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 :	on 83	30002	1				ported B		CA	NDII	DATE		СОМ	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Can	didate	e or Lo	bbyist:		JUD	ICI/	AL ME	RIT S	ELE	CTION	COM	1 OF AL	L CO					
Street Address:	400 KOPPE	ERS B	LDG 4	36 7TH <i>A</i>	AVE														
City:	PITTSBURG	GH							State	e:	PA			Zip Cod	l e: 15	5219-1811			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.		2ND FRID PRIMARY	AY PRE	-	2.	30 DA		Р	OST-	3.		AMENDM REPORT?		Yes		0	√
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.		2ND FRID ELECTION		RE- 5. 30 DAY F			Р	OST-	ST- 6.		TERMINATION REPORT?		Yes	١	0	\	
report type)	ANNUAL REPO	PRT 7.	X	Year 200	5				NG ME		_			PAPER		\	DISK	ETTE	
Name of Office S	ought by Cand	idate:							DAT	E O	F ELE	СТІО	N	District Number	Office Code	Pai	rty Cod	e Cour	
									МО		DAY	YE	AR					•	
										11		8	2005		(SEE INS	STRUCTI	ONS FOI	CODES)
Summary of		i [чо	DAY	YEAF	₹			МО		DAY	YI	AR	FO	R OFFIC	E USE	ONLY	7	
Expenditures from: 1 1 1 TO 12 31 200!								2005											
A. Amount Bro	ught Forward F	rom L	.ast Re	port				\$				18,0	96.59						
B. Total Moneta	ary Contributio	ns An	d Rece	ipts (Fro	m Sche	dule	ı)	\$					0.00						
C. Total Funds	Available (Sum	of Li	nes A	and B)				\$				18,0	96.59						
D. Total Expend	ditures (From S	Schedu	ule III)				\$				2,3	393.73						
E. Ending Cash	Balance (Subt	ract Li	ine D F	rom Line	e C)			\$				15,7	02.86						
F. Value Of In-	Kind Contributi	ions R	eceive	d (From	Schedu	le II	()	\$					0.00						
G. Unpaid Debt	s And Obligation	ons (F	rom S	chedule 1	(V)			\$					0.00						
					AFF	FIDA	١٧٢	T SE	CTIO	NC									
PART I - If this is		-	-	_															
I swear (or affirm) correct and comple		inciuai	ing the	attacned s	cneaule	s file	a on	paper	OF DY 6	electr	ronic m	eaium	, are to t	ne best o	r my knov	vieage	and be	iier , tr	ue
Sworn to and subs	cribed before me day of	this		20								S	ignature	of Perso	n Submitt	ing Re	port		
	Sign	nature						- -						Prin	ted Name	1			
My Commission Ex	pires							_						Emai	I				
	МО		DA	Υ	YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		$\underline{}$
Part II- If this is	a report of a c	andid	ate's a	uthorize	d Comr	nitte	e, C	andid	ate si	nall s	sign he	ere.							
I swear (or affirm) No 320) as amende		of my l	knowle	dge and be	elief this	s polit	tical	comm	ittee h	as no	ot viola	ted an	y provis	ions of the	e act of Ju	ıne 3,1	937 (P	.L. 133	3,
Sworn to and subsc	ribed before me t day of	this		20									S	ignature o	f Candida	ite			_
								-						Printe	d Name				-
My Commission Exp	Signatu ires	ıre						-						Ema	il				-
,								-											_
	мо		DA	Y	YF	ł					Area	Code		Da	ytime Te	elephoi	ne Num	ber	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
JUDICIAL MERIT SELECTION COM OF ALL CO	From:	To:	12/31/2005
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)	\$	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		\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate value		\$2) in the			
			From:			То	:	
					DATE			AMOUNT
Full Name of Contribut	ing Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	!	I			<u> </u>			DAGE TOTAL

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

PAGE TOTAL
\$ 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 Filling Committee of Candidate				Reporting Period From: To:				
			l		DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						

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 Candidate			Reporting	Period				
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary 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 Candid	date			Rep	orting Pe	riod			
				Fror	m:		To):	
					D	ATE		A	MOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	ip Code (Plus	5 4)					
Employer Name					Occupa	tion			
Employer Mailing Address/Principal Business	Place of		City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on S	Schedule I, Detail	led Sumr	mary Page,	Section	on 3.			P \$	O.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	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Period		
JUDICIAL MERIT SELECTION COM OF ALL CO	From:	То:	12/31/2005
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	eriod (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 Candid	ate		Reportin	g Period			
			From:			To:	
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name 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)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

STATEMENT OF EXPENDITURES

Mailing Address 400 KOPPERS BUILDING City PITTSBURGH State Zip Code (Plus 4) 15219 COPYING AND POSTA To Whom Paid KAUFMAN'S Mailing Address P.O. BOX 9665 City PROVIDENCE State RI 2	ame of Filin	g Committee or Ca	ndidate		Reporti	ng Period				
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City PITTSBURGH State Zip Code (Plus 4) Description of Expend					МО	DAY	YEAR			
PITISBURGH	Mailing Address 33RD FLOOR, GULF TOWER, 707 GRANT STREET			12	19	2005	\$	104.13		
	PITISBURGH				Description of Expenditure PREPARATION OF REPORT					
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	Futor Crand Total of Francishures on Dane 1. Demont Cover Dane Thomas				<u>'</u>				PAGE TOTAL	

2,393.73