



# 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 : 2019C0222		Report Filed By :	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>					
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 to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7. X	Year 2019	FILING METHOD ( ) CHECK ONE		PAPER		DISKETTE		
Name of Office Sought by Candidate:  JUDGE OF THE COURT OF COMMON PLEAS				DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
				MO	DAY	YEAR	6	CPJ	DEM	25
				11	5	2019	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		6	11	2019	TO	12	31	2019	2020 JAN 28 PM 19:50 VOTED [Signature] 814-451-0641	
A. Amount Brought Forward From Last Report				\$			(3255.04)			
B. Total Monetary Contributions And Receipts (From Schedule I)				\$			0.00			
C. Total Funds Available (Sum Of Lines A and B)				\$			(3255.04)			
D. Total Expenditures (From Schedule III)				\$			0.00			
E. Ending Cash Balance (Subtract Line D From Line C)				\$			(3255.04)			
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

22<sup>nd</sup> day of January 2020  
Tracey D. Hodapp  
 Signature

Commonwealth of Pennsylvania - Notary Seal  
 Tracey D. Hodapp, Notary Public  
 Erie County  
 My commission expires July 19, 2021  
 Commission number 1317241

My Commission Expires

7-19-2021  
 MO DAY YR

Peter J. Sala  
 Signature of Person Submitting Report

Peter J. Sala  
 Printed Name

pjsala@yahoo.com  
 Email

814-451-0641  
 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

22<sup>nd</sup> day of January 2020  
Tracey D. Hodapp  
 Signature

My Commission Expires

7-19-2021  
 MO DAY YR

\_\_\_\_\_  
 Signature of Candidate

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Area Code Daytime Telephone Number

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

Name of Filing Committee or Candidate  SALA,PETER J	Reporting Period  From: <u>6/11/2019</u> To: <u>12/31/2019</u>
<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00
<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 0.00
<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00
<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00
<b>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.)</b>	\$ 0.00

**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: _____
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				DATE	AMOUNT	
Full Name of Contributing Committee			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.

<b>PAGE TOTAL</b>
\$ 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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
<b>Mailing Address</b>				\$ 0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>		

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

<b>PAGE TOTAL</b>
\$ 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: <span style="float: right;">To:</span>

	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.

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

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

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

<b>PAGE TOTAL</b>
\$ 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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	From: _____ To: _____

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

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

<b>PAGE TOTAL</b>
\$ 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, PETER J	Reporting Period  From: <u>6/11/2019</u> To: <u>12/31/2019</u>
<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
<b>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.)</b>	\$ 0.00



**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OF \$50.01 TO \$250.00**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

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

**Description of Contribution:**

<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>	<b>PAGE TOTAL</b>
	\$ 0.00

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
<b>Mailing Address</b>				\$	0.00
<b>City</b>	<b>State</b>	<b>Zip Code(Plus 4)</b>			
<b>Employer of Contributor</b>				<b>Occupation</b>	
<b>Employer Mailing Address/Principal Place of Business</b>	<b>City</b>	<b>State</b>	<b>Zip Code(Plus 4)</b>	<b>Description of Contribution</b>	
<b>Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.</b>					<b>PAGE TOTAL</b> 0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From</b> _____ <b>To:</b> _____

				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	
<b>Mailing Address</b>							\$ 0.00
<b>City</b>	<b>State</b>	<b>Zip Code (Plus 4)</b>	<b>Description of Expenditure</b>				
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 0.00	