Campaign Finance Report

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

Filer Identification	on	20230	C0173				eport		CAND	NDIDATE COMMITTEE LOBBYIST							
Name of Filing C	ommittee	, Candida	ate or L	obbyist:		ANI	DRE	W F. S	SZEFI								
Street Address:																	
City:									State:				Zip Code	: 15	216		
TYPE OF REPORT	6TH TUESI PRE-PRIMA		1.	2ND FRIDAY PRIMARY	Y PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDME REPORT?	NT	Yes	No	\
(place X to the right of	6TH TUESI PRE-ELECT		4.	2ND FRIDAY	Y PRE	Ē	5.	30 DA ELECT		POST-	6.		TERMINATION REPORT?		Yes	No	\Box
report type)	ANNUAL I	REPORT	7. X	Year 2023					IG METH CHECK O			PAPER		\	DISKE	TTE	
Name of Office S	Sought by	Candidat	te:						DATE C	F ELE	CTION		District Number	Office Code	Par	ty Code	County Code
									МО	DAY	YEAR	l	5	CPJ	DEN	1	Couc
JUDGE OF THE	COURT O	F COMM(ON PLE	AS					11		7 2	023		(SEE INS	STRUCTIO	ONS FOR C	ODES)
Summary of l Expenditures	•	and	МО	DAY	YEAR	Ł		_	МО	DAY	YEAR	2	FOR	OFFIC	E USE	ONLY	
Expenditures				11 28	20	2023	3 T	0	1		1 2	024					
A. Amount Bro	ught Forw	ard From	ı Last R	eport				\$		((45,000.	00)					
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 4,889.01																	
C. Total Funds Available (Sum Of Lines A and B) \$ (40,110.99)																	
D. Total Expend	ditures (Fr	rom Sche	dule II:	1)				\$			0	.00					
E. Ending Cash	Balance (Subtract	Line D	From Line (C)			\$		(40,110.	99)					
F. Value Of In-l	Kind Conti	ributions	Receiv	ed (From So	chedu	le I	.I)	\$			0	.00					
G. Unpaid Debt	s And Obl	igations	(From S	Schedule IV)			\$			0	.00		,			
					AFF	ID	AVI	T SE	CTION								
PART I - If this is	s a Commi	ttee repo	ort, trea	surer sign l	here. I	If th	his is	a Can	didate r	eport, o	candidat	e sig	ın here.				
I swear (or affirm) correct and comple		aport, inclu	uding the	attached sch	nedules	s file	ed on	paper o	or by elect	tronic m	edium, ar	e to t	he best of r	ny knov	vledge	and belie	ef , true
Sworn to and subs	scribed before day of	re me this		20							Sign	ature	of Person	Submitt	ing Rep	ort	
		Signatur	re			_		<u>-</u>					Printe	d Name			
My Commission Ex	xpires	~· J ······											Email				 [
		мо	D	AY	YR					Are	ea Code		Daytime	Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	lidate's	authorized	Comr	nitte	ee, C	andida	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende		best of m	ıy knowle	edge and belie	ef this	; poli	itical	commi	ittee has r	not viola	ted any p	rovisi	ions of the a	act of Ju	ine 3,19	937 (P.L.	. 1333,
Sworn to and subsc		e me this										Si	ignature of	Candida	ite		
	day of —— –			_ 20				_					Printed	Name			—
	s	ignature				—		-		-							
My Commission Exp		·9··•											Email				
		мо	D _i	AY	YR			-		Area	Code		Day	time Te	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -						
Name of Filing Committee or Candidate	Reporting Period					
ANDREW F. SZEFI	From:	11/28/202	<u>3</u> To:	1/1/2024		
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor						
TOTAL for the Reporting) Period	(1)	\$	4,889.01		
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)	\$	4,889.01		
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			\$	9,778.02		

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 Candidate			Reporting Period							
		Fi	rom:		То	:				
		•		DATE			AMOUNT			
Full Name of Contributing Comm	ittee		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.

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		Reporting Period						
					From: To:				
					DATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address	<u> </u>						\$	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	ame of Filing Committee or Candidate		Reporting	Period					
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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	lame of Filing Committee or Candidate			Rep	orting Pe	eriod					
					From:				То:		
					D	ATE			AMOUNT		
Full Name of Contributor					мо	DAY	YEAR	\$	0.00		
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name	•				Occupa	tion	•	•			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)		
Enter Grand Total of Part C on Sch	edule I, Detailed S	Summa	ary 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	Reporting Pe	eriod	
ANDREW F. SZEFI	From:	11/28/2023 To:	1/1/2024

			DATE			AMOUNT		
Full Name			мо	DAY	VEAD		1 000 01	
ANDREW F. SZEFI				DAY	YEAR	\$	4,889.01	
Mailing Address			12	27	2023			
City PITTSBURGH	State	Zip Code (Plus 4)			2020			
	PA	15216						
Receipt Description PARTIAL REPAYMENT OF LOAN MADE TO ANDY SZEFI FOR JUDGE COMMITTEE								

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

PAGE TOTAL \$4,889.01

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 Per	iod					
ANDREW F. SZEFI	From:	<u>11/28/2023</u> To:	1/1/2024				
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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	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 Candidate	ame of Filing Committee or Candidate			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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary 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			Re	porting	Period				
				Fro	m:		To:	То:		
						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	ame of Filing Committee or Candidate			Reporting Period				
						То:		
				DATE			AMOUNT	
To Whom Paid				DAY	YEAR			
Mailing Address						\$	0.00	
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
inter Grand Total of Evnenditures on Dago 1. Depart Cover Dago. Item							PAGE TOTAL	
nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D			, .			\$	0.00	