

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 1 OF 1
 (COVER PAGE)

(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** **COMMITTEE** **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 to the right of report type)	1ST TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT	YES	NO
	4TH TUESDAY PRE-ELECTION	4.	MID-FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT	YES	NO
	ANNUAL REPORT	7.	YEAR	2020	FILING METHOD	<input checked="" type="checkbox"/> PAPER <input type="checkbox"/> DISKETTE			

Name of Office Sought by Candidate: _____

DATE OF ELECTION: MO. **11** DAY **3** YEAR **2020**

District Number: **6** Office Code: _____ Party Code: **DEM** County Code: **25**

(SEE INSTRUCTIONS FOR CODES)

Summary of Receipts and Expenditures from: MO. **01** DAY **01** YEAR **2020** To MO. **12** DAY **31** YEAR **2020**

A. Amount Brought Forward From Last Report	\$	(3255.04)
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0
C. Total Funds Available (Sum of Lines A and B)	\$	(3255.04)
D. Total Expenditures (From Schedule III)	\$	0
E. Ending Cash Balance (Subtract Line D from Line C)	\$	(3255.04)
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

FOR OFFICE USE ONLY

2021 JAN 29 PM 3:13
 ERIE COUNTY
 VOTER REGISTRATION

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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this **28th** day of **January**

Signature: *Tracey D. Hodapp* Signature of Person Submitting Report: *Peter J. Sala*

My commission expires **7/19/2021** MO. DAY YR. Signature of Notary Public: *Tracey D. Hodapp*

Printed Name: **PETER J. SALA**

Area Code: **(814)** Daytime Telephone Number: **451-0641**

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 _____ day of _____ 20____

Signature of Candidate: _____

Printed Name: _____

Area Code: _____ Daytime Telephone Number: _____