Campaign Finance Report

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

| Filer Identificat | ion | 2019 | 0060 | | | Repo | | | CANDI | DATE | | СОМІ | MITTEE | ✓ | LOBI | BYIST | | |
|--|------------------------|--------------|-------------|-----------------------|---------|------------|-------|--------------|-------------|------------|-------|------------|--------------------|-----------------|--------------|---------|--------------|--------------|
| Number : Name of Filing | Committe | e. Candida | ate or l c | hhvist: | | Filed | - | | RIENDS | | | | | | | | | |
| | | | | - | | JALA, | | | RIENDS | | | | | | | | | |
| Street Address: | /51 | FRENCH S | 51, 2110 | ΓL | | | | | | | | | | | | | | |
| City: | ERIE | | | | | | | | State: | PA | | | Zip Co | de: 16 | 501-2 | 104 | | |
| TYPE OF REPORT | 6TH TUES PRE-PRIM | | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2. | | D DA RIMA | | POST- | 3. | | AMENDN REPORT | | Yes | N | D | \checkmark |
| (place X to the right of | 6TH TUES PRE-ELEC | | 4. | 2ND FRIDA ELECTION | y pre | Ξ- 5. | |) da Lect | •••••• | POST- 6. | | | TERMIN/ REPORT | | Yes | N | 0 | \checkmark |
| report type) | ANNUAL | REPORT | 7. X | Year 2023 | | | | | IG METHO | | | | PAPER | | \checkmark | DISK | ETTE | |
| Name of Office | ⊥ Sought by | Candidat | te: | | | | | | DATE O | F ELEC | TIO | N | District Number | Office Code | Par | ty Code | Cour Code | |
| | | | | | | | | | мо | DAY | YE | AR | 6 | CPJ | DEN | 1 | 25 | |
| JUDGE OF THE | COURT | OF COMM | ON PLEA | AS | | | | | 11 | | 7 | 2023 | · | (SEE INS | TRUCTI | ONS FOR | CODES | ;) |
| Summary of Receipts and MO DAY YEAR M | | | | | | | | мо | DAY | YE | AR | FC | R OFFIC | E USE | ONLY | | | |
| Expenditure | s from: | | 1 | .1 28 | 2 | 023 | то | | 12 | 3 | 1 | 2023 | | | | | | |
| A. Amount Bro | ought Forv | vard Fron | n Last Re | eport | | · | | \$ | | | 5,7 | 44.25 | 1 | | | | | |
| B. Total Monet | ary Contr | ibutions A | And Rece | eipts (From | Sche | dule I) |) | \$ | | | | 0.00 | | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | | 5,7 | 44.25 | | | | | | |
| D. Total Expen | ditures (F | rom Sche | edule III | [) | | | | \$ | | | 4,0 | 00.00 | | | | | | |
| E. Ending Cash | n Balance | (Subtract | Line D | From Line | C) | | | \$ | | | 1,7 | 44.25 | | | | | | |
| F. Value Of In- | -Kind Cont | tributions | Receive | ed (From S | chedu | le II) | | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Deb | ts And Ob | ligations | (From S | chedule IV |) | | | \$ | | | | 0.00 | | | | | | |
| | | | | | AFF | IDAV | ΊΤ | SE | CTION | | | | | | | | | |
| PART I - If this i | is a Comm | ittee repo | ort, treas | surer sign | here. | If this | is a | Can | didate re | eport, ca | andio | late sig | gn here. | | | | | |
| I swear (or affirm correct and comp | | report, incl | uding the | attached sc | hedule | s filed o | n pa | per o | or by elect | ronic me | dium | , are to t | the best o | f my knov | vledge | and bel | ief , tr | ue |
| Sworn to and sub | scribed befo day of | ore me this | | | | | | | | | s | ignature | e of Perso | n Submitt | ing Rep | ort | | - |
| | _ | | | 20 | | | | | | | | | Drin | ted Name | | | | _ |
| My Commission - | voiree | Signatur | re | | | | | | | | | | | | | | | _ |
| My Commission E | - | мо | DA | NY | YR | | | | | Area | a Cod | e | Ema Davtin | il 1e Teleph | one Nu | mber | | - |
| | | | | | | | 0 | | | | | | Buyen | | | | | ╡ |
| Part II- If this is | - | | | | | | | | | • | | | | 6 7- | | | | 2 |
| I swear (or affirm No 320) as amend | ed. | | iy knowle | age and bell | er this | s política | ai co | mmi | ttee nas n | ot violate | ea an | y provis | ions of th | e act of JL | ine 3,1 | 937 (P. | L. 133 | 3, |
| Sworn to and subs | cribed befor day of | re me this | | 20 | | | | | | | | s | ignature (| of Candida | ite | | | - |
| | | | | | | | | | | | | | Printe | ed Name | | | | - |
| Mar Care 1 1 5 | | Signature | | | | | | | | | | | Ema | il | | | | _ |
| My Commission Ex | pires | | | | | | | | | | | | Ema | • | | | | |
| | - | мо | DA | NY | YR | 1 | | | | Area C | ode | | D | aytime Te | elephon | e Num | ber | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** SALA, PETE FRIENDS OF From: <u>11/28/2023</u> To: <u>12/31/2023</u> 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 Commit | Name of Filing Committee or Candidate | | | | | | |
|---------------------------|---------------------------------------|----------------------|--------------------|----------|------|----|------------|
| | | | Reporting From: | i cirioù | То | | |
| | | | From: | | 10 | • | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributing |) Committee | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |
| | | | | | | Г | PAGE TOTAL |
| Enter Grand Total of Pa | art A on Schedule I, Detail | ed Summary Page, Sec | tion 2. | | | \$ | 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. (Exclude contributions from political committees reported in Part A) | | | | | | | | |
|---|--------------------|-------------------|--------|----------|-------|------|----|------------|
| Name of Filing Committee or Candidat | e | | | orting P | eriod | | | |
| | | | Fro | m: | | Тс |): | |
| | | | | | 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 S | 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 Can | didate | | Reporting | Period | | | | |
|---------------------------------|-----------------------|---------------|-------------|--------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | А | MOUNT |
| Full Name of Contributing Comm | ittee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | ſ | | PAGE TOTAL |
| Enter Grand Total of Part C or | n Schedule I, Detaile | ed Summary 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 | Reporting Period | |
|---------------------------------------|------------------|-----|
| | From: | То: |

| | | | | D | ATE | | АМ | OUNT |
|--|------------------------|-----------|------------------|---------|-------|------|----------|----------|
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus 4) | | | | | |
| Employer Name | | | | Occupat | tion | | | |
| Employer Mailing Address/Principal P Business | lace of | | City | | State | | Zip Code | (Plus 4) |
| Enter Grand Total of Part C on Sc | hedule I <i>,</i> Deta | iled Sumr | narv Page, Secti | on 3. | | Γ | PA | GE TOTAL |
| | , | | , . <u>.</u> | - | | | \$ | 0.00 |

I

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 | d | | | | |
|---------------------------------------|----------------------|---------------|---------|-----------|-----|------|----|---------|------|
| F | | | From: | | | | | | |
| | | | | D | ATE | | | AMOUNT | 1 |
| Full Name | | | | мо | DAY | YEAR | 1 | | |
| Mailing Address | | | | | | | \$ | 5 | 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 | TAL |
| | | illi 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>11/28/2023</u> то: | <u>12/31/2023</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 | Name of Filing Committee or Candidate | | | | Reporting Period | | | | |
|--|---------------------------------------|-------------------|----------|----------|------------------|------|-------|--|--|
| | From: | | | То: | | | | | |
| | | | | DATE | | АМС | DUNT | | |
| 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 Detail Section 2. | | | iled Sum | mary Pag | je, | PAGE | TOTAL | | |
| | | | | | 4 | 5 | 0.00 | | |

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

| Name 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 | | | | | Occupat | tion | | • | | |
| Employer Mailing Address/Principal Place of City State Business | | | | | Zip Code(Plus Descrij 4) | | | ption o | f Contribution | |

| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed | PAGE TOTAL |
|--|------------|
| Summary Page, Section 3. | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of F | iling Committee or Candidate | | | Reporti | ng Period | | | |
|-----------------------------------|--------------------------------|---------------------|-------------------|-----------|--------------|---------------|-----|-------------------|
| SALA, PET | E FRIENDS OF | | | From | <u>11/28</u> | <u>8/2023</u> | То: | <u>12/31/2023</u> |
| | | | | | DATE | | | AMOUNT |
| To Whom P KATHERINI | | | | мо | DAY | YEAR | | |
| Mailing Add | dress 4115 SASSAFRAS S | TREET | | 12 | 28 | 2023 | \$ | 3,500.00 |
| City ERIE State Zip Code (Plus 4) | | | | Descrip | tion of Exp | penditure | | |
| | | РА | 16508 | CAMPA | IGN MANA | GER | | |
| To Whom P MILLCREE | Paid < DEMOCRATIC COMMITTEE | | | мо | DAY | YEAR | | |
| Mailing Add | dress 1526 HIGH STREET | | | 12 | 29 | 2023 | \$ | 500.00 |
| City ERI | IE | State | Zip Code (Plus 4) | Descrip | tion of Exp | oenditure | | |
| | | PA | 16509 | ADVER | TISING | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Gra | nd Total of Expenditures o | on Page 1, Report C | over Page, Item I | D. | | | \$ | 4,000.00 |