

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		CITIZENS FOR DANIEL LAVELLE					
Street Address		PO Box 23713					
City	PITTSBURGH	State	PA	Zip Code	15222		

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 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)		5.18.2021	Year	2021	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		7.1.2021	
A. Amount Brought Forward From Last Report		\$ 23362.65	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 14051.00	
C. Total Funds Available (Sum of Lines A and B)		\$ 37413.65	
D. Total Expenditures (From Schedule III)		\$ 5350.00	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 32063.65	
F. Value of In-Kind Contributions Received (From Schedule II)		\$ 0	
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

_____ day of _____ 20_____

Signature

My Commission expires _____ MO. DAY YR.

Phillis D. Cavelle

Signature of Person Submitting report

Phillis D Cavelle

Printed Name

412
Area Code

6824635
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

_____ day of _____ 20_____

Signature

My Commission expires _____ MO. DAY YR.

R. Daniel Lavelle

Signature of Candidate

ROBERT DANIEL LAVELLE

Printed Name

412
Area Code

3525872
Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	CITIZENS FOR DANIEL LAVELLE		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	151.00
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)		\$	250.00
Total for the reporting period	(2)	\$	250.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	2000.00
All Other Contributions (Part D)		\$	11 650.00
Total for the reporting period	(3)	\$	13 650.00
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>		\$	14051.00

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.

Filer Identification Number	CITIZENS FOR DANIEL LAVELLE
-----------------------------	-----------------------------

							Amount		
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$		
							0		
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]	\$

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:	CITIZENS FOR DANIEL LAVELLE
------------------------------	-----------------------------

Full Name of Contributor					ANNE CHEN		Date [MM/DD/YYYY]	\$	250
House #	1/2	Street Address			WILLOW FARMS LN		Date [MM/DD/YYYY]	\$	
City	PGA		State	PA	Zip Code	15238	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 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:	CITIZENS FOR DANIEL LAVELLE
------------------------------	-----------------------------

Full Name of Contributing Committee		CLARK HILL REED THORPE PAC			Date [MM/DD/YYYY]	\$	500.00
House #	301	Street Address		GRANT ST	Date [MM/DD/YYYY]	\$	
City	PGH	State	PA	Zip Code	15219	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		BOMA PITTSBURGH PAC			Date [MM/DD/YYYY]	\$	500.00
House #	544	Street Address		MILTENBERGER ST	Date [MM/DD/YYYY]	\$	
City	PGH	State	PA	Zip Code	15219	Date [MM/DD/YYYY]	
Full Name of Contributing Committee		PGH FIREFIGHTERS LOCAL #1 PAC			Date [MM/DD/YYYY]	\$	1000.00
House #	120	Street Address		FLOWER AV	Date [MM/DD/YYYY]	\$	
City	PGH	State	PA	Zip Code	15207	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]	

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:	CITIZENS FOR DANIEL LAVELLE
------------------------------	-----------------------------

Full Name of Contributor		MAY KISILINSKY			Date [MM/DD/YYYY]	\$	500.00
House #	6340	Street Address	CATON ST		Date [MM/DD/YYYY]	\$	
City	PGH	State	PA	Zip Code	15217	Date [MM/DD/YYYY]	\$
Employer Name		ALLIANT CAPITAL			Occupation	AFFORDABLE HOUSING	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		Nathaniel Boe, Esq			Date [MM/DD/YYYY]	\$	550.00
House #	7954	Street Address	S Indiana Ave		Date [MM/DD/YYYY]	\$	
City	Chicago	State	IL	Zip Code	60619	Date [MM/DD/YYYY]	\$
Employer Name		MidPoint Group			Occupation	LAWYER	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		GREGG PERELMAN			Date [MM/DD/YYYY]	\$	2900.00
House #	1410	Street Address	Squirrel Hill Ave		Date [MM/DD/YYYY]	\$	
City	PGH	State	PA	Zip Code	15217	Date [MM/DD/YYYY]	\$
Employer Name		Walnut Capital			Occupation	Real estate	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		TODD REIDBORD			Date [MM/DD/YYYY]	\$	2900.00
House #	1431	Street Address	Iverness Ave		Date [MM/DD/YYYY]	\$	
City	PGH	State	PA	Zip Code	15217	Date [MM/DD/YYYY]	\$
Employer Name		Walnut Capital			Occupation	Real estate	
Employer Mailing Address / Principal Place of Business							

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:	CITIZENS FOR DANIEL LAVELLE
------------------------------	-----------------------------

Full Name of Contributor		WILLIAM O G E N E R E T T &			Date [MM/DD/YYYY]	\$	300.00
					3/10/2021		
House #	509	Street Address	DORSEY VILLE RD		Date [MM/DD/YYYY]	\$	
City	PGH	State	PA	Zip Code	15238	Date [MM/DD/YYYY]	\$
Employer Name		Duquesne University			Occupation	ADMINISTRATION	
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		CRAIG STEVENSON			Date [MM/DD/YYYY]	\$	1000.00
					3/10/2021		
House #	312	Street Address	GREENFIELD DR		Date [MM/DD/YYYY]	\$	
City	OAKDALE	State	PA	Zip Code	15071	Date [MM/DD/YYYY]	\$
Employer Name		AURUS GROUP			Occupation		
Employer Mailing Address / Principal Place of Business		243 E. MAIN ST CARNEGIE PA 15106					
Full Name of Contributor		BETH A ECKENRODE			Date [MM/DD/YYYY]	\$	1000.00
					3/10/2021		
House #	7116	Street Address	WOODHALL CT		Date [MM/DD/YYYY]	\$	
City	PRESTO	State	PA	Zip Code	15142	Date [MM/DD/YYYY]	\$
Employer Name		AURUS GROUP			Occupation		
Employer Mailing Address / Principal Place of Business		243 E MAIN ST CARNEGIE, PA 15106					
Full Name of Contributor		FRVIN E WILLIAMS			Date [MM/DD/YYYY]	\$	500.00
					3/10/2021		
House #	605	Street Address	ARTHUR ST		Date [MM/DD/YYYY]	\$	
City	PGH	State	PA	Zip Code	15219	Date [MM/DD/YYYY]	\$
Employer Name		EHOLDINGS			Occupation	DEVELOPER	
Employer Mailing Address / Principal Place of Business		1801 CENTRE AV PGH PA 15219					

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: **CITIZENS FOR DANIEL LAVELLE**

Full Name of Contributor		STEVEN M. MASSARO			Date [MM/DD/YYYY]	\$	1000.00
House #	4100	Street Address	MUIR FIELD CT		Date [MM/DD/YYYY]	\$	
City	RESTO	State	PA	Zip Code	15142	Date [MM/DD/YYYY]	\$
Employer Name		MASSARO CONSTRUCTION			Occupation		
Employer Mailing Address / Principal Place of Business		80 DELTA DRIVE P6H PA 15238					
Full Name of Contributor		LAWRENCE N GUMBERG			Date [MM/DD/YYYY]	\$	1000.00
House #	114	Street Address	WOODLAND RD		Date [MM/DD/YYYY]	\$	
City	P6H	State	PA	Zip Code	15232	Date [MM/DD/YYYY]	\$
Employer Name		LG Realty Advisors			Occupation		
Employer Mailing Address / Principal Place of Business		535 Smithfield St P6H PA 15222					
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 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.

Filer Identification Number:	CITIZENS FOR DANIEL LAVELLE
------------------------------	-----------------------------

Full Name							
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State	Zip Code					0
Receipt Description							
Full Name							
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State	Zip Code					
Receipt Description							
Full Name							
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State	Zip Code					
Receipt Description							
Full Name							
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State	Zip Code					
Receipt Description							
Full Name							
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State	Zip Code					
Receipt Description							
Full Name							
House #	Street Address					Date [MM/DD/YYYY]	\$
City	State	Zip Code					
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:	CITIZENS FOR DANIEL LAVELLE
------------------------------	-----------------------------

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)	\$	6

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	\$	0

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)		\$	0
---	--	----	---

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	CITIZENS FOR DANIEL LAVELLE
------------------------------	-----------------------------

Full Name of Contributor				Date [MM/DD/YYYY]	\$	0
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 G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	CITIZENS FOR DANIEL LAVELLE
------------------------------	-----------------------------

Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
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 III
Statement of Expenditures

Filer Identification Number: **CITIZENS FOR DANIEL LAVELLE**

To Whom Paid		ROBERT DANIEL LAVELLE			Date [MM/DD/YYYY]	\$	300.00
House #	4331	Street Address		ANDOVER TERRACE	Description of Expenditure		
City	PGH	State	PA	Zip Code	15212	REIMB FOOD 2 PETITION SIGNING EVENTS	
To Whom Paid		ROBERT DANIEL LAVELLE			Date [MM/DD/YYYY]	\$	50.00
House #	4331	Street Address		ANDOVER TERRACE	Description of Expenditure		
City	PGH	State	PA	Zip Code	15213	ALLEGHENY COUNTY PETITION FILING FEE	
To Whom Paid		SEAN R HARRINGTON			Date [MM/DD/YYYY]	\$	2500.00
House #	118	Street Address		BARBOUR DR	Description of Expenditure		
City	PGH	State	PA	Zip Code	15201	Consultation	
To Whom Paid		SOJOURNER GROUP LLC			Date [MM/DD/YYYY]	\$	2500.00
House #	7080	Street Address		MEADE PL	Description of Expenditure		
City	PGH	State	PA	Zip Code	15208	Consultation	
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			

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:	CITIZENS FOR DANIEL LAVELLE
------------------------------	-----------------------------

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		0	
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							