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 2023	30100				port ed B		CANE	COMMITTEE LOBBYIST										
Name of Filing C	Committee, Candid	ate or L	obbyist:		BAT	TTIS	ΓΑ FO	R JUDO	iΕ										
Street Address:																			
City:	LAMARTINE							State: PA Zip					Zip Cod	ip Code: 16375					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY											AMENDMENT Yes / I			0		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRI	E-	5.	30 DA		PC	OST-	6.		TERMINA REPORT?		Yes	Ν	0	\	
report type)	ANNUAL REPORT	7.	Year 2024					IG METI CHECK					PAPER		/	DISK	ETTE		
Name of Office S	Sought by Candida	te:	-					DATE	OF	ELE	CTIO	N	District Number	Office Code	Par	ty Cod	e Cou		
	,							МО	1	DAY	YE	AR	-1	Teode	REF)	16		
								1	1		5	2024		(SEE IN	STRUCTI	ONS FOI	CODES	5)	
•	Receipts and	МО	DAY	YEAR	2			МО	ı	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	7		
Expenditures	from:		1 1	. 2	024	T	0		4		8	2024							
A. Amount Bro	ught Forward Froi	n Last R	eport				\$				3	319.69							
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	edule	e I)	\$				1,0	00.00							
C. Total Funds	Available (Sum Of	f Lines A	and B)				\$				1,3	319.69							
D. Total Expend	ditures (From Sch	edule II	I)				\$				1,0	31.92							
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$				2	87.77							
F. Value Of In-	Kind Contributions	s Receiv	ed (From S	chedu	le I	I)	\$					0.00							
G. Unpaid Debt	ts And Obligations	(From S	Schedule I\	/)			\$				4,3	83.00							
				AFF	FID	AVI	T SE	CTION	1										
PART I - If this is	s a Committee rep	ort, trea	surer sign	here.	If th	his is	a Car	ndidate	rep	ort, c	andi	date sig	ın here.						
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached so	hedule	s file	ed on	paper	or by ele	ctro	onic me	edium	, are to t	he best o	f my knov	wledge	and be	lief , tı	rue	
Sworn to and subs	cribed before me this day of	5	20						-		S	ignature	of Perso	n Submit	ting Re	oort		_	
	Signatu	ıre					-		-				Prin	ted Name	•				
My Commission Ex	cpires								-				Emai	i					
	МО	D	AY	YR						Are	a Cod	e	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized	Comr	nitte	ee, C	andid	ate sha	II si	ign he	ere.								
I swear (or affirm) No 320) as amende	that to the best of r	ny knowle	edge and bel	ief this	s poli	itical	comm	ittee has	not	t violat	ed an	y provisi	ions of the	e act of J	une 3,1	937 (P	.L. 133	з,	
Sworn to and subsc	ribed before me this								-			Si	ignature o	f Candid	ate			-	
	day of						-		-				Printe	d Name				-	
My Commission Exp	Signature						-		_				Ema	il				-	
, commission exp							•		_									_	
	МО	D	AY	YR	2					Area	Code		Da	ytime T	elephor	e Num	ber		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period							
BATTISTA FOR JUDGE	From:	1/1/202	<u>4</u> To:	4/8/2024				
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	(2)	\$	0.00					
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)			\$	0.00				
TOTAL for the Reporting	Period	(3)	\$	1,000.00				
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 and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	1,000.00				

PAGE TOTAL

0.00

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 C	Name of Filing Committee or Candidate						
	rom:						
		·		DATE			AMOUNT
Full Name of Contributing Comm	nittee		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.

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	e or Candidate		Reporting Period						
			From: To):			
					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.

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 Per	iod		
BATTISTA FOR JUDGE	From:	1/1/2024	То:	<u>4/8/2024</u>

DATE AMOUNT

Full N	Full Name of Contributing Committee					YEAR	
SGA F	SGA PAC					ILAK	\$ 1,000.00
Mailin	Mailing Address				20	2024	
City	FAIRLESS HILLS	State	Zip Code (Plus 4)	2	20	2024	
		PA	19030				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 1,000.00

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				Reporting Period							
				Fron	From: To:						
					DATE			AMOUNT			
Full Name of Contributor					мо	DAY	YEAR	R	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		z	ip Cod	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	nary Page,	Section	on 3.			\$	F	PAGE TOTA	L .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	ing Peri	od			
			From: To:					
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'	1					<u> </u>	
	- C		. .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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		
BATTISTA FOR JUDGE	From:	<u>1/1/2024</u> To:	<u>4/8/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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 Ca	ndidate		Reporting 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:	•		•	•					
				_	Г				
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detail Section 2.			led Sum	nmary Pa	ge,		PAGE TOTAL		
						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		o:			
					DATE				AMOUNT	
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	Reporting Per	riod		
BATTISTA FOR JUDGE	From	1/1/2024	То:	<u>4/8/2024</u>

				DATE	AMOUNT				
To Whom Paid			МО	DAY	YEAR				
The Stoneridge Group LLC			MO	DAI	ILAK				
Mailing Address			1	9	2024	\$	19.95		
City Alpharetta	State	Zip Code (Plus 4)	Description of Expenditure						
	GA	30005	Website Hosting						
To Whom Paid				DAY	YEAR				
The Stoneridge Group LLC			МО		ILAK				
Mailing Address			2	9	2024	\$	19.95		
City Alpharetta	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	GA	30005	Website						
To Whom Paid				DAY	YEAR				
The Stoneridge Group LLC			МО	DAI	ILAK				
Mailing Address			3	11	2024	\$	19.95		
City Alpharetta	State	Zip Code (Plus 4)	Description of Expenditure						
	GA	30005	Website Hosting						
To Whom Paid			мо	DAY	YEAR				
USPS			140		ILAK				
Mailing Address			2	16	2024	\$	64.00		
City Richboro	State	Zip Code (Plus 4)	Description of Expenditure						
PA 18954				PO Box Rental Fee					
To Whom Paid			мо	DAY	YEAR				
Chain Bridge Bank			MO		ILAK				
Mailing Address			1	2	2024	\$	25.00		
City McLean	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
	VA	22101	Bank Fees						
To Whom Paid			MC	DAY	YEAR				
Pro Printing & Office, LLC			МО	DAT	TEAR				
Mailing Address			4	8	2024	\$	383.07		
City St. Marys	State	Zip Code (Plus 4)	Description of Expenditure						
PA 15857			Thank You Cards & Envelope Printing						

To Whom Paid						
AxCapital, LLC Mailing Address			МО	DAY	YEAR	
			3	27	2024	\$ 500.00
City Kansas City State Zip Code (Plus 4)			Descrip	tion of Exp		
	МО	64112	Complia	ınce Consu		
						PAGE TOTAL
nter Grand Total of Expe	enditures on Page 1, R	Report Cover Page, Item D				\$
Enter Grand Total of Expe	enditures on Page 1, R	Report Cover Page, Item D				\$
Enter Grand Total of Expo	enditures on Page 1, R	Report Cover Page, Item D				\$
Enter Grand Total of Expo	enditures on Page 1, R	Report Cover Page, Item D				\$
Enter Grand Total of Expe	enditures on Page 1, R	Report Cover Page, Item D				\$ 1,031.92
Enter Grand Total of Expe	enditures on Page 1, R	Report Cover Page, Item D				\$

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

Name of Filing Committee or Candidate				Reporting Period					
BATTISTA FOR JUDGE			From:		<u>1/1/2024</u>	То:		4/8/2024	
					DATE			utstanding alance of Debt	
Name of Creditor Hey Andrea, LLC					DAY	YEAR			
Mailing Address					14	2023	\$	900.00	
City Perkasie	State PA	Zip Code (P 18944	lus 4)	Description of Debt Television Production					
Name of Creditor Maria C. Battista				мо	DAY	YEAR			
Mailing Address				12	31	2023	\$	3,083.00	
City Emlenton	State Zip Code (Plus 4) PA 16373				Description of Debt Reimbursable Campaign Expenses				
Name of Creditor Daddy's Main Street				МО	DAY	YEAR			
Mailing Address				12	15	2023	\$ \$	400.00	
City Clarion	State PA	Zip Code (P 16214	lus 4)	Description of Debt Event Catering					
							PAGE TOTAL		
Enter Grand Total of Unpaid Debt	s on Page 1, Repo	rt Cover Pa	ge, Item	G.			\$	4,383.00	