

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

RECEIVED

FEB 1 2018

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	LOBBYIST
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Sonja J Finn					
STREET ADDRESS 6926 Rosewood St					
CITY Pittsburgh		STATE PA	ZIP CODE 15208-2639		
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE		DISTRICT NO.	PARTY	DATE OF ELECTION
	Pittsburgh City Council		8	DEM	MO. DAY YEAR 03 06 2018
6TH TUESDAY PRE-PRIMARY	DATES OF REPORTING PERIOD		MO. DAY YEAR		FOR OFFICE USE ONLY
2ND FRIDAY PRE-PRIMARY	MO. DAY YEAR		MO. DAY YEAR		
30 DAY POST-PRIMARY	01 01 2018 TO 01 31 2018				
6TH TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD:		\$ 0		
2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:		\$ 0		
30 DAY PDST-ELECTION	AMENDMENT REPORT?		YES NO X		
MONTHLY REPORT <input checked="" type="checkbox"/>	TERMINATION REPORT?		YES NO X		

AFFIDAVIT SECTION

PART I -

If statement is filed on behalf of a Political Committee or Candidate'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 TRUE TO MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS
1st DAY OF **February** 20**18**

Melissa Peterson
 SIGNATURE

MY COMMISSION EXPIRES **10** MO. **2** DAY **2019** YR.

Sonja J Finn
 SIGNATURE OF PERSON SUBMITTING REPORT

Sonja J Finn
 PRINTED NAME

412 AREA CODE **376-7180** DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Melissa Peterson, Notary Public
 Ross Twp., Allegheny County
 My Commission Expires 02/28/19

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

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.

 SIGNATURE OF CANDIDATE

 PRINTED NAME

____ AREA CODE _____ DAYTIME TELEPHONE NUMBER

INSTRUCTIONS FOR FILING THE CAMPAIGN FINANCE STATEMENT

1. You may file this statement in lieu of a full report when the amount of contributions (including in-kind contributions) received, the amount of money expended and the liabilities incurred *each* did not exceed \$250.00 during the reporting period.
2. File this statement in the office where the nomination petitions, nomination certificate or nomination papers of the candidate(s) supported were filed.
3. A candidate must file a statement or report that is separate from one filed by her/his authorized committee.
4. Each statement shall be subscribed and sworn to by the candidate (if it is the candidate's personal report) or the treasurer of the political committee, acknowledging the accuracy of the report. In addition, those reports filed on behalf of a candidate's political committee, authorized by a candidate and created solely for the purpose of influencing an election on behalf of that candidate, shall be subscribed and sworn to by that candidate.
5. Reports must be filed according to the following schedule. For specific dates, consult the Election Calendar.

First report deadline: Cycle 1	Sixth Tuesday Pre-Primary. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Second report deadline: Cycle 2	Second Friday Pre-Primary. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Third report deadline: Cycle 3	30 days Post-Primary. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Fourth report deadline: Cycle 4	6 th Tuesday Pre-Election. Reporting period closes 50 days prior to the election. (Required only by statewide candidates on the ballot and political committees supporting statewide candidates.)
Fifth report deadline: Cycle 5	2 nd Friday Pre-Election. Reporting period closes 15 days prior to the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Sixth report deadline: Cycle 6	30 days Post-Election. Reporting period closes 20 days after the election. (Required by all candidates on the ballot and committees supporting such candidates.)
Annual report deadline: Cycle 7	January 31 st of the following year. Statement must be complete as of December 31.
6. Political committees that are required to file pre-election reports are also required to file at all subsequent reporting deadlines for that election.
7. Retain copies of all records for a period of 3 years. Although no detailed campaign expense report is filed, you are required to keep a record of the names and addresses of each person from whom a contribution of over \$10.00 has been received and a record of all other information required to be reported pursuant to the Campaign Expense Reporting Law.

LATE FILING PENALTY

A penalty of \$10.00 for each day or part of the day (excluding Saturdays, Sundays and holidays) that the statement is overdue, plus an additional fee of \$10.00 for each of the first six days that a statement is overdue, will be assessed.

In addition, any candidate or treasurer of a political committee, or person acting as such treasurer, who shall fail to file an account of primary or election expenses, as required by the Law, shall be guilty of a misdemeanor and, upon conviction thereof, shall be sentenced to pay a fine not exceeding \$5,000 (five thousand dollars) or to undergo an imprisonment of not less than one (1) month nor more than two (2) years, or both, in the discretion of the court.

Further penalties are provided by law.

Postmarks are acceptable as proof of timely filing where report is sent by first class mail and postmarked by the United States Postal Service, no later than the day prior to the filing deadline.

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be submitted to the Ethics Commission.)

ETHICS COMMISSION

Filer Identification Number	82-3758209	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Committee to Elect Sanja Finn						
Street Address	6926 Rosewood St						
City	Pittsburgh	State	PA	Zip Code	15208-2639		

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 Monthly	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	03/04/2018		Year	JAN 2018	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
A. Amount Brought Forward From Last Report	01/01/2018	01/31/2018	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 871.78	
C. Total Funds Available (Sum of Lines A and B)		\$ 12,645.00	
D. Total Expenditures (From Schedule II)		\$ 13,516.78	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 4429.06	
F. Value of (In-Kind) Contributions Received (From Schedule III)		\$ 9,087.72	
G. Unpaid Debts and Obligations (From Schedule IV)		\$ 400.00	
		\$ 1255.00	

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

Sworn to and subscribed before me this 1st day of February 20 18

Melissa Peterson
Signature

My Commission expires 10 2 2019
MO. DAY YR.

Denielle Novick
Signature of Person Submitting report
Printed Name

412 606-6550
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 1st day of February 20 18

Melissa Peterson
Signature

My Commission expires 10 2 2019
MO. DAY YR.

Sanja Finn
Signature of Candidate
Printed Name

412 367-7180
Area Code Daytime Telephone Number

PENNSYLVANIA CAMPAIGN FINANCE REPORT

This Report must be typed or printed legibly in blue or black ink.

INSTRUCTIONS

This form is intended for the use of candidates, political committees and contributing lobbyists who are required to disclose contributions and expenditures. Candidates must file separate reports when they make expenditures or receive contributions on their own behalf and separate from their campaign committee. A candidate's report discloses contributions received and expenditures made individually by the candidate. A contributing lobbyist's report discloses only expenditures the lobbyist personally made to influence the outcome of a candidate's election.

Candidates and their authorized political committees file reports in the office where their nomination documents are filed. If the candidate's reports are filed with the Secretary of the Commonwealth, a copy of the reports filed by the candidate and the authorized committee must be filed with the County Board of Elections in the county in which the candidate resides.

REPORT COVER PAGE

The Report Cover Page identifies the filer, the type of report and what reporting period is covered. It also summarizes the detailed contribution and expenditure sections from the body of the report.

Filer Identification Number - This number is assigned by the Bureau of Commissions, Elections and Legislation to candidates and committees who register and file with the Secretary of the Commonwealth. A candidate's filer identification number is assigned by the Bureau when the candidate files nomination petitions. A political committee or lobbyist filer identification number is assigned when the committee or lobbyist files registration documents in the Bureau.

Report Filed By - Please indicate which type of filer you are by checking the appropriate box on the cover page.

Name of Filing Committee, Candidate or Lobbyist, Street Address, City, State, Zip Code - Please enter appropriate name and address.

Type of Report - Please place an "X" by the applicable report type.

Amendment Report - Check "Yes" only if the report is being filed to correct, add to, or in some way change a report that has already been filed.

Termination Report - Check "Yes" only if the filer has no cash balance, no unpaid debts or obligations, and wishes to cease operation. Contributing lobbyists may file a termination report if they do not anticipate making further contributions to influence the outcome of a candidate's election.

Filing Method - Indicate whether the complete report is filed on paper, or if the report is filed by diskette accompanied by the signed and notarized cover sheet.

Name of Office Sought - If filed by a candidate or candidate's committee, indicate office sought.

Date of Election - If this is a pre- or post-primary/election report, indicate the date of the primary or election.

District Number - If filed by a candidate or candidate's committee, indicate district in which candidate is seeking office.

Office Code, Party Code and County Code - If filed by candidate or candidate's committee, refer to code charts at the back of this report form. Enter the corresponding code letters for the office sought and the political party of the candidate; enter the corresponding code number for the county of residence of the candidate. Candidates for local offices who file only with the County Board of Elections should enter Office Code OTH for Other Offices.

Summary of Receipts and Expenditures - Enter the appropriate dates of the reporting period covered.

Amount Brought Forward From Last Report (Item A) - The balance, if any, as of the first day of the reporting period. For committees, it is the amount reported as the ending cash balance on the previous report filed, if any.

Items B through G - See detailed instructions on each corresponding schedule.

Affidavit Section - Must be sworn to by the filer acknowledging the accuracy of the report (Part I). On reports filed by a candidate's authorized committee, the candidate must sign an additional affidavit (Part II).

Page Number - Calculate the total number of pages in the completed report and indicate on top of cover page. Subsequent pages should be numbered consecutively.

Reports Filed on Diskette: The cover page must accompany all filings, including diskette filings. Diskette filings must also meet the technical specifications of the Department. These specifications are available at www.dos.state.pa.us or by contacting the Bureau.

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	82-3758209
------------------------------------	------------

1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor

Total for the reporting period	(1)	\$	545.00
--------------------------------	-----	----	--------

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)		\$	4150.00
Total for the reporting period	(2)	\$	4150.00

3. Contributions Over \$250.00 (From Part C and Part D)

Contributions Received from Political Committees (Part C)		\$	- 0 -
All Other Contributions (Part D)		\$	7950.00
Total for the reporting period	(3)	\$	7950.00

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>		\$	12,645.00
---	--	----	-----------

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page - provides a summary of all monetary contributions and receipts during the reporting period.

Item 1: Unitemized Contributions and Receipts represents the total amount of contributions and receipts of \$50.00 or less in the aggregate *per contributor* received during the reporting period. Items 2, 3 and 4: Enter the total for each section from the corresponding schedules in the report (Part A, Part B, Part C, Part D and Part E).

Enter the total from Schedule I on the Report Cover Page, Item B.

Definition of Contribution: Any payment, gift, subscription, assessment, contract, payment for services, dues, loan, forbearance, advance or deposit of money or any valuable thing, to a candidate or political committee made for the purpose of influencing any election in this Commonwealth or for paying debts incurred by or for a candidate or committee before or after any election. "Contribution" shall also include the purchase of tickets for events such as dinners, luncheons, rallies and other fund-raising events; the granting of discounts or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates for the same office; and any payments provided for the benefit of any candidate, including any payments for the services of any person serving as an agent of a candidate or committee by a person other than the candidate or committee or a person whose expenditures the candidate or committee must report under the act. The word "contribution" includes any receipt or use of anything of value received by a political committee from another political committee and also includes any return on investments by a political committee. (See 25 P.S. §3241)

Instructions for Reporting Contributions

The *aggregate* total of contributions from an individual contributor within a reporting period determines which part of the report form should be used to disclose a contribution or receipt. The form is designed to list the dates and amounts of as many as three separate contributions from the same source in one line item.

Contributions and receipts of \$50 or less, per contributor, during the reporting period, need not be itemized on the report. The total amount of all unitemized contributions should appear on Schedule I, Contributions and Receipts Detailed Summary Page, Line 1. A record must be kept of the receipt dates of contributions and the names and addresses of each person from whom a contribution of over \$10 has been received.

Contributions and receipts over \$50 to \$250 - report the name of the contributor, mailing address, amount and date received on Schedule I, Part A, "Contributions Received from Political Committees," or Part B "All Other Contributions."

Contributions and receipts over \$250 - report the name of the contributor, mailing address, occupation, employer's name and address, amount and date received on Schedule I, Part C, "Contributions Received from Political Committees," or Part D, "All Other Contributions."

Receipts - Use Part E, "Other Receipts" to report all *other* monetary receipts or income; e.g. refunds received, interest income, returned checks and prior expenditures that were returned to the filer during the reporting period.

Address - In all Parts, a complete address, including zip code, must be provided. Space is provided for the Zip Code Plus Four. The State block should be completed with the U.S. Postal Service's standard two-letter abbreviation, such as PA for Pennsylvania.

Date - all date blocks in the report must be completed with eight digits. For instance, March 24, 2000 would appear as 03 24 2000.

Total - of each Part should be transferred to the appropriate section on the Schedule I, "Contributions and Receipts Detailed Summary Page" (Page 2 of the report form).

Occupation and Employer - Part D, which lists individuals who have contributed over \$250, also requires the occupation and name and address of the employer of the contributor. Report the principal place of business of any contributor who is self-employed.

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	82-3758209
-----------------------------	------------

							Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
City	State			Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
House #						Date [MM/DD/YYYY]	\$
Street Address							
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:	82-3758209
------------------------------	------------

Full Name of Contributor		Danielle Novick			Date [MM/DD/YYYY]	\$	100.00
House #	231	Street Address		S. Atlantic	Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15224	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Stanley Marks			Date [MM/DD/YYYY]	\$	250.00
House #	2	Street Address		Ellsworth Terr	Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15213	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Karen Norris			Date [MM/DD/YYYY]	\$	100.00
House #		Street Address		(requested)	Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor		Lisa Butterfield			Date [MM/DD/YYYY]	\$	100.00
House #	5351	Street Address		Fair Oaks St.	Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15217	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Binfeng Lu			Date [MM/DD/YYYY]	\$	100.00
House #		Street Address		(requested)	Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor		XXXXXXXXXX			Date [MM/DD/YYYY]	\$	XXXXXXXXXX
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:		82-3758209					
Full Name of Contributor		David Finn			Date [MM/DD/YYYY]	\$	200.00
House #	3003	Street Address	SE 297th Ave		Date [MM/DD/YYYY]	\$	
City	Washougal	State	WA	Zip Code	98671	Date [MM/DD/YYYY]	\$
Full Name of Contributor		George Michalopoulos			Date [MM/DD/YYYY]	\$	100.00
House #	172	Street Address	Lancaster Ave		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15228	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Ora Weisz			Date [MM/DD/YYYY]	\$	100.00
House #	6307	Street Address	Aylesboro Ave		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15217	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Peggy Glass			Date [MM/DD/YYYY]	\$	100.00
House #	72	Street Address	Willston Rd		Date [MM/DD/YYYY]	\$	
City	Auburn Dale	State	MA	Zip Code	02466	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Lixin Zhang			Date [MM/DD/YYYY]	\$	100.00
House #	1763	Street Address	Robson Dr.		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15241	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Penelope Morel			Date [MM/DD/YYYY]	\$	100.00
House #	103	Street Address	Falconhurst Dr		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15238	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:		82-3758209					
Full Name of Contributor		Ivy Lewis		Date [MM/DD/YYYY]	\$	100.00	
House #	Street Address	(requested)		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor		Christine Milcarek (moved to Part D)		Date [MM/DD/YYYY]	\$	250.00	
House #	Street Address	Murray Ave		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor		PJs Grille & Bar		Date [MM/DD/YYYY]	\$	250.00	
House #	Street Address	Fort Couch Rd		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor		Nikola Vujanovic		Date [MM/DD/YYYY]	\$	100.00	
House #	Street Address	(requested)		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor		Ivet Bahar		Date [MM/DD/YYYY]	\$	100.00	
House #	Street Address	Willow Oak Dr		Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]	\$			
Full Name of Contributor		Randall Brand		Date [MM/DD/YYYY]	\$	10000	
House #	Street Address	Beaver Creek Court		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:									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Mike Beattie						01/14/2018		100.00	
House #		Street Address				Date [MM/DD/YYYY]		\$	
3410		Beechwood Blvd							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Pittsburgh		PA		15217					
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Laura Herberton-Shlomchik						01/15/2018		100.00	
House #		Street Address				Date [MM/DD/YYYY]		\$	
1067		Devon Rd							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Pittsburgh		PA		15213					
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Mary Ganguli						01/16/2018		100.00	
House #		Street Address				Date [MM/DD/YYYY]		\$	
18		S. Dallas Ave							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Pittsburgh		PA		15208					
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Stephanie Weinstein						01/18/2018		100.00	
House #		Street Address				Date [MM/DD/YYYY]		\$	
6340		Marchand Street #2							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Pittsburgh		PA		15206					
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Adriana Zeevi						01/20/2018		100.00	
House #		Street Address				Date [MM/DD/YYYY]		\$	
2523		Beechwood Blvd							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Pittsburgh		PA		15217					
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
Barbara Murock						01/21/2018		100.00	
House #		Street Address				Date [MM/DD/YYYY]		\$	
1212		Denniston Ave							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Pittsburgh		PA		15217					

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:		82-3758209					
Full Name of Contributor		Daphne Ketter			Date [MM/DD/YYYY]	\$	250.00
House #	509	Street Address	Glen Arden Dr.		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15208	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Ellen McLean			Date [MM/DD/YYYY]	\$	250.00
House #	5046	Street Address	Castleman St.		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15232	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Joseph Locker			Date [MM/DD/YYYY]	\$	200.00
House #	116	Street Address	N Woodland Rd		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15232	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Rochelle Eubanks			Date [MM/DD/YYYY]	\$	100.00
House #	7	Street Address	Colonial Pl		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15232	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Mitchell McKenny			Date [MM/DD/YYYY]	\$	100.00
House #	6628	Street Address	Dalzell Pl.		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15217	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Aryanna Berringer			Date [MM/DD/YYYY]	\$	200.00
House #	3139	Street Address	Chestnut St.		Date [MM/DD/YYYY]	\$	
City	Murrysville	State	PA	Zip Code	15668	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:	82-3758209
------------------------------	------------

Full Name of Contributor					Date [MM/DD/YYYY]	\$	100.00
Joanne Flynn					1/10/2018		
House #	6017	Street Address	Grafton St.		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15206	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	250.00
Ira Bergman					01/18/2018		
House #	5435	Street Address	Darlington		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15217	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	100.00
Ellen Ormond					01/28/2018		
House #	6957	Street Address	Reynolds St.		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15208	Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
Joseph Kadane (under \$50)					01/29/2018		
House #	2	Street Address	Darlington Ct		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15217	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:	82-3758209
------------------------------	------------

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

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]	\$	

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

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							
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 \$250.00

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:		82-3758209					
------------------------------	--	------------	--	--	--	--	--

Full Name of Contributor				Date [MM/DD/YYYY]		\$	
Harvey Seth Finn				01/02/2018		\$	1000.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
150	N Woodland Rd					\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Pittsburgh	PA	15232				\$	
Employer Name				Occupation			
				Retired			
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
Jason Finn				01/07/2018		\$	700.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
						\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Seattle	WA					\$	
Employer Name				Occupation			
				self-employed			
Employer Mailing Address / Principal Place of Business							
MUSICIAN							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
Olivera Finn				01/13/2018		\$	500.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
150	N Woodland Rd			01/17/2018		\$	250.00
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Pittsburgh	PA	15232				\$	
Employer Name				Occupation			
University of Pittsburgh				Professor			
Employer Mailing Address / Principal Place of Business							
E1040 BST, Pittsburgh, PA 15261							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
Ellen Marton				01/10/2018		\$	1000.00
House #	Street Address			Date [MM/DD/YYYY]		\$	
35	Oxley Rd					\$	
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
Singapore	 	238627				\$	
Employer Name				Occupation			
Retired. US citizen							
Employer Mailing Address / Principal Place of Business							

Page 1# of 28
(no entries)

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:	82-3758209
------------------------------	------------

Full Name of Contributor				David Borkovic		Date [MM/DD/YYYY]	\$	500.00
						01/15/2018		
House #	Street Address				Date [MM/DD/YYYY]	\$		
207	Sewickley Ridge Ct							
City	State	Zip Code			Date [MM/DD/YYYY]	\$		
Sewickley	PA	15143						
Employer Name				JGCG, LLP		Occupation	Attorney	
Employer Mailing Address / Principal Place of Business				411 Seventh Ave, Suite 1200, Pittsburgh, PA 15219				
Full Name of Contributor				Pramod Srivastava		Date [MM/DD/YYYY]	\$	1,000.00
						01/19/2018		
House #	Street Address				Date [MM/DD/YYYY]	\$		
70	Pheasant Run							
City	State	Zip Code			Date [MM/DD/YYYY]	\$		
Farmington	CT	06001						
Employer Name				UConn Health		Occupation	Professor	
Employer Mailing Address / Principal Place of Business				263 Farmington Ave, L6100, Farmington, CT 06030-1601				
Full Name of Contributor				Mark Broadhurst		Date [MM/DD/YYYY]	\$	500.00
						01/19/2018		
House #	Street Address				Date [MM/DD/YYYY]	\$		
5614	Howe St.							
City	State	Zip Code			Date [MM/DD/YYYY]	\$		
Pittsburgh	PA	15232						
Employer Name				Parkhurst Dining		Occupation		
Employer Mailing Address / Principal Place of Business				285 E Waterfront Dr, Homestead, PA 15120				
Full Name of Contributor				Lawrence Gumburg		Date [MM/DD/YYYY]	\$	1,000.00
						01/19/2018		
House #	Street Address				Date [MM/DD/YYYY]	\$		
114	Woodland Rd							
City	State	Zip Code			Date [MM/DD/YYYY]	\$		
Pittsburgh	PA	15232						
Employer Name				LG Realty Advisors		Occupation	Principal	
Employer Mailing Address / Principal Place of Business				535 Smithfield St, Suite 900, Pittsburgh, PA 15222				

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:	82-3758209
------------------------------	------------

Full Name of Contributor				Christine Milcarek		Date [MM/DD/YYYY]	\$	250.00
House #	1525	Street Address	Murray Ave		Date [MM/DD/YYYY]	\$	250.00	
City	Pittsburgh	State	PA	Zip Code	15217	Date [MM/DD/YYYY]	\$	
Employer Name				University of Pittsburgh		Occupation	Professor	
Employer Mailing Address / Principal Place of Business				E1054 BST, Pittsburgh, PA 15261				
Full Name of Contributor				Catherine Storan		Date [MM/DD/YYYY]	\$	1000.00
House #	150	Street Address	N Woodland Rd		Date [MM/DD/YYYY]	\$		
City	Pittsburgh	State	PA	Zip Code	15232	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation	Homemaker	
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 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:	82-3758209
------------------------------	------------

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						
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:	82-3758209
------------------------------	------------

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)	\$	400.00

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)		\$	400.00
---	--	----	--------

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	82-3758209
------------------------------	------------

Full Name of Contributor		Virginia Flaherty			Date [MM/DD/YYYY]	\$	75.00
					01/28/2018		
House #	356	Street Address	Lehigh		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15232	Date [MM/DD/YYYY]	\$
Description of Contribution		Refreshments for Meet and Greet					

Full Name of Contributor		Virginia Flaherty			Date [MM/DD/YYYY]	\$	250.00
					01/31/2018		
House #	356	Street Address	Lehigh		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15232	Date [MM/DD/YYYY]	\$
Description of Contribution		One-week rent for campaign headquarters					

Full Name of Contributor		Olivera Finn			Date [MM/DD/YYYY]	\$	75.00
					01/25/2018		
House #	150	Street Address	N Woodland Rd		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15232	Date [MM/DD/YYYY]	\$
Description of Contribution		Refreshments for Meet and Greet					

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

Filer Identification Number:	82-3758209
------------------------------	------------

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

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

Filer Identification Number:	82-358209
------------------------------	-----------

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	
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

Filer Identification Number:	82-3758209
------------------------------	------------

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		
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: 82-3758209

To Whom Paid	<u>Paypal</u>				Date [MM/DD/YYYY]	\$	<u>01/02/2018</u>	<u>0.26</u>
House #	Street Address				Description of Expenditure			
City	State		Zip Code		<u>Fee</u>			
To Whom Paid	<u>Print + Copy Center.</u>				Date [MM/DD/YYYY]	\$	<u>01/08/2018</u>	<u>110.21</u>
House #	Street Address <u>731 Allegheny^{River} Blvd.</u>				Description of Expenditure			
City	<u>Verona</u>	State <u>PA</u>		Zip Code <u>15147</u>	<u>Print materials</u>			
To Whom Paid	<u>Carnegie Museums Dining</u>				Date [MM/DD/YYYY]	\$	<u>01/09/2018</u>	<u>22.14</u>
House #	Street Address <u>4400 Forbes Ave</u>				Description of Expenditure			
City	<u>Pittsburgh</u>	State <u>PA</u>		Zip Code <u>15213</u>	<u>coffee/meeting</u>			
To Whom Paid	<u>Fed Ex Office</u>				Date [MM/DD/YYYY]	\$	<u>01/12/2018</u>	<u>132.95</u>
House #	Street Address <u>6308 Forbes Ave</u>				Description of Expenditure			
City	<u>Pittsburgh</u>	State <u>PA</u>		Zip Code <u>15217</u>	<u>mailing</u>			
To Whom Paid	<u>Bitter Ends Garden</u>				Date [MM/DD/YYYY]	\$	<u>01/16/2018</u>	<u>145.00</u>
House #	Street Address <u>4613 Liberty Ave</u>				Description of Expenditure			
City	<u>Pittsburgh</u>	State <u>PA</u>		Zip Code <u>15224</u>	<u>attend meeting</u>			
To Whom Paid	<u>Print + Copy Center</u>				Date [MM/DD/YYYY]	\$	<u>01/16/2018</u>	<u>64.20</u>
House #	Street Address <u>731 Allegheny River Blvd.</u>				Description of Expenditure			
City	<u>Verona</u>	State <u>PA</u>		Zip Code <u>15147</u>	<u>print materials</u>			
To Whom Paid	<u>Print + Copy Center</u>				Date [MM/DD/YYYY]	\$	<u>01/16/2018</u>	<u>149.80</u>
House #	Street Address <u>731 Allegheny River Blvd.</u>				Description of Expenditure			
City	<u>Verona</u>	State <u>PA</u>		Zip Code <u>15147</u>	<u>print materials</u>			
To Whom Paid	<u>Crazy Mocha - CLP</u>				Date [MM/DD/YYYY]	\$	<u>01/16/2018</u>	<u>4.24</u>
House #	Street Address <u>4400 Forbes Ave.</u>				Description of Expenditure			
City	<u>Pittsburgh</u>	State <u>PA</u>		Zip Code <u>15213</u>	<u>Coffee</u>			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	82-3758209
------------------------------	------------

To Whom Paid	Crazy Mocha	Date [MM/DD/YYYY]	\$	3.41
House #	Street Address	Description of Expenditure		
	4400 Forbes Ave	Coffee		
City	Pittsburgh	State	PA	Zip Code 15213
To Whom Paid	Spak Brothers Pizza	Date [MM/DD/YYYY]	\$	38.01
House #	Street Address	Description of Expenditure		
	5107 Penn Avenue	FOOD		
City	Pittsburgh	State	PA	Zip Code 15224
To Whom Paid	Millie's Homemade	Date [MM/DD/YYYY]	\$	100.00
House #	Street Address	Description of Expenditure		
	232 S. Highland Ave	Food/beverage		
City	Pittsburgh	State	PA	Zip Code 15232
To Whom Paid	Starbucks	Date [MM/DD/YYYY]	\$	4.82
House #	Street Address	Description of Expenditure		
	6304 Forbes Ave	Coffee		
City	Pittsburgh	State	PA	Zip Code 15217
To Whom Paid	Fed Ex Office	Date [MM/DD/YYYY]	\$	46.36
House #	Street Address	Description of Expenditure		
	6308 Forbes Ave	letter print		
City	Pittsburgh	State	PA	Zip Code 15217
To Whom Paid	Forbes Garage	Date [MM/DD/YYYY]	\$	18.00
House #	Street Address	Description of Expenditure		
	1180 Forbes Ave.	parking		
City	Pittsburgh	State	PA	Zip Code 15219
To Whom Paid	Pittsburgh Parking	Date [MM/DD/YYYY]	\$	18.00
House #	Street Address	Description of Expenditure		
	232 Blvd of the Allies	parking		
City	Pittsburgh	State	PA	Zip Code 15219
To Whom Paid	Fed Ex Office	Date [MM/DD/YYYY]	\$	171.74
House #	Street Address	Description of Expenditure		
	6308 Forbes Ave	Print		
City	Pittsburgh	State	PA	Zip Code 15217

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	82-3758209
------------------------------	------------

To Whom Paid	Home Depot	Date [MM/DD/YYYY]	\$	6.33
House #	Street Address	Description of Expenditure		
	400 N. Highland Ave.	01/22/2018		Keys
City	State	Zip Code		
Pittsburgh	PA	15206		
To Whom Paid	Print + Copy Center	Date [MM/DD/YYYY]	\$	676.24
House #	Street Address	Description of Expenditure		
	731 Allegheny River Blvd.	01/22/2018		print signs
City	State	Zip Code		
Verona	PA	15147		
To Whom Paid	Parking Authority	Date [MM/DD/YYYY]	\$	8.00
House #	Street Address	Description of Expenditure		
	232 Blvd. of the Allies	01/23/2018		parking
City	State	Zip Code		
Pittsburgh	PA	15219		
To Whom Paid	Fed Ex Office	Date [MM/DD/YYYY]	\$	29.66
House #	Street Address	Description of Expenditure		
	6308 Forbes Ave.	01/23/2018		copying
City	State	Zip Code		
Pittsburgh	PA	15217		
To Whom Paid	TEC re Co., Inc.	Date [MM/DD/YYYY]	\$	59.24
House #	Street Address	Description of Expenditure		
	W5747 Lost Arrow Rd.	01/23/2018		button supplies
City	State	Zip Code		
Fond du Lac	WI	54937		
To Whom Paid	Staples	Date [MM/DD/YYYY]	\$	174.91
House #	Street Address	Description of Expenditure		
	6375 Penn Avenue, Suite B	01/29/2018		office supplies
City	State	Zip Code		
Pittsburgh	PA	15206		
To Whom Paid	Staples	Date [MM/DD/YYYY]	\$	246.82
House #	Street Address	Description of Expenditure		
	6375 Penn Ave, Suite B	01/29/2018		mailing
City	State	Zip Code		
Pittsburgh	PA	15206		
To Whom Paid	Coffee Tree Roasters	Date [MM/DD/YYYY]	\$	4.70
House #	Street Address	Description of Expenditure		
		01/29/2018		coffee
City	State	Zip Code		
Pittsburgh	PA	15217		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	82-375 8209
------------------------------	-------------

To Whom Paid	Print + Copy	Date [MM/DD/YYYY]	\$ 425.86
House #	Street Address	Description of Expenditure	
City	State	Zip Code	
Verona	PA	15147	Printing
To Whom Paid	Ace Lock + Key	Date [MM/DD/YYYY]	\$ 6.42
House #	Street Address	Description of Expenditure	
City	State	Zip Code	
Pittsburgh	PA	15206	Keys
To Whom Paid	Staples	Date [MM/DD/YYYY]	\$ 222.10
House #	Street Address	Description of Expenditure	
City	State	Zip Code	
Pittsburgh	PA	15206	Supplies / stamps
To Whom Paid	Print + Copy	Date [MM/DD/YYYY]	\$ 1,538.14
House #	Street Address	Description of Expenditure	
City	State	Zip Code	
Verona	PA	15147	Mailing
To Whom Paid	Pittsburgh Parking Authority	Date [MM/DD/YYYY]	\$ 1.50
House #	Street Address	Description of Expenditure	
City	State	Zip Code	
Pittsburgh	PA	15219	Parking
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:	82-3758209
------------------------------	------------

Name of Creditor		Dinette Restaurant				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		\$		1255.00	
5996	Centre Ave	01/07/2018					
City	State	Zip Code					
	Pittsburgh	PA	15206				
Description of Debt		Catering and Meeting Space					

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							

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

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						
Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						