



Reset Form

Print Form

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	2023C0147	Report Filed By (Mark X)	<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	SALA, PETER J.				
Street Address	1637 WEST 24TH STREET				
City	ERIE	State	PA	Zip Code	16502

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/05/2024	Year	2024	Amendment Report	<input type="checkbox"/>	Termination Report	<input checked="" type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only 2025 JAN 27 PM 4:03 ERIE COUNTY VOTER REGISTRATION
	01/01/2024	12/31/2024	
A. Amount Brought Forward From Last Report	\$	(14,308.03)	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,744.25	
C. Total Funds Available (Sum of Lines A and B)	\$	(12,563.78)	
D. Total Expenditures (From Schedule III)	\$	0.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	(12,563.78)	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

## Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

23 day of 01 20 25

Signature of Person Submitting report  
PETER J. SALAMy Commission expires 08 29 2026  
MO. DAY YR.814 451-0641  
Area Code Daytime Telephone NumberPart II- If this is a **Committee** report, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

My commission expires August 29, 2026  
Commission number 1423860

Sworn to and subscribed before me this

day of 20

Signature

My Commission expires  
MO. DAY YR.

Signature of Candidate

Printed Name

Area Code Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>	2023C0147		
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>			
Total for the reporting period	(1)	\$	0.00
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	0.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	0.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>			
Total for the reporting period	(4)	\$	1,744.25
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	1,744.25

## 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.

Filer Identification Number		2023C0147									
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										Amount		
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State		Zip Code		Date [MM/DD/YYYY]	\$	0.00	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State		Zip Code		Date [MM/DD/YYYY]	\$	0.00	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State		Zip Code		Date [MM/DD/YYYY]	\$	0.00	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State		Zip Code		Date [MM/DD/YYYY]	\$	0.00	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State		Zip Code		Date [MM/DD/YYYY]	\$	0.00	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State		Zip Code		Date [MM/DD/YYYY]	\$	0.00	
Full Name of Contributing Committee										Date [MM/DD/YYYY]	\$	
House #					Street Address					Date [MM/DD/YYYY]	\$	
City					State		Zip Code		Date [MM/DD/YYYY]	\$	0.00	

## PART B

**All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:		2023C0147									
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	0.00
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	0.00
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	0.00
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	0.00
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	0.00
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #	Street Address				Date [MM/DD/YYYY]		\$	
City	State		Zip Code		Date [MM/DD/YYYY]		\$	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 over \$250.00 in the reporting period.

Filer Identification Number:	2023C0147
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City	State			Zip Code	Date [MM/DD/YYYY]	\$	0.00
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City	State			Zip Code	Date [MM/DD/YYYY]	\$	0.00
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City	State			Zip Code	Date [MM/DD/YYYY]	\$	0.00
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City	State			Zip Code	Date [MM/DD/YYYY]	\$	0.00
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City	State			Zip Code	Date [MM/DD/YYYY]	\$	0.00
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #					Street Address	Date [MM/DD/YYYY]	\$
City	State			Zip Code	Date [MM/DD/YYYY]	\$	0.00

**PART D**  
**All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

<b>Filer Identification Number:</b>	2023C0147
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	0.00
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	0.00
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	0.00
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>								
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	\$	0.00
<b>Employer Name</b>						<b>Occupation</b>		
<b>Employer Mailing Address / Principal Place of Business</b>								

## 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.

Filer Identification Number:	2023C0147
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Full Name		FRIENDS OF PETE SALA					
House #	1637	Street Address		C/O 1637 WEST 24TH STREET			
City	ERIE	State	PA	Zip Code	16502	Date [MM/DD/YYYY]	\$ 1,744.25
Receipt Description		CANDIDATE LOAN REPAYMENT					
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0.00
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0.00
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0.00
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0.00
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0.00
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 0.00
Receipt Description							

**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**

<b>Filer Identification Number:</b>	2023C0147
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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>		
TOTAL for the reporting period	(1)	\$ 0.00

<b>2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>		
TOTAL for the reporting period	(2)	\$ 0.00

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>		
TOTAL for the reporting period	(3)	\$ 0.00

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0.00
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number:	2023C0147
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Full Name of Contributor					Date [MM/DD/YYYY]	\$			
House #					Street Address		Date [MM/DD/YYYY]	\$	
City					State	Zip Code	Date [MM/DD/YYYY]	\$	0.00
Description of Contribution									
Full Name of Contributor					Date [MM/DD/YYYY]	\$			
House #					Street Address		Date [MM/DD/YYYY]	\$	
City					State	Zip Code	Date [MM/DD/YYYY]	\$	0.00
Description of Contribution									
Full Name of Contributor					Date [MM/DD/YYYY]	\$			
House #					Street Address		Date [MM/DD/YYYY]	\$	
City					State	Zip Code	Date [MM/DD/YYYY]	\$	0.00
Description of Contribution									
Full Name of Contributor					Date [MM/DD/YYYY]	\$			
House #					Street Address		Date [MM/DD/YYYY]	\$	
City					State	Zip Code	Date [MM/DD/YYYY]	\$	0.00
Description of Contribution									

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

<b>Filer Identification Number:</b>	2023C0147
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>				<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	0.00
<b>Employer Name</b>					<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>				<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	0.00
<b>Employer Name</b>					<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>				<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	0.00
<b>Employer Name</b>					<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>				
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		\$		
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$		
<b>City</b>				<b>State</b>		<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>	\$	0.00
<b>Employer Name</b>					<b>Occupation</b>				
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>				

SCHEDULE III  
Statement of Expenditures

Filer Identification Number: 2023C0147

To Whom Paid						Date [MM/DD/YYYY]	\$	0.00
House #	Street Address						Description of Expenditure	
City			State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$	0.00
House #	Street Address						Description of Expenditure	
City			State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$	0.00
House #	Street Address						Description of Expenditure	
City			State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$	0.00
House #	Street Address						Description of Expenditure	
City			State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$	0.00
House #	Street Address						Description of Expenditure	
City			State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$	0.00
House #	Street Address						Description of Expenditure	
City			State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$	0.00
House #	Street Address						Description of Expenditure	
City			State		Zip Code			
To Whom Paid						Date [MM/DD/YYYY]	\$	0.00
House #	Street Address						Description of Expenditure	
City			State		Zip Code			

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.

<b>Filer Identification Number:</b>	2023C0147
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<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	0.00
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	0.00
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	0.00
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	0.00
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	0.00
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							

<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>		<b>DATE DEBT INCURRED</b> [MM/DD/YYYY]		\$	0.00
<b>City</b>			<b>State</b>		<b>Zip Code</b>		
<b>Description of Debt</b>							