERIE State Zip Code (Plus 4) PA 16508-0056			Description of Expenditure ADVERTISING					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D						PAGE TOTAL		
	interes on Faye 1, Re	port cover Paye, Item I				\$	658.11	