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 830	0021			Rep File			CAN	DII	DATE		СОМ	MITTEE	✓ [LOB	BYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		ACB	A JI	JDICI	AL EX	CEL	LENCE	COI	MMITTE						
Street Address:	400 KOPPER	S BLDG	436 7TH A\	VΕ														
City:	PITTSBURGH	l						State:		PA			Zip Cod	le: 15	219-1	.811		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY							30 DAY F PRIMARY			3. X		AMENDMENT REPORT?		Yes] [10	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	≣- !	5.	30 DA		P	POST- 6.			TERMINA REPORT?	Yes	 	lo	/	
report type)										PAPER DISKET				ETTE				
Name of Office S	ought by Candid	ate:	-					DATE	0	F ELE	СТІС	N	District Number	Office Code	Pa	rty Cod	e Cou	
								МО		DAY	YI	AR						_
									11		8	2011		(SEE IN	STRUCTI	ONS FO	R CODES	5)
	ummary of Receipts and MO DAY YEAR MO DAY YEAR										EAR	FO	R OFFIC	E USE	ONL	′		
Expenditures	from:		1 1	2	011	T	0		6		6	2011						
A. Amount Bro	Amount Brought Forward From Last Report \$ 65,732.32									732.32								
B. Total Moneta	B. Total Monetary Contributions And Receipts (From Schedule I) \$ 0.00																	
C. Total Funds Available (Sum Of Lines A and B) \$ 65,732.32										732.32								
D. Total Expend	ditures (From Scl	nedule II	Ί)				\$				2,5	20.77						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$				63,2	11.55						
F. Value Of In-	Kind Contribution	s Receiv	ed (From S	chedu	le II)	\$					0.00						
G. Unpaid Debt	s And Obligation	s (From	Schedule IV	/)			\$					0.00			'			
				AFF	IDA	١٧٧	T SE	CTIO	N									
PART I - If this is			_									_						
I swear (or affirm) correct and comple	that this report, in ete.	cluding th	e attached sc	hedules	s filed	d on	paper	or by el	ectr	onic m	edium	, are to t	the best o	f my knov	vledge	and be	elief , tr	ue
Sworn to and subs	cribed before me th day of	is	20						•		5	Signature	of Perso	n Submitt	ing Re	port		
	Signat	ure	_				- -		-				Prin	ted Name	ı			_
My Commission Ex	_								-				Ema	il				_
	мо	D	AY	YR						Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a car	ididate's	authorized	Comn	nitte	e, C	andid	ate sha	all sign here.									
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and beli	ief this	polit	ical	comm	ittee ha	s no	ot viola	ted an	y provis	ions of the	e act of Ju	ıne 3,1	937 (F	.L. 133	з,
Sworn to and subsc		5										s	ignature o	of Candida	ite			-
	day of —— ————		_ 20				_						Printe	d Name				- J
	Signature						-		_									_
My Commission Exp	_												Ema	il				
	мо	D	AY	YR	l		-			Area	Code		Da	aytime To	elephoi	ne Nun	ıber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	J Period		
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	1/1/201	<u>1</u> To:	6/6/2011
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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	y Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar 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

	Part to itemize on n an aggregate val	-			•			
Name of Filing Committee	or Candidate		Re	porting	Period			
			Fr	om:		То	:	
					DATE			AMOUNT
Full Name of Contributing Co	mmittee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4	4)					
							$\overline{\Box}$	PAGE TOTAL

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

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 Filing Committee or Candi	date			Rep	orting P	eriod			
				Fro	m:		To):	
						DATE			AMOUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
								$\overline{}$	

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Commit	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary 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			Rep	orting Pe	riod			
			Froi	m:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name		•		Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Cod	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	, Secti	on 3.			P \$	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	ting Perio	od			
			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. Detailer	d Summary Page	Section	4			PA	GE TOTAL
	,,,	. Junimary 1 ago,	5000.011				\$	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		
ACBA JUDICIAL EXCELLENCE COMMITTEE	From:	<u>1/1/2011</u> To:	<u>6/6/2011</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 Candidat	:e		Reporting	g Period			
			From:			То:	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Re	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$ \$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition			
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	ption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Ca	andidate		Reporti	ng Period			
ACBA JUDICIAL EXCELLENCE (COMMITTEE		From	1/	1/2011	То:	6/6/2011
		,		DATE			AMOUNT
To Whom Paid NEW PITTSBURGH COURIER			МО	DAY	YEAR		
Mailing Address 315 EAST C	ARSON STREET		5	12	2011	\$	1,630.98
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
PA 15219				PRIMARY ELECTION JUDICIAL RATINGS AD			
To Whom Paid ALLEGHENY COUNTY BAR ASSOCIATION				DAY	YEAR		
Mailing Address 400 KOPPER	RS BUILDING 436 SEVE	ENTH AVENUE	5	26	2011	\$	730.00
City PITTSBURGH	State	Zip Code (Plus 4)	Descrip	tion of Ex	enditure		
	PA	15219	1	RY ELECTION			NGS ADS
To Whom Paid ALLEGHENY COUNTY BAR ASSO	OCIATION		МО	DAY	YEAR		
Mailing Address 400 KOPPER	RS BUILDING 436 SEVE	ENTH AVENUE	5	26	2011	\$	159.79
City PITTSBURGH	State	Zip Code (Plus 4)	Descrir	tion of Exp	enditure	<u> </u>	
PA 15219			1	-			RECEPTION
	L		1				PAGE TOTAL
Enter Grand Total of Expend	litures on Page 1, Re	port Cover Page, Item D) .			<u>_</u>	

2,520.77