Campaign Finance Report

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

Filer Identification 2025C0218 Number:					Repo Filed			CANI	DIE	DATE	√	CC	MMITTEE		LOBBYIST			
Name of Filing C	ommittee, Cand	idate or L	.obbyist:	M	1ARI	A E	BATTI	STA										
Street Address:									_									
City:								State:					Zip Code	16	373			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY P PRIMARY	PRE-	2.		30 DA PRIMA		P	POST- 3.			AMENDME REPORT?	Yes	No	•	/	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY FELECTION	PRE-	- 5.		30 DA ELECT		P	OST-	6.		TERMINAT REPORT?	ION	Yes	No		\
report type)	ANNUAL REPOR	. T 7.	Year 2025		FILING METH () CHECK O							PAPER		\	DISKE	TTE		
Name of Office S	Sought by Candic	date:						DATE	0	F ELE	CTION		District Number	Office Code	Par	ty Code	Coun	
	-							МО		DAY	YEA	R	-1	SPR	REP			
JUDGE OF THE	SUPERIOR COU	RT						1	11		4 2	2025		(SEE INS	TRUCTI	ONS FOR	CODES	<u> </u>
	Receipts and	МО	DAY YE	EAR				МО	Ī	DAY	YEA	R	FOR	OFFIC	E USE	ONLY		
Expenditures	from:		1 1	202	25	T	0		3	3	31	2025						
A. Amount Bro	ught Forward Fr	om Last F	Report				\$					0.00]					ļ
B. Total Moneta	ary Contribution	s And Rec	ceipts (From Sc	ched	ule I	[)	\$		_			0.00]					ļ
C. Total Funds	Available (Sum	Of Lines <i>F</i>	A and B)				\$					0.00						
D. Total Expend	ditures (From So	:hedule II	(I)				\$		_		3,16	8.71						ļ
E. Ending Cash	Balance (Subtra	act Line D	From Line C)				\$		_		(0.00]					
F. Value Of In-	Kind Contributio	ns Receiv	red (From Sche	edule	a II)		\$				(0.00						
G. Unpaid Debt	s And Obligation	ıs (From	Schedule IV)				\$					0.00		,				
			А	λFFΙ	DA۱	VI٦	ΓSE	CTIOI	N									
PART I - If this is	a Committee re	port, trea	asurer sign her	re. If	f this	is	a Can	didate	re	port, c	andida	te sig	jn here.					
I swear (or affirm) correct and comple	that this report, in te.	icluding th	e attached sched	ules f	filed o	on p	paper o	or by ele	ctr	onic me	edium, a	re to	the best of	my know	/ledge	and beli	ef , trı	иe
Sworn to and subs	cribed before me to day of	nis	20						-		Sig	nature	of Person	Submitti	ing Rep	ort		-
	Signa				_	_	-		-				Printe	d Name				-1
My Commission Ex	_	ture							-				Email					- [
	мо	D	PAY	YR					•	Are	ea Code		Daytime	Telepho	one Nu	mber		_
Part II- If this is	a report of a ca	ndidate's	authorized Co	mmi	ittee	, Ca	andida	ate sha	ıll s	sign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and belief t	this p	politic	al (commi	ittee has	s no	ot violat	ted any	provis	ions of the	act of Ju	ne 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		is										s	ignature of	Candida	te			-
	day of					_	-						Printed	Name				-
	Signatur						-		_									_
My Commission Exp	_												Email					_
	МО	D	DAY	YR			•			Area	Code		Day	time Te	lephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		_
MARIA BATTISTA	From:	1/1/202	<u>5</u> To:	3/31/2025
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

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	R	eporting	Period			
		F	rom:		То	:	
		1		DATE			AMOUNT
Full Name of Contributing C	ommittee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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.

(EXCIU	de contributions fr	om political comm	iitte	ees re	portea	in Part	A)	
Name of Filing Committe	e or Candidate		Rep	orting F	Period			
			From: To:					
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.0
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	ne of Filing Committee or Candidate		Reporting Period					
			From:			То:		
				DA	TE		P	AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		0.0
Mailing Address							- \$	0.0
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scheo	dule 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 Candidate	1			Repo	orting Pe	riod			
				Fron	n:		To):	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	s 4)					
Employer Name		•			Occupa	tion			
Employer Mailing Address/Principal Pl	ace of Business		City			State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumn	nary Page,	Section	on 3.			\$	PAGE TOTAL 0.00

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:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address	_						\neg	
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	•	
			.	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page,	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								
MARIA BATTISTA	From:	<u>1/1/2025</u> To:	<u>3/31/2025</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 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 Candidate			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:	-	-	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	From:			То:		
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								֓֟֟֝֟֓֓֓֟֟֓֓֓֓֟֟֓֓֓֟֟֓֓֟֓֟֓֓֟֟֓֓֟֓֓֟֓֓֟֓	\$ 0	.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Plac	e of Business	Cit	ty	State	e Zi	p Code(Plus 4)	Descr	ipti	on of Contribution	1
Enter Grand Total of Part G on Sch	edule II. In-Kir	nd (Contributions D	etaile	ed				PAGE TOTA	,L
Summary Page, Section 3.									0	.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
MARIA BATTISTA	From	1/1/2025	То:	3/31/2025			

					DATE			AMOUNT
To Whom Pa	aid			МО	DAY	YEAR		
BATTISTA F	OR JUDGE			PIO				
Mailing Address P.O. BOX 275				1	1	2025	\$	3,168.71
City LAM	ARTINE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
		PA	16375	LOAN T	O CAMPAI	GN		
Enter Gran	inter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							3,168.71