

CAMPAIGN FINANCE STATEMENT

RECEIVED MAR 03 2017

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST JOHN C. WELCH																	
STREET ADDRESS 611 WILKINSBURG AVE																	
CITY PITTSBURGH			STATE PA	ZIP CODE 15201													
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION												
	MAYOR, CITY OF PITTSBURGH			DEM	MO. 5	DAY 16 YEAR 2017											
6TH TUESDAY PRE-PRIMARY <input checked="" type="checkbox"/>	DATES OF REPORTING PERIOD		FOR OFFICE USE ONLY														
2ND FRIDAY PRE-PRIMARY	<table border="1" style="display: inline-table; margin-right: 10px;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>1</td><td>1</td><td>17</td></tr> </table> TO <table border="1" style="display: inline-table;"> <tr><th>MO.</th><th>DAY</th><th>YEAR</th></tr> <tr><td>2</td><td>28</td><td>17</td></tr> </table>		MO.	DAY	YEAR	1	1	17	MO.	DAY	YEAR	2	28	17	CASH BALANCE AT END OF REPORTING PERIOD: \$ <u> 0 </u> TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <u> 0 </u>		
MO.	DAY	YEAR															
1	1	17															
MO.	DAY	YEAR															
2	28	17															
30 DAY POST-PRIMARY																	
6TH TUESDAY PRE-ELECTION																	
2ND FRIDAY PRE-ELECTION																	
30 DAY POST-ELECTION																	
ANNUAL REPORT																	
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>		AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>							
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>														
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>														

ALLEGHENY COUNTY DEPT. OF ELECTIONS
 17 MAR -3 PM 3:18

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.
 If statement is filed on behalf of a Candidate, the Candidate must sign here.
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS

3 DAY OF March 2017

John C. Welch
 SIGNATURE OF PERSON SUBMITTING REPORT

JOHN C. WELCH
 PRINTED NAME

724 219-7057
 AREA CODE DAYTIME TELEPHONE NUMBER

Glarys R. ...
 Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires May 7, 2018 YR.

PART II -

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must 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

 PRINTED NAME

MY COMMISSION EXPIRES _____
 MO. DAY YR.

 AREA CODE

 DAYTIME TELEPHONE NUMBER

Commonwealth of Pennsylvania - Campaign Finance Report

RECEIVED MAR 03 2017

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of John C. Welch						
Street Address		P.O. Box 100216						
City	Pittsburgh	State	PA	Zip Code	15233			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		05/16/17	Year	2017	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	01/01/2017	02/28/2017	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	19,500	
C. Total Funds Available (Sum of Lines A and B)	\$	19,500	
D. Total Expenditures (From Schedule III)	\$	8,758.1	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	10,741.9	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	10,285.43	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

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, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

3 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Gladys R. Morton, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires May 7, 2018

Audrey S. Murrell
 Signature of Person Submitting Report
 Audrey S. Murrell
 Printed Name

My Commission Expires MO. DAY YR.
 17

412 323-0477
 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

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Gladys R. Morton, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires May 7, 2018

John C. Welch
 Signature of Candidate
 JOHN C. WELCH
 Printed Name

My Commission expires MO. DAY YR.
 20

724 219-7057
 Area Code Daytime Telephone Number

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SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	5,015
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	0
All Other Contributions (Part B)		\$	5,285
Total for the reporting period	(2)	\$	5,285
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	9,200

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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.

Filer Identification Number						Amount	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
NONE							
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State			Zip Code	Date [MM/DD/YYYY]	\$	

30710

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.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
SEE ATTACHED							
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

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)

Filer Identification Number:

Date	Amount	First Name	Last Name	Address	City	State	Zip
1/21/2017	\$100.00	Jacqueline	Lyde	5435 Claybourne Street Apt. T5	Pittsburgh	PA	15232
1/21/2017	\$100.00	Rodney	Lyde	5435 Claybourne Street Apt. T5	Pittsburgh	PA	15232
1/21/2017	\$100.00	Sharron	Boddy	6020 Stanton Avenue M30	Pittsburgh	PA	15206
1/21/2017	\$100.00	Sharon	Taylor	1111 Winterton St.	Pittsburgh	PA	15206
1/21/2017	\$100.00	Walter	Wynn	746 Garden city Dr	Monroeville	PA	15146
1/22/2017	\$100.00	suzan	krauland	100 Grove avenue	Pittsburgh	PA	15229
1/23/2017	\$100.00	Debra	Levy-McKenney	6628 Dalzell Place	Pittsburgh	PA	15217
1/25/2017	\$100.00	Karl	Meyer	163 Cassia Drive	Jefferson Hills	PA	15025
1/26/2017	\$100.00	Cheryl	DePaolis	3922 Hardt Drive	Pittsburgh	PA	15044
1/27/2017	\$100.00	Edith	Thorpe	3501 Station Court #204	Virginia Beach	VA	23462
1/29/2017	\$100.00	William	Winston	310 Marsonia St	Pittsburgh	PA	15214
1/30/2017	\$100.00	Robert	Maddock	3826 East St	Pittsburgh	PA	15214
1/31/2017	\$100.00	Russell	Crockett	5411 Morning Breeze	Houston	TX	77041
2/1/2017	\$100.00	Scott	Clark	731 Del Ganado Rd	San Rafael	CA	94903
2/7/2017	\$100.00	Frederick	White	1217 Lewis ave	Coraopolis	PA	15108
2/10/2017	\$100.00	Toby	Sanders	259 Club House Dr	Willingboro	NJ	8046
2/12/2017	\$100.00	Kevin	Turman	19532 Bretton Drive	Detroit	MI	48223
2/13/2017	\$100.00	John	Titus	133 WHIPPLE ST	Pittsburgh	PA	15218
2/17/2017	\$100.00	LeQuita	Porter	412-635 Larry Ureck Boulevard	Halifax	NS	B3M 0H4
2/18/2017	\$100.00	Darryl	Wiley	528 W Burgess St	Pittsburgh	PA	15214

Date	Amount	First Name	Last Name	Address	City	State	Zip
2/19/2017	\$100.00	Rodney	Lyde	5435 Claybourne Street apt T-5	Pittsburgh	PA	15232
2/19/2017	\$100.00	Rodney	Lyde	5435 Claybourne Street apt T-5	Pittsburgh	PA	15232
2/21/2017	\$100.00	Jacqueline	Lyde	5435 Claybourne Street Apt. T5	Pittsburgh	PA	15232
2/21/2017	\$100.00	Rodney	Lyde	5435 Claybourne Street apt T-5	Pittsburgh	PA	15232
2/21/2017	\$100.00	Maxie	Juzang	19528 Ventura Blvd.#632	Tarzana	CA	91356
2/27/2017	\$100.00	Ingrid	Voigt	9116 Shore Front Parkway #5D	Rockaway Beach	NY	11693
2/27/2017	\$100.00	David	Hosick	1698 Belcher Road	Clearwater	FL	33764
3/1/2017	\$100.00	Meredith	Neizer	41 Allegheny Avenue Apt. 401	Oakmont	PA	15139
2/16/2017	\$110.00	Regine	Cadet	2209 Rocky Bay Court	Cary	NC	27519
1/21/2017	\$250.00	Sandra	Woolley	5515 Dummoyle Ave.	Pittsburgh	PA	15217
2/20/2017	\$250.00	Jean	Augustin	874 North Pennsylvania Ave	Yardley	PA	19067
2/21/2017	\$250.00	Cynthia	Jarrod	9107 Reeds Drive	Overland Park	KS	66207
2/23/2017	\$250.00	Mike	Davis II	3252 Holmes Ave S	Minneapolis	MN	55408
2/25/2017	\$250.00	B Hunter	Farrell	616 N Highland Ave	Pittsburgh	PA	15206
1/21/2017	\$100.00	Lorriane	Galloway	Not provided			
2/4/2017	\$200.00	Florence	Turner	1208 Sheffield Street	Pittsburgh	PA	15233
2/4/2017	\$100.00	Marcia	Reid	246 Suncrest Street	Pittsburgh	PA	15233
2/4/2017	\$100.00	Jocelyn	Thomas	1215 Pennsylvania Ave	Pittsburgh	PA	15233
2/14/2017	\$250.00	Richard	Freeman	537 Kingsberry Circle	Pittsburgh	PA	15234
2/25/2017	\$150.00	Richard	Freeman	537 Kingsberry Circle	Pittsburgh	PA	15234
2/19/2017	\$125.00	Lois	Campbell	153 Lloyd Ave. FL #1	Pittsburgh	PA	15218
2/25/2017	\$100.00	Hildy	Johnson	248 Kennedy Ave	Pittsburgh	PA	15214

Total Contributions: \$5,285.00

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 over \$250.00 in the reporting period.

Filer Identification Number:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
NONE							
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		

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)

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
SEE ATTACHED					
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business					

PART D
All Other Contributions
OVER \$250

Use this Part to itemize all other contributions with an aggregate value
 Over \$250 in the reporting period.
 (Exclude contributions from political committees reported in Part C)

Filer Identification Number:										
Date	Amount	First Name	Last Name	Address	City	State	Zip	Occupation	Employer Name	Employer Address
1/31/2017	\$500.00	Vanessa	Davis	1330 Liverpool Street	Pittsburgh	PA	15233	Director	Conduent	100 Campus Dr. Florham Park, NJ 07932
1/21/2017	\$1,000.00	Andrew	Freeman	1132 Lindendale Drive	Pittsburgh	PA	15243	Business Process Engineer	Allegheny Health Network	4 Allegheny Center Pittsburgh, PA 15212
2/18/2017	\$1,000.00	Ivan	Juzang	50 Belmpnt Avenue Unit #1115	Bala Cynwyd	PA	19004	Behavior Health Communications	MEE Productions Inc.	1 Winding Dr. Suite 203 Philadelphia, PA 19131
2/26/2017	\$1,000.00	Holly	Cundieff	36 Waterfront Drive	Pittsburgh	PA	15222	Marketing	Self-Employed	N/A
1/2/2017	\$1,000.00	Jacqueline	Williams	115 Eastern Pkwy	Newark	NJ	07106	Retired	N/A	N/A
1/2/2017	\$1,000.00	Richard	Freeman	537 Kingsberry Circle	Pittsburgh	PA	15234	Chaplain	UPMC Children's Hospital	4401 Penn Ave Pgh, PA 15224
1/2/17	\$1,000.00	Roland & Bethany	Criswell	116 Alpine Circle	Pittsburgh	PA	15215	Funeral Directors & Owners	Coston Funeral Homes	3313 Brighton Road Pgh, PA 15233
1/26/2017	\$2,700.00	Audrey	Murrell	1311 Liverpool Street	Pittsburgh	PA	15233	Professor	University of Pittsburgh	4200 Fifth Ave Pittsburgh, PA 15260
Total: \$9,200.00										

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**PART E
Other Receipts**

REFUNDS, INTREST 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:	
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Full Name		NONE					
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							
Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

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:	
------------------------------	--

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 590.41

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 9,283.37

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, Report Cover Page, Item F)		\$ 9,873.78
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
-------------------------------------	--

Full Name of Contributor				Date [MM/DD/YYYY]	\$
SEE ATTACHED					
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution					

**SCHEDULE II
PART F**

**In-Kind Contributions Received
VALUE OF \$50.01 TO \$250**

<u>Filer Identification Number:</u>						
<u>Date</u>	<u>Full Name of Contributor</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Description of Contribution</u>	<u>Value/Amount</u>	
1/6/2017	Rodney Lyde	5435 Claybourne Street Apt. T5	Pgh, PA 15232	Social Media Promotion Fees	\$109.77	
1/6/2017	Darlene Figgs	940 Millerdale St.	Pgh, PA 15201	Auditorium Rental Fee	\$190.00	
2/10/2017	B. DeNeice Welch	611 Wilkinsburg Ave	Pgh, PA 15221	Printing for Campaign Event	\$187.25	
2/13/2017	B. DeNeice Welch	611 Wilkinsburg Ave	Pgh, PA 15221	Materials for Campaign Event	\$103.39	
Total					\$590.41	

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SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
-------------------------------------	--

Full Name of Contributor					SEE ATTACHED		Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name							Occupation	
Employer Mailing Address / Principal Place of Business							Description of Contribution	
Full Name of Contributor							Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name							Occupation	
Employer Mailing Address / Principal Place of Business							Description of Contribution	
Full Name of Contributor							Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name							Occupation	
Employer Mailing Address / Principal Place of Business							Description of Contribution	
Full Name of Contributor							Date [MM/DD/YYYY]	\$
House #	Street Address					Date [MM/DD/YYYY]	\$	
City			State	Zip Code			Date [MM/DD/YYYY]	\$
Employer Name							Occupation	
Employer Mailing Address / Principal Place of Business							Description of Contribution	

**SCHEDULE II
PART G**

**In-Kind Contributions Received
VALUE OVER \$250**

<u>Filer Identification Number:</u>						
<u>Date</u>	<u>Full Name of Contributor</u>	<u>Address</u>	<u>City/State/Zip</u>	<u>Description of Contribution</u>	<u>Value/Amount</u>	
1/2/2017	Audrey J. Murrell	1311 Liverpool Street	Pgh, PA 15233	Banquet & Catering for Committee	\$1,506.20	
1/6/2017	Daryl Milliner Media dba	654 Illinois Avenue	Pgh, PA 15221	Website Development, Marketing Design, Marketing Research	\$3,637.50	
1/31/2017	B. DeNeice Welch	611 Wilkinsburg Ave	Pgh, PA 15221	Auditorium Rental Fee	\$1,100.00	
2/9/2017	Audrey Murrell	1311 Liverpool Street	Pgh, PA 15233	Wristbands for Campaign	\$1,154.40	
2/6/2017	B. DeNeice Welch	611 Wilkinsburg Ave	Pgh, PA 15221	Materials for Campaign Event	\$452.98	
2/28/2017	Rodney Lyde	5435 Claybourne Street Apt. T5	Pgh, PA 15232	Social Media Promotion Fees	\$1,084.54	
2/20/2017	John Welch	611 Wilkinsburg Ave	Pgh, PA 15221	Printing	\$347.75	
Total:					\$9,283.37	

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SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		SEE ATTACHED			Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure				
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure				
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure				
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure				
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure				
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure				
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure				
City	State	Zip Code				
To Whom Paid					Date [MM/DD/YYYY]	\$
House #	Street Address	Description of Expenditure				
City	State	Zip Code				

Statement of Expenditures

Filer Identification Number:					
<u>Date</u>	<u>To Whom Paid</u>	<u>Address</u>	<u>Description of Expenditure</u>	<u>Amount</u>	
1/7/2017	Citizens Bank/Deluxe Corp.		Checks, Deposit Book, Stamp	\$ 158.22	
1/21/2017	Debra Freeman	537 Kinsberry Circle Pgh, PA 15234	Food from Costco	\$ 85.94	
1/21/2017	Jamie Freeman	1132 Lindendale Drive Pgh, PA 15243	Food for Volunteers	\$ 60.69	
1/16/2017	Allegheny Commercial Printing	1209 Chartiers Ave McKees Rocks, PA 15136	Printing of Palm Cards	\$ 321.00	
1/25/2017	Pittsburgh Project	2801 North Charles Street Pgh, PA 15214	Rental Deposit	\$ 250.00	
1/27/2017	Debra Freeman	537 Kinsberry Circle Pgh, PA 15234	Reinbursement Launch Event	\$ 100.75	
1/31/2017	PA Democratic Party	P.O. Box 22356 Philadelphia, PA 19110	Voter File Subscription	\$ 2,000.00	
2/3/2017	DRE Media	1205 Boyle St., Suite 100 Pgh, PA 15212	Graphic Design	\$ 150.00	
2/3/2017	Teeljay Vision Films	126 Mayer Dr. Oakdale, PA 15071	Campaign Video	\$ 575.00	
2/3/2017	Best Buy	4801 McKnight Road Pgh, PA 15237	Tablets and Wifi Hotspot	\$ 327.95	
2/3/2017	Allegheny Commercial Printing	1209 Chartiers Ave McKees Rocks, PA 15136	Printing of Palm Cards	\$ 385.20	
2/4/2017	Staples	4801 McKnight Road Pgh, PA 15237	Supplies	\$ 34.11	
2/6/2017	Mitchell Johnson	not provided	Travel Reinbursement	\$ 288.21	
2/7/2017	Soldiers & Sailors Memorial Hall	4141 Fifth Ave Pgh, PA 15213	Rental Fee	\$ 2,900.00	
2/19/2016	Chris Ivey/Hyperboy Media	2255 Tilbury Ave Pgh, PA 15217	Video	\$ 650.00	
2/20/2017	Best Buy	4801 McKnight Road Pgh, PA 15237	Cell Phone for Volunteers	\$ 106.17	
2/25/2017	Salvation Army	1821 BroadHead Forging Rd, Pgh PA 15205	Donation for Use of Facilities	\$ 150.00	
2/25/2017	N Stuff Music	468 Freeport Road Pgh, PA 15238	Rental of Sound Equipment	\$ 114.86	
2/28/2017	Marlee Media	4 Biggert Manor Crafton, PA 15206	Photographer	\$ 100.00	
TOTAL: \$ 8,758.10					

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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.

Filer Identification Number:	
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Name of Creditor		NONE			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$	
City	State	Zip Code			
Description of Debt					

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