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 :	ion 8300	021			Repor Filed I	-	CAND	IDATE		СОМІ	MITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		ACBA J	UDIC	IAL EXCE	LLENC	E CON	имітте	ĒE					
Street Address:	400 KOPPERS	5 BUILDI	ING,436 SI	EVENTI	H AVEN	IUE										
City:	PITTSBURGH						State:	PA			Zip Code: 15219					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	2. X	30 D PRIM		POST-	3.		AMENDN REPORT		Yes	No	\checkmark	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	AY PRE	- 5.	30 D ELEC	AY TION	POST-	6.		TERMIN/ REPORT		Yes	No	\checkmark	
report type)	ANNUAL REPORT	7.	Year 2024				NG METH CHECK O				PAPER		\checkmark	DISKE	TTE	
Name of Office S	L Sought by Candida	te:					DATE C	OF ELE	стіо	N	District Number	Office Code	Par	ty Code	County Code	
							мо	DAY	YE	AR						
							11		5	2024		(SEE INS	TRUCTI	ONS FOR	CODES)	
	Receipts and	мо	DAY	YEAR			мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY		
Expenditures	s from:		3 5	5 20)24 1	0	4	ł	8	2024						
A. Amount Bro	ught Forward Fro	m Last R	eport			\$;		4,0	95.03						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Schee	dule I)	\$	5			44.79						
C. Total Funds	Available (Sum O	f Lines A	and B)			\$	5		4,1	.39.82						
D. Total Expen	ditures (From Sch	edule II	I)			4	5		6	26.63						
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			5		3,5	13.19						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	Schedul	e II)	4	5			0.00	4					
G. Unpaid Deb	ts And Obligations	(From S	Schedule I\	/)		4	5			0.00						
				AFF	IDAVI	T SI	CTION									
	s a Committee rep	•	-					• •			-					
I swear (or affirm correct and compl) that this report, inc ete.	luding the	e attached so	chedules	filed on	paper	or by elect	tronic m	edium,	, are to	the best o	f my knov	vledge	and beli	ef , true	
Sworn to and subs	cribed before me thi day of	S	20						s	ignatur	e of Perso	n Submitt	ing Rep	oort		
	Signatu	ire				_					Prin	ted Name				
My Commission E	xpires					_					Ema	il				
	мо	D	AY	YR				Are	ea Cod	e	Daytin	ie Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized	l Comm	ittee, C	Candio	late shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ı ed.	ny knowle	edge and bel	ief this	political	com	nittee has r	not viola	ted an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,	
Sworn to and subso	ribed before me this day of		20							S	ignature	of Candida	ite			
						_					Printe	ed Name				
My Commission Exp	Signature					_					Ema	il				
						_			C a d		-		Jacob	- N		
	мо	D	AY	YR				Area	Code		D	aytime Te	elephon	ie Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Detailed Summary Page									
Name of Filing Committee or Candidate	Reporting	Period							
ACBA JUDICIAL EXCELLENCE COMMITTEE	2 <u>4</u> To:	<u>4/8/2024</u>							
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor									
TOTAL for the Repo	ting 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 Report	ting Period	(2)	\$	0.00					
3. Contributions Received Over \$250.00 (From Part C and Part D)			1						
Contributions Received From Political Committees (Part C)			\$	0.00					
All Other Contributions (Part D)			\$	0.00					
TOTAL for the Repor	ting Period	(3)	\$	0.00					
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Par	t E)								
TOTAL for the Repor	ting Period	(4)	\$	44.79					
Total Monetary Contributions and Receipts During this Reporting Period (Ad totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cove			\$	44.79					
			I						

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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			Re	Reporting Period						
Fro				From: To:			:			
					DATE			AMOUNT		
Full Name of Contributing Committee				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.

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 Committee or Candidat	e		Rep Froi	oorting P m:	eriod	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 Schedule I, Detailed Summary Page, Section 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 Candidate			Reporting Period					
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on	Schedule I, Detail	led 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:

							AMOUNT		
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupation					
Employer Mailing Address/Principal Place of City Business				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	

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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	t were returned	to the filer.
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Name of Filing Committee or Candidate Report				ing Period					
ACBA JUDICIAL EXCELLENCE COMMIT	ſEE		From:		<u>3/5/202</u>	<u>4</u> To:	<u>4/8/2024</u>		
				D	ATE		АМ	OUNT	
Full Name				мо	DAY	YEAR			
DOLLAR BANK				мо	DAT	TEAR			
Mailing Address 225 FORBES AVENU	JE						\$	7.58	
City PITTSBURGH	State	Zip Code (Plus 4)	1	31	2024			
	PA	15222							
Receipt Description INTEREST	1					I	1		
Full Name CHARLES SCHWAB				мо	DAY	YEAR			
Mailing Address 1600 WASHINGTON		-		1	31	2024	\$	6.96	
City DIVIDENDS	State	Zip Code (Plus 4)	T	51	2024			
		15228							
Receipt Description INTEREST									
Full Name					DAY	YEAR			
DOLLAR BANK				мо	DAT	TEAR			
Mailing Address 225 FORBES AVENU	JE						\$	8.23	
City PITTSBURGH	State	Zip Code (Plus 4)	2	29	2024			
	РА	15222							
Receipt Description INTEREST	1	1			<u> </u>				
Full Name					DAY	VEAD			
CHARLES SCHWAB				мо	DAY	YEAR			
Mailing Address 10 WASHINGTON R	OAD SUITE B						\$	9.75	
City PITTSBURGH	State	Zip Code (Plus 4)	2	29	2024			
	PA	15228							
Receipt Description DIVIDENDS	1	1							

Full Name DOLLAR BANK				DAY	YEAR					
Mailing Address 225 FORBES AVENUE						\$ 12.27				
City PITTSBURGH	State PA	Zip Code (Plus 4) 15222	3	31	2024					
Receipt Description INTEREST	Receipt Description INTEREST									
Enter Grand Total of Part E on Sch	5	PAGE TOTAL \$ 44.79								

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	bd							
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	<u>3/5/2024</u> то:	<u>4/8/2024</u>						
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 PART 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, 3		\$	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						
						То:				
				DATE		АМО	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.				tailed Summary Page, PAGE TOTAL			TOTAL			
					4	6	0.00			

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

Name of Filing Committee or Candidate					Reporting Period							
						From:			To:			
					I		DATE			AMOUNT		
Full Name of Contributor						мо	DAY	YEAR				
Mailing Address									\$	0.00		
City	State		Zip Code(Plus 4)									
Employer of Contributor						Occupation						
Employer Mailing Address/Principal Place of City Business		City	ty		State		OCode(Plus Desc		iption of Contribution			
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In	ı-Kind	Contributi	ions De	etaile	ed				PAGE TOTAL 0.00		

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	Reporting Period								
ACBA JUDICIAL EXCELLENCE CON	From	<u>3/5/2024</u> To:			<u>4/8/2024</u>				
				DATE			AMOUNT		
To Whom Paid ALLEGHENY COUNTY BAR ASSOCI	мо	DAY	YEAR						
Mailing Address 400 KOPPERS	1	19	2024	\$	19.26				
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	Descrip WEBSI						
To Whom Paid FRANK, GALE, BAILS & amp; POCF	мо	DAY	YEAR						
Mailing Address 707 GRANT STREET 33RD FLOOR, GULF TOWER				23	2024	\$	403.50		
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	Descrip PROFES						
To Whom Paid FRANK, GALE, BAILS & amp; POCF	мо	DAY	YEAR						
Mailing Address 707 GRANT ST	2	29	2024	\$	160.00				
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219		tion of Exp SSIONAL S					
To Whom Paid ALLEGHENY COUNTY BAR ASSOCI	мо	DAY	YEAR						
Mailing Address 400 KOPPERS	2	29	2024	\$	19.26				
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219	Description of Expenditure WEBSITE JUDICIALVOTE2023.ORG						
To Whom Paid ALLEGHENY COUNTY BAR ASSOCI	мо	DAY	YEAR						
Mailing Address 400 KOOPERS	3	31	2024	\$	24.61				
City PITTSBURGH	State PA	Zip Code (Plus 4) 15219		Description of Expenditure WEBSITE JUDICIALVOTE2023.ORG					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL		
	\$	626.63							