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 I (Mark X)	Sy Candida	te 🔀	Committee		Lobbyist
Name of Filing Committee Lobbyist	ee, Candidate or	SALA, PETER	J.				
Street Address		1637 WEST 24	TH STREET				
City EF	RIE .		State	PA	Zip Code	16502	
Type of Report (Place x u	ınder report type)		•				
1-6 th Tuesday 2-2 nd F Pre-Primary Pre-Prir	and the state of t	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
					X		
Date Of Election (MM/DD/YYYY)	11/05/2024	Year	2024	Amendment Report		Termination Report	\boxtimes
Summary of Receipts an	d From Date	To Date	and the first of		For	Office Use Only	
Expenditures	01/01/2024	12	/31/2024				
A. Amount Brought Forv	vard From Last Report	\$ (1	4,308.03)				
B. Total Monetary Contr (From Schedule I)	ibutions and Receipts	\$ 1	,744.25				
C, Total Funds Available (Sum of Lines A and B)		\$ (1	2,563.78)			~	2025
D. Total Expenditures (From Schedule III)		\$	0.00	L	. San Januar		2025 JAN 27
E. Ending Cash Balance (Subtract Line D from Lir	ne C)	\$ (1	2,563.78)				27
F. Value of In-Kind Contr (From Schedule II)		\$	0.00			10 T.	7
G. Unpaid Debts and Ob (From Schedule IV)	ligations	\$	0.00			37	
Part 1- If this is a Committee		aro If this is a Car	Affidavit Sec			حيني. معتدي	<i>(4)</i>
I swear (or affirm) that this	e report, treasurer sign in report, including the atta	ched schedules o	paper, is to the	best of my knowled	lge and belief tr	ue correct and comple	te./
Sworn to and subscribed be	fore me this			101	+1		
3 day of 0 i	20 <u>25</u>	- 1		Signature	of Person Subm	JUX VI	· ·
Amy). Mod Signature	elm	- -	PE	ETER J. SALA	Printed Name		
	03 3	1,26	81	4	•	-0641	
My Commission expires 4	IO. DAY YR.			rea Code		rtime Telephone Numb	er .
Part II Frankrisis a regord of Pen	candidate's Authorized	Committee, cand	idate shall sign he	ere.			
I swear (of affix m) that to the	e best of my knowledge	and belief this po	itical committee	has not violated any	provisions of t	he Act of June 3, 1937	(P.L. 1333, NO.320) as
My commission exp	ires August 29, 2026	e i state e de la pl					
Sworn to an aministical fit	IMPRIEITHS 800	n in de la Allegra. La Calabara	tiste je vija vijeka i stali				•
day of	20	- '1		Çian	nature of Candid	late	
				_			
Signature		, 1	•		Printed Name		
My Commission expires		_		rea Codo	Dauti	ime Telephone Numbe	
M	O. ĐẬY YR.		Α	rea Code	Dayt	me reconone numbe	•
			×	· · · · · · · · · · · · · · · · · · ·	<u> </u>		

SCHEDULE I Contributions and Receipts

Detailed Summary Page

		0.000				
Filer Identification Number			• • • • •	 		
Filer Identification Number	2023C0147				•	
	•					

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	0.00
3. Contributions Over \$250.00 (From Part C and Part D)	5 / 5 / 5 / 5 /	
Contributions Received from Political Committees (Part C)	\$	
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)		
Total for the reporting period (4)	\$	1,744.25
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	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

	2023C014	·/		<u> </u>		
						Amount
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address	· .		Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
		200 F.				0.00
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
] .	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
					1	0.00
Full Name of Co	intributing			Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
Tiouse II				-	1	
City	As for tealing	State	Zip Code	Date [MM/DD/YYYY]	\$	
					1_	0.00
Full Name of Co	intributing			Date [MM/DD/YYYY]	\$	
Committee		·		to the hope	<u> </u>	
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
			· .	·		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0.00
						0.00
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$	
Committee				. [100	
House #	Street Address			Date [MM/DD/YYYY]	\$	
	JAI Care and an annual care and an					
miss.		State	Zip Code	Date [MM/DD/YYYY]	\$	
City		3.6.0	Supr Water			0.00
Full Name of Co	ostelbuting .			Date [MM/DD/YYYY]	\$	
Committee	SU.Semming				<u> </u>	
House #	Street Address			Date [MM/DD/YYYY]	\$	
				*		
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
	•					0.00
4 Carl 19	· · · · · · · · · · · · · · · · · · ·	1.				1

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.)

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Filer Identification Number:			the state of the s	
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City		State	Zip Code	Date [MM/DD/YYYY] \$	30 31
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Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #					(*) (a.
nouse #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
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Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
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House #	Street Address	-	· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	S
550 m 2	Jucce Address				
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		State	Zip Code	Date [MM/DD/YYYY] \$	0.00
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House #	Street Address			Date [MM/DD/YYYY] \$	
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Citý		State	Zip Code	Date [MM/DD/YYYY] \$	
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City	1	State	Zip Code	Date [MM/DD/YYYY] \$	0.00
		[2:32]		- 1875 - 1888	0.00

PART C

Contributions Received From Political Committees

Over \$250.00

Filer identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

	2023C0147					<u>.</u>
Full Name of	with the same of			Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee					
House #	Street Address	•		Date [MM/DD/YYYY]	S	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
			Z.p code			0.00
Friedling Ages	The state of the s	7.4%, 7	And the second second	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee		•	Date (MIM/DD/1111)		
House #	Street Address			Date [MM/DD/YYYY]	\$	
					-2	
City	11/1	State	Zip Code	Date [MM/DD/YYYY]	\$	0.00
	<u> </u>					0.00
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
SIN		State	Lip douc		1	0.00
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee				-	
				Date [MM/DD/YYYY]	\$	
House # :	Street Address			Date [iviivi/DD/1111]	•	
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City		State	Zip Code	Date [MM/DD/YYYY]	\$	0.00
Full Name of		•		Date [MM/DD/YYYY]	\$	·
Contributing Co	mmirree				10	
House #	Street Address			Date [MM/DD/YYYY]	\$	
and an early and a second						
City		State	Zip Code	Date [MM/DD/YYYY]	\$	0.00
					<u> </u>	0.00
Full Name of				Date [MM/DD/YYYY]	\$	
Contributing Co	mmittee					
House #	Street Address			Date [MM/DD/YYYY]	\$	
mouse:#	Street Address				1	
		Cana-	7in Codo	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date finish pol 1 (11)		0.00
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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)

Complete and the state of the same of the	\		ions nom pontical committee		
Filer Identification Num	nber: 2023C0147	•			
	<u> </u>			<u> </u>	
Full Name of Contribu	utor			Date [MM/DD/YYYY] \$	
		•		The state of the s	
House #	Street Address		· ·	Date [MM/DD/YYYY] \$	<u></u>
City		State	Zip Code	Date [MM/DD/YYYY] \$	
					0.00
Employer Name		<u> </u>		Occupation	
Employer Mailing Add Principal Place of Bus				Harit Town Constituting	
Full Name of Contribu				Date [MM/DD/YYYY] \$	
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY] \$	3
	WINDS			Part Innia - 21	
City	1 Charles and	State	Zip Code	Date [MM/DD/YYYY] \$	
		3.63.	Zip Couc :	Date inity Do	0.00
Employer Name			<u> </u>	Occupation	4
Employer Mailing Add Principal Place of Busi					
Full Name of Contribu	130 1701.5			Date [MM/DD/YYYY] \$	
			•		
House #	Street Address			Date [MM/DD/YYYY] \$	
City	<u> </u>	State	Zip Code	Date [MM/DD/YYYY] \$	
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Employer Mailing Add				(2) (2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
Principal Place of Busi	iness	<u></u>			
Full Name of Contribu	tor			Date [MM/DD/YYYY] \$	
			<u>-</u>		
House #	Street Address			Date [MM/DD/YYYY] \$	
3 100				Day 187	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
		A wester			0.00
Employer Name				Occupation	<u> </u>
Employer Mailing Add					
Principal Place of Busin	ness				And the second

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

	10.00	<u> </u>				•		
Full Name		FRIENDS (OF PETE SALA		i. i			
House # 1637	Stre	et Address	C/O 1637 WES	ST 24TH	STREET			
City			-	State		Zip		Date [MM/DD/YYYY] \$
		ERIE			PA .	Code	16502	11/19/2024 1,744.25
Receipt Description		CANDIDAT	E LOAN REPA	YMENT				
Full Name								
House #	Stre	et Address						
City				State		Zip Code		Date [MM/DD/YYYY] \$ 0.00
Receipt Description		<u> </u>		<u> </u>				<u> </u>
Full Name				•	<u></u>			
House #	Stre	et Address						
City				State		Zíp Code		Date [MM/DD/YYYY] \$
Receipt Description		· · · · · · · · · · · · · · · · · · ·					· .	
Receipt Description								
Full Name								
House #	Stre	et Address		•				
City				State		Zip Code		Date [MM/DD/YYYY] \$ 0.00
Receipt Description								
Full Name							······································	
House #	Stre	et Address						
City				State		Zip Code		Date [MM/DD/YYYY] \$ 0.00
Receipt Description								
Full Name			- <u></u> 5		-			
House #	Stre	et Address						
City				State		Zip Code		Date [MM/DD/YYYY] \$ 0.00
Receipt Description			<u>.</u>				· · · · · · · · · · · · · · · · · · ·	

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

Filer Identification Number: 2023C0	147						
1 UNITE AUTED IN VIND CONTR	IDUTIONS PECENTED VALUE OF AS	0.00	00 / 500 PER 004		and the grant of the second	15 45 Jun 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
TOTAL for the reporting period	IBUTIONS RECEIVED-VALUE OF \$5	so.oo		(IBUTOR	e ja stad jak		1012
		<u> </u>	0.00	· · · · · · · · · · · · · · · · · · ·			
	EIVED-VALUE OF \$50.01 TO \$250	.00 (F	FROM PART F)				
TOTAL for the reporting period	(2)	\$	0.00				
3: N-KIND CONTRIBUTION RECI	IVED-VALUE OVER \$250.00 (FRO	VI PAI	RT G)				12 18 2
TOTAL for the reporting period	(3)	\$	0.00				ere illerberb
TOTAL VALUE OF IN-KIND CONTRIBUTION		\$			· · · · · ·	-	
PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)	rom poxes 1, 2, and 3; also enter		0.00			*.	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	Number: 2023C0147						
	202300147				· · · · · · · · · · · · · · · · · · ·		
					Date [MM/DD/YYYY]	\$	1
Full Name of Co	ntributor	1.			Date [WINDD/1111]	٦	
			<u> </u>	·			
House #	Street Address	•			Date [MM/DD/YYYY]	\$	
City	:	State	Zip Code		Date [MM/DD/YYYY]	\$	0.00
				· ·	·	·	·
Description of C	ontribution.						
Full Name of Co	ntributor				Date [MM/DD/YYYY]	\$	
						:. <i>:</i>	
House #	Street Address	<u> </u>			Date [MM/DD/YYYY]	\$	
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City	- <u> </u>	State	Zip Code	 	Date [MM/DD/YYYY]	\$	
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Description of C	ontribution				<u> </u>	·	
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City		State	Zip Code		Date figurity DD/ 11111	7	0.00
Description of C	ontribution				<u> </u>		
				<u></u>	a free to a to a to and	: A.	1
Full Name of Co	ntributor				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
		•					·
City		State	Zip Code		Date [MM/DD/YYYY]	\$	0.00
Description of C	Contribution		<u>.</u>				
Full Name of Co	ntributor				Date [MM/DD/YYYY]	\$	
valve is to be							

Zip Code

House #

Description of Contribution

City

Street Address

State

Date [MM/DD/YYYY]

Date [MM/DD/YYYY] \$

0.00

SCHEDULE II Part G

In-Kind Contributions Received

VALUE OVER \$250

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	2023C0147	A.				

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Full Name of Contrib	utor			Date [MM/DD/YYYY] \$	
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		# <u> </u>			0.00
Employer Name				Occupation	
Employer Mailing Ad	ldress / Principal			Description	
Place of Business			· ·	of Contribution	
Full Name of Contrib	utor		-	Date [MM/DD/YYYY] \$	
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City		State	Zip Code		
City	Asp. No.	State	Zip Code		
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Employer Name		State	Zip Code	Date [MM/DD/YYYY] \$	
		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name Employer Mailing Add Place of Business	dress / Principal	State	Zip Code	Date [MM/DD/YYYY] \$ Occupation Description	
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Employer Name Employer Mailing Add Place of Business Full Name of Contribution House # City Employer Name Employer Mailing Add	utor Street Address	State		Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$	0.00
Employer Name Employer Mailing Add Place of Business Full Name of Contribution House # City Employer Name	utor Street Address	State		Date [MM/DD/YYYY] \$ Occupation Description of Contribution Date [MM/DD/YYYY] \$ Date [MM/DD/YYYY] \$ Occupation	0.00

SCHEDULE III Statement of Expenditures

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To Whom Paid						Date [MM/DD/YYYY]	\$	
								0.00
House #	Street Address					Description of Expend	iture	
City	<u> </u>	State		Zip			-	
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House #	Street Address					Description of Expendi	ture	
City		State		Zip	1			
				Code			T A	
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	· 							
House #	Street Address				. —	Description of Expendi	ture	
Ey (1/24/10)				7:-	T			
City		State		Zip Code				
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House #	Street Address	State		Zip				0.00
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House #	Street Address	State				Description of Expendi Date [MM/DD/YYYY]	iture \$	0.00
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House # City To Whom Paid House #				Code		Description of Expendi Date [MM/DD/YYYY]	iture \$	0.00
City To Whom Paid House #				Code		Description of Expendi Date [MM/DD/YYYY] Description of Expendi Date [MM/DD/YYYY]	\$ iture	
City To Whom Paid House #				Code		Description of Expendi Date [MM/DD/YYYY] Description of Expendi	\$ iture	0.00
City To Whom Paid City To Whom Paid House # House #	Street Address	State		Zip Code		Description of Expendi Date [MM/DD/YYYY] Description of Expendi Date [MM/DD/YYYY]	\$ iture	0.00
House # City To Whom Paid City To Whom Paid	Street Address			Zip Code		Description of Expendi Date [MM/DD/YYYY] Description of Expendi Date [MM/DD/YYYY]	\$ iture	0.00
House # City To Whom Paid City To Whom Paid House # City City	Street Address	State		Zip Code		Description of Expendi Date [MM/DD/YYYY] Description of Expendi Date [MM/DD/YYYY] Description of Expendi	\$ sture	0.00
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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.

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Filer Identification Number:					
	2023C0147		•		
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Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	0.00
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	0.00
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	0.00
Description of Debt	XXX			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	-	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	0.00
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City	X	State	Zip Code	0.00
Description of Debt	新原。 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]			
Name of Creditor		<u> </u>		Outstanding Balance of Debt
House #	Street Address	<u> </u>	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	0.00
Description of Debt				