Campaign Finance Report

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

Filer Identificat Number :	ion 2023	0100			Repo Filed		CANDI	DATE		СОМІ	MITTEE	✓	LOB	BYIS	•	
Name of Filing (Committee, Candida	ate or Lo	obbyist:		BATTIS	STA FO	DR JUDGE									
Street Address:	PO BOX 275															
City:	LAMARTINE						State:	PA			Zip Co	de: 16	375			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D PRIM		POST-	3. X		AMENDMENT REPORT?		Yes	\checkmark	lo	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D ELEC	AY I TION	POST- 6.			TERMINATION REPORT?		Yes	ſ	lo	\checkmark
report type)	ANNUAL REPORT	7.	Year 2024				NG METHO CHECK O			PAPER		\checkmark	DIS	ETTE		
Name of Office S	Sought by Candidat	te:					DATE O	OF ELEC	CTIO	N	District Number	Office Code	Pa	ty Coo	le Cou Cod	
							мо	DAY	YE	AR	-1		REF)	16	
							11 5 2024						TRUCTI	ONS FO	R CODE	S)
	Receipts and	мо	DAY	YEAR	2		мо	DAY	YE	AR	FC	OR OFFIC	e use	ONL	Y	
Expenditures	s from:		4 9	2	024	ГО	5	1	.3	2024						
A. Amount Bro	ught Forward Fron	n Last R	eport			\$			2	287.77						
B. Total Monet	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$	5			0.48						
C. Total Funds Available (Sum Of Lines A and B)							5		2	288.25						
D. Total Expen	ditures (From Sche	edule II	I)			\$	5			39.90						
E. Ending Cash	Balance (Subtract	t Line D	From Line	C)		\$	5		2	48.35						
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)	\$	5			0.00						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	/)		\$;		3,1	68.71						
				AFF	IDAV	IT SE	CTION									
PART I - If this i	s a Committee repo	ort, trea	surer sign	here. 1	If this i	s a Ca	ndidate re	eport, c	andio	date sig	gn here.					
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached sc	hedules	s filed or	n paper	or by elect	ronic me	edium,	, are to	the best o	of my know	/ledge	and b	elief , t	rue
Sworn to and subs	cribed before me this day of	5	20						s	ignatur	e of Perso	n Submitt	ing Re	oort		-
	Signatu	re				_					Prin	ted Name				_
My Commission E	-	-									Ema	il				
	мо	D/	AY	YR				Are	a Cod	e	Daytin	ne Teleph	one Nu	mber		
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee,	Candic	late shall	sign he	ere.							
I swear (or affirm) No 320) as amend) that to the best of n ed.	ıy knowle	edge and beli	ief this	politica	l comn	nittee has n	iot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (F	.L. 133	33,
Sworn to and subso	cribed before me this day of		20							s	ignature	of Candida	te			-
						_					Printe	ed Name				_
	Signature					_					E					_
My Commission Exp	bires										Ema					
	мо	D	AY	YR		_		Area (Code		D	aytime Te	lephor	ne Nur	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** BATTISTA FOR JUDGE From: <u>4/9/2024</u> **To:** <u>5/13/2024</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) 0.48 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.48 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 Committee or Candidat	Name of Filing Committee or Candidate			orting I	Period		
			From	m:		То	
		·			DATE		AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4	4)				
							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 Candida	te		Rep	orting P	eriod				
			Fror	m:		Тс	0:		
					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, 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 Candidate			Reporting Period					
						То:		
				DA	TE		ŀ	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.00
Mailing Address							- \$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Sched	lule I, Detailed Sun	nmary 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				riod			
				From:			
			D	ATE		AM	OUNT
			мо	DAY	YEAR	\$	0.00
Mailing Address							
State	Zip Code (Plu	s 4)					
•			Occupat	ion			
ce of Business	City			State		Zip Code	(Plus 4)
dule I, Detailed Su	ummary Page	Sectio	on 3.				GE TOTAL 0.00
	State ce of Business	State Zip Code (Plus ce of Business City	State Zip Code (Plus 4) ce of Business City	From: DA DA State Zip Code (Plus 4) Occupat	From: DATE DATE DATE State Zip Code (Plus 4) City Occupation Ce of Business City State	From: To DATE MO DAY YEAR State Zip Code (Plus 4) Image: Comparison of the second	From: To: DATE AM MO DAY YEAR \$ State Zip Code (Plus 4) Occupation ce of Business City State Zip Code

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				
BATTISTA FOR JUDGE From			From:		<u>4/9/202</u>	<u>4</u> To:	<u>5/13/2024</u>		
				D	ATE			AMOUNT	
Full Name Bills.com				мо	DAY	YEAR	\$	0.48	
Mailing Address 6220 America Center	Drive, Suite 100			4	29	2024	1		
City San Jose	State	Zip Code (Plus 4)	4	29	2024	*		
	СА	95002							
Receipt Description Account verifica	tion	•							
		_		-				PAGE TOTAL	
Enter Grand Total of Part E on Schedu	ile I, Detailed Sun	nmary Page,	Section	4.			\$	0.48	

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>4/9/2024</u> то:	<u>5/13/2024</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 R			Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:			1					
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,		PAGE TOTA	AL.
						\$		0.00

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

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate				Period		
	Fro	From: To:			- o:		
					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 Plac	e of Business (City	State	e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-Kind	d Contributions D	etaile	ed			PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate							
BATTISTA FOR JUDGE				<u>4/9</u>	9/2024	То:	<u>5/13/2024</u>	
			DATE AMOU					
To Whom Paid			мо	DAY	YEAR			
The Stoneridge Group LLC								
Mailing Address 960 North Point Parkway			5	9	2024	\$	19.95	
City Alpharetta State Zip Code (Plus 4)				tion of Exp	enditure			
	GA	30005	Website	hosting se	ervice			
To Whom Paid			мо	DAY	YEAR			
The Stoneridge Group LLC					1 = /			
Mailing Address 960 North Point Park	way		4	9	2024	\$	19.95	
City Alpharetta	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	GA	30005	Website	hosting se	ervice			
							PAGE TOTAL	
Enter Grand Total of Expenditures o	on Page 1, Report C	over Page, Item I).			\$	39.90	

SCHEDULE IV 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	Name of Filing Committee or Candidate				Reporting Period						
BATTISTA FOR JUDGE				<u>4/9/2024</u> To: <u>5/13/20</u>				<u>5/13/2024</u>			
					DATE			standing ance of Debt			
Name of Creditor Maria Battista				мо	DAY	YEAR					
Mailing Address 430 COMMUNITY RC	DAD			5	13	2024	\$	3,168.71			
City Emlenton	State	Zip Code (P	lus 4)	Descrip	tion of Deb	t					
	РА	16373		Candida	ite unreim	bursed	expens	ses			
								PAGE TOTAL			
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Iten				G.			\$	3,168.71			