

362954

Campaign Finance Report

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

																_
Filer Identificat Number :	ti on 2019	0060			epor led I		CAND	IDATE		СОМ	MITTEE	4	LOB	BYIST		
Name of Filing	Committee, Candid	ate or L	Lobbyist:	SA	LA, I	PETE I	FRIENDS	OF								
Street Address	731 FRENCH	ST, 2N	D FL													
City:	ERIE					State: PA					Zip Code: 16501-2104					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE-	2.	30 DA		POST-	3.		AMENDA REPORT		Yes	No	۲۹.	Ø
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA		5.	30 D/ ELEC		POST-	6.		TERMIN REPORT	INATION Y RT?		No	ľ	
report type)	ANNUAL REPORT	7. X	Year 2021				FILING METHOD () CHECK ONE				PAPER		W	DISKE	TTE	
Name of Office	Sought by Candida	te:			•		DATE (OF ELE	CTIC	NC	District Number	Office Code	Par	ty Code	County Code	<i>-</i>
TUDGE OF THE	COURT OF COMM	ION DIE	:^C				МО	DAY	Υ	EAR	6	CPJ	DEN	1	25	٦
JODGE OF THE	COURT OF COMM	ON FLE					11		2	2021		(SEE IN	STRUCTIO	ONS FOR C	ODES)	٦
Summary of	Receipts and	МО	DAY	YEAR			МО	DAY	Y	EAR	FC	R OFFIC	E USE	ONLY	- :	
Expenditures	s trom:		1 1	2021	. T	0	12	2	31	2021				Γ.3		
A. Amount Bro	ught Forward Fron	n Last R	leport			\$				548.71			r Marie sa	13		
B. Total Monet	ary Contributions /	And Rec	eipts (Fron	n Schedule	e I)	\$				0.00						
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				548.71				N CO		
D. Total Expenditures (From Schedule III)						\$				0.00				*****		ı
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				48.71		د در اد		Est No		
F. Value Of In-	Kind Contributions	Receiv	ed (From S	ichedule II	I)	\$				0.00			Ý Ž	12 10. 4		
G. Unpaid Debi	ts And Obligations	(From S	Schedule I\	/)		\$				0.00	<u> </u>	•		Page 4		
				AFFIDA	AVI	T SE	CTION									
PART I - If this is	s a Committee repo	ort, trea	surer sign	here. If th	is is	a Can	ididate r	eport, c	andi	date sig	n here.	4,				1
correct and comple	cribed before machine day of	wealth of gory J K	Pennsylvania - ern, Notary Pount Dires October humber 10	Noton, Coal		paper (or by elect		2	Signature 2 V I	Print	Submitt	ing Rep	ort 7 N 7 CCC A	1	
Part II- If this is	a report of a cand	idate's	authorized	Committe	e, C	andida	ate shall	sign he	re.) ,	/	. /		7)	7
No 320) as amende	that to the best of m d. ribed before me this	y knowle	edge and beli	ef this poli	tical	commi	ittee has n	ot violat	ed ar		<u>Ur</u>	Ż,		37 (P.L)	1333, 111	
2210	day of JANUI	ARY L	20 2	022		-				Pes 1		Name,		Saf	<u>C</u>	
My Commission Exp	Marcomin		emisylvania - Notary I rn, Notary I County Pres October Munber 108	200ic		•		(g)	j4 Code		50/0 45/ Da		iephone	// // • Numbe	<u>(), (4)</u> 	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
SALA, PETE FRIENDS OF	From:	1/1/202	1 To:	12/31/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	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	g 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 as totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa	nd enter amo age, Item B.)	unt	\$	0.00

PART A CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Only contributions received from political committee

Name of Filing Comn	Name of Filing Committee or Candidate			Period			
			From:		To	:	
				DATE			AMOUNT
Full Name of Contribut	ng Committee		МО	DAY	YEAR		
Malling Address	·					\$	0.00
City	State	Zip Code (Plus 4)					
				1			PAGE TOTAL
Enter Grand Total of	Part A on Schedule I, Detail	ed Summary Page, Sect	ion 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 Comm	ittee or Candidate		Reporting	Period			
			From:		T	o :	
				DATE			AMOUNT
Full Name of Contributo	r		МО	DAY	YEAR		
Mailing Address						\$	0.0
City	State	Zip Code (Plus 4)					
		 	1				PAGE TOTAL
Enter Grand Tota	i of Part A on Schedule I, i	Detailed Summary Pag	e, Section	2.		\$	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 Ca	ndidate	•	Reportin	g Period				
			From:	_		To:		
				DA	ATE		A	MOUNT
Full Name of Contributing Comn	nittee			мо	DAY	YEAR		
Mailing Address					<u> </u>		\$	0.00
City	State	Zip Code	e (Plus 4)			i		
								PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	ge, 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	Name of Filing Committee or Candidate					erlod			
				Froi	m:		Т	'o:	
		7 1			D	ATE		АМ	OUNT
Full Name of Contributor					МО	DAY	YEAR		
Mailing Address								\$	0.00
City	State	Zip	Code (Plus	4)					
Employer Name					Occupa	tion	1	<u> </u>	
Employer Mailing Address/F Business	Principal Place of		City		**************************************	State		Zip Code	(Plus 4)
Enter Grand Total of Par	t C on Schedule I, Detail	ed Summa	ry Page,	Section	on 3.			PA \$	GE 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 C	Repor	ting Peri	od						
		3	From:			To:			
					ATE			AMOUN'	Т
Fuli Name				МО	DAY:	YEAR			
Mailing Address		:	<u> </u>				\$		0.00
City	State	Zip Code (F	Plus 4)						
Receipt Description		<u></u>		<u> </u>	1.,		<u> </u>		
Entor Crand Total of Bort E or	Sahadula 7 Detailed	I Commence to a Dame	C4:	4		ſ		PAGE TO	TAL
Enter Grand Total of Part E or	i schedule 1, Detalled	i 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		
SALA, PETE FRIENDS OF	From:	<u>1/1/2021</u> To:	12/31/2021
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, 1	Add and enter Item F.)	\$	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:			To:			
				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 Sched	uie II, In-Kind	Contributions Deta	iled Sum	mary Pa	ge,		PAGE TOTAL		
Section 2.						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rej	porting I	Period				
					Fro	m:		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	tion	•	•	
Employer Mailing Address/Principal Pla Business	ce of	City		State		Zip 4)	Code(Plus	Descri	otion o	f Contribution
Enter Grand Total of Part G on Sci Summary Page, Section 3.	nedule II,	In-Kind	Contributi	ons Det	aile	d				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Reporting Period						
			From			To:	
				DAT	Έ		AMOUNT
To Whom Paid			МО	DAY	YEAR		
Mailing Address		\\\\.				\$	0.00
City	State	Zip Code (Plus 4)	Descr	iption of	Expenditure	1	·
Futou Count Total of Evenou	dituus on Door 1 Do	nest Cover Been Item I	<u></u>				PAGE TOTAL
Enter Grand Total of Exper	iditures on Page 1, Re	eport Cover Page, Item L	,. 			\$	0.00