

**Campaign Finance Report**

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

Filer Identification Number : 20190060		Report Filed By :		CANDIDATE	COMMITTEE	✓	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: SALA, PETE FRIENDS OF							
Street Address: 731 FRENCH ST, 2ND FL							
City: ERIE				State: PA		Zip Code: 16501-2104	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?
	ANNUAL REPORT	7. X	Year 2024	FILING METHOD () CHECK ONE		PAPER	
						DISKETTE	
Name of Office Sought by Candidate:				DATE OF ELECTION		District Number	Office Code
				MO DAY YEAR		6	DEM 25
				11 5 2024		(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:				MO DAY YEAR		FOR OFFICE USE ONLY	
				1 1 2024 TO			
				12 31 2024			
A. Amount Brought Forward From Last Report				\$ 1744.25		<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> 2025 JAN 27 PM 4:03 ERIC COUNTY VOTER REGISTRATION </div>	
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 0.00			
C. Total Funds Available (Sum Of Lines A and B)				\$ 1744.25			
D. Total Expenditures (From Schedule III)				\$ 1744.25			
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 0.00			
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 filed on paper or by electronic medium, are 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
 Amy S. Gollmer
 Signature

My Commission Expires 08 29 2026
 Commonwealth of Pennsylvania - Notary Seal
 Amy S. Gollmer, Notary Public
 Erie County

Signature of Person Submitting Report
 DAVID M. PIANTA
 Printed Name
 dpianta@appletreecern.com
 Email
 (814) 455-3904
 Area Code Daytime Telephone Number

Part II - If this is a report of a candidate's authorized Committee, 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.

Sworn to and subscribed before me this

23 day of 01 20 25
 Amy S. Gollmer
 Signature

My Commission Expires 08 29 2026
 MO DAY YR

Signature of Candidate
 Peter J. Sala
 Printed Name
 pjsala@yahoo.com
 Email
 814 877-6772
 Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Amy S. Gollmer, Notary Public
 Erie County
 My commission expires August 29, 2026
 Commission number 1423860

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate SALA, PETE FRIENDS OF	Reporting Period From: <u>1/1/2024</u> To: <u>12/31/2024</u>
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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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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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				Reporting Period					
				From:		To:			
DATE								AMOUNT	
Full Name of Contributing Committee						MO	DAY	YEAR	\$ 0.00
Mailing Address									
City	State	Zip Code (Plus 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 Candidate						Reporting Period From: _____ To: _____			
							DATE	AMOUNT	
Full Name of Contributor						MO	DAY	YEAR	\$ 0.00
Mailing Address									
City	State		Zip Code (Plus 4)						

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 Candidate	Reporting Period
	From: To:

			DATE	AMOUNT		
Full Name of Contributing Committee			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 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	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name				Occupation			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL	
\$	0.00

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	Reporting Period
	From: To:

				DATE			AMOUNT
Full Name				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL
\$ 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 SALA, PETE FRIENDS OF	Reporting Period From: <u>1/1/2024</u> To: <u>12/31/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period (2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)	
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, Reports Cover Page, Item F.)	\$ 0.00

SCHEDULE II
PART F

Name of Filing Committee or Candidate**Reporting Period****From:**

To:

DATE _____**AMOUNT**

Full Name of Contributor

MO

DAY

YEAR

Mailing Address

City

State

Zip Code (Plus 4)

\$. 0.00

Description of Contribution:

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate SALA, PETE FRIENDS OF	Reporting Period From <u>1/1/2024</u> To: <u>12/31/2024</u>
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				DATE		AMOUNT	
To Whom Paid PETER J. SALA				MO	DAY	YEAR	\$ 1,744.25
Mailing Address 1637 WEST 24TH STREET				11	19	2024	
City ERIE		State PA		Zip Code (Plus 4) 16502		Description of Expenditure CANDIDATE LOAN REPAYMENT	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL \$ 1,744.25