

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

RECEIVED

MAR 1 2018

ETHICS HEARING BOARD

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	COMMITTEE	LOBBYIST			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Rennick for Council								
STREET ADDRESS P.O. Box 23156								
CITY Pittsburgh			STATE PA	ZIP CODE 15222 - 6156				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE City Council		DISTRICT NO. 8	PARTY R	DATE OF ELECTION			
	6TH TUESDAY PRE-PRIMARY	1.			MO.	DAY		
	2ND FRIDAY PRE-PRIMARY	2.			03	06		
	30 DAY POST-PRIMARY	3.			YEAR 2018			
	6TH TUESDAY PRE-ELECTION	4.			FOR OFFICE USE ONLY			
	2ND FRIDAY PRE-ELECTION	5.						
	30 DAY POST-ELECTION	6.						
ANNUAL REPORT	7.							
DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		02	01	18		02	28	18
CASH BALANCE AT END OF REPORTING PERIOD:				\$ 6,819.38				
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$ 0				
AMENDMENT REPORT?		YES		NO	<input checked="" type="checkbox"/>			
TERMINATION REPORT?		YES		NO	<input checked="" type="checkbox"/>			

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 I BELIEVE THE INFORMATION CONTAINED HEREIN TO BE TRUE, CORRECT AND COMPLETE.

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
 Paula R. Goncz, Notary Public
 Marshall Twp., Allegheny County
 My Commission Expires Aug 3, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 1 DAY OF **March**
 Signature: *Paula R. Goncz*
 MY COMMISSION EXPIRES **August 3, 2019**

Signature of Person Submitting Report: *Paula R. Goncz*
 PRINTED NAME: **Paula R. Goncz**
 AREA CODE: **917**
 DAYTIME TELEPHONE NUMBER: **828-5862**

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: _____

MAR 1 2018

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	Committee	ETHICS HEARING BOARD Lobbyist	
Name of Filing Committee, Candidate or Lobbyist	Rennick for Council				
Street Address	PO Box 23156				
City	Pittsburgh	State	PA	Zip Code	15222-6156

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)	3/6/18	Year	2018	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	2/1/2018	2/28/2018	
A. Amount Brought Forward From Last Report	\$	7030.00	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	24,675.00	
C. Total Funds Available (Sum of Lines A and B)	\$	31,705.00	
D. Total Expenditures (From Schedule III)	\$	24,885.62	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	6,819.38	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	280.00	
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 1 day of March 2018

Signature: Paula R. Goncz

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Paula R. Goncz, Notary Public
 Marshall Twp., Allegheny County
 My Commission Expires Aug. 3, 2019

Signature of Person Submitting report: K. Emrich
 Printed Name: Kathryn Emrich

My Commission expires August 3 2019
 MO. DAY YR.

Area Code: 917
 Daytime Telephone Number: 828-5862

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: _____

Signature of Candidate: _____

Printed Name: _____

My Commission expires _____ MO. DAY YR.

Area Code: _____ Daytime Telephone Number: _____

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)	\$	515.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	450.00
All Other Contributions (Part B)		\$	2,450.00
Total for the reporting period	(2)	\$	2,900.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	8,500.00
All Other Contributions (Part D)		\$	12,760.00
Total for the reporting period	(3)	\$	21,260.00
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>		\$	24,675

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	
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										Amount	
Full Name of Contributing Committee						Friends of Guy PAC		Date [MM/DD/YYYY]	\$	250.00	
House #		Street Address				2/21/2018		\$			
312		New World Drive						\$			
City	Jefferson Hills			State	PA	Zip Code	15025	Date [MM/DD/YYYY]	\$		
								\$			
Full Name of Contributing Committee						Okay With Lokay		Date [MM/DD/YYYY]	\$	200.00	
House #		Street Address				2/21/2018		\$			
654		4th Street						\$			
City	Oakmont			State	PA	Zip Code	15139	Date [MM/DD/YYYY]	\$		
								\$			
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						\$			
								\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
								\$			
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						\$			
								\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
								\$			
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		Street Address						\$			
								\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$		
								\$			
Full Name of Contributing Committee								Date [MM/DD/YYYY]	\$		
House #		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:

Full Name of Contributor					Date [MM/DD/YYYY]	\$
Colton Fedell					2/28/2018	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$
312	Knobs Hill Ct.					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Wexford	PA	15090				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Alessandra Basso					2/28/2018	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$
1129	S. Negley Ave.					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Pittsburgh	PA	15217				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Steven Shapiro					2/27/2018	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$
622	St. James Street					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Pittsburgh	PA	15232				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Catherine Onufer					2/28/2018	250.00
House #	Street Address				Date [MM/DD/YYYY]	\$
136	South Drive					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Pittsburgh	PA	15238				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
Leonard McAllister					2/28/2018	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$
346	Elias Drive					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Pittsburgh	PA	15235				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
DeAnna Sifuentes					2/27/2018	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$
6272	N. Opfer Lane					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Curtice	OH	43412				

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		Jean Nelson moved to PART D			Date [MM/DD/YYYY]	\$	1,060.00
House #	901	Street Address	Chicon St.		Date [MM/DD/YYYY]	\$	
City	Austin	State	TX	Zip Code	78702	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Karalyn Emrich			Date [MM/DD/YYYY]	\$	150.00
House #	400	Street Address	S. Highland Ave. # 9		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15206	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Ronald Hicks			Date [MM/DD/YYYY]	\$	250.00
House #	31	Street Address	S. 17th St.		Date [MM/DD/YYYY]	\$	250.00
City	Pittsburgh	State	PA	Zip Code	15203	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Mark De Santis			Date [MM/DD/YYYY]	\$	250.00
House #	1100	Street Address	Liberty Ave. - Apt. 918		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15220	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Andrew Jones			Date [MM/DD/YYYY]	\$	100.00
House #	44-A	Street Address	Bethany Drive		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15215	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Jade Floyd			Date [MM/DD/YYYY]	\$	250.00
House #	4000	Street Address	Cathedral Ave., NW		Date [MM/DD/YYYY]	\$	
City	Washington	State	DC	Zip Code	20016	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:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$	
Michael Genovese				2/3/2018		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
2115	Discovery Way					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Toms River	NJ	08755				
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
Kyle Morgan				2/3/2018		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
75	Parkview Street					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
S. Weymouth	MA	02190				
Full Name of Contributor				Date [MM/DD/YYYY]	\$	
Deborah Acklin				2/2/2018		250.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
2207	Beechwood Blvd.					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
Pittsburgh	PA	15217				
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		Citizens for Prosperity Today in America PAC			Date [MM/DD/YYYY]	\$	2,000.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
228	S. Washington St. #115						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Alexandria	VA	22314					
Full Name of Contributing Committee		RACPAC			Date [MM/DD/YYYY]	\$	1,000.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	P.O. Box 3152						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
West Chester	PA	19381					
Full Name of Contributing Committee		Tim Murphy for Congress PAC			Date [MM/DD/YYYY]	\$	2,000.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	P.O. Box 24551						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Pittsburgh	PA	15234					
Full Name of Contributing Committee		Realtors Association of metro. Pittsburgh PAC			Date [MM/DD/YYYY]	\$	1,000.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1427	W. Liberty Ave.						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Pittsburgh	PA	15226					
Full Name of Contributing Committee		8th District Republican Committee			Date [MM/DD/YYYY]	\$	2,000.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1453	Wightman Street						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Pittsburgh	PA	15217					
Full Name of Contributing Committee		Greater Pittsburgh Police FCU			Date [MM/DD/YYYY]	\$	500.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1338	Chartiers Ave.						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Pittsburgh	PA	15220					

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 Mark Flaherty				Date [MM/DD/YYYY] 2/3/2018	\$ 1,000. ⁰⁰
House # 610	Street Address Smithfield Street #300			Date [MM/DD/YYYY] 2/24/2018	\$ 500. ⁰⁰
City Pittsburgh	State PA	Zip Code 15222		Date [MM/DD/YYYY]	\$
Employer Name Flaherty + O'Hara				Occupation Lawyer	
Employer Mailing Address / Principal Place of Business 610 Smithfield Street /PGH, PA 15222					
Full Name of Contributor Mark Harris				Date [MM/DD/YYYY] 2/4/2018	\$ 1,500. ⁰⁰
House # 207	Street Address May fair Drive			Date [MM/DD/YYYY]	\$
City Pittsburgh	State PA	Zip Code 15228		Date [MM/DD/YYYY]	\$
Employer Name Cold Spark media				Occupation Partner	
Employer Mailing Address / Principal Place of Business 307 Fourth Ave./Pittsburgh PA 15222					
Full Name of Contributor Harris Ferris				Date [MM/DD/YYYY] 2/5/2018	\$ 500. ⁰⁰
House # 710	Street Address N. St. Clair Street			Date [MM/DD/YYYY]	\$
City Pittsburgh	State PA	Zip Code 15206		Date [MM/DD/YYYY]	\$
Employer Name Pittsburgh Ballet Theatre				Occupation Exec. Director	
Employer Mailing Address / Principal Place of Business 2900 Liberty Ave /PGH, PA 15201					
Full Name of Contributor Lois Whaley				Date [MM/DD/YYYY]	\$ 500. ⁰⁰
House # 1000	Street Address Grandview Ave.			Date [MM/DD/YYYY]	\$
City Pittsburgh	State PA	Zip Code 15211		Date [MM/DD/YYYY]	\$
Employer Name Pittsburgh Ballet Theatre				Occupation Dir. of Development	
Employer Mailing Address / Principal Place of Business 2900 Liberty Ave. /PGH, PA 15201					

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				Robert Eckenrode		Date [MM/DD/YYYY]	\$	300.00
						2/17/2018		
House #	264	Street Address	Vee Lynn Drive			Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15228	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor				Atallah Khalil		Date [MM/DD/YYYY]	\$	400.00
						2/17/2018		
House #	181	Street Address	Robinson Drive			Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15236	Date [MM/DD/YYYY]	\$	
Employer Name				Self		Occupation	landlord	
Employer Mailing Address / Principal Place of Business				(same)				
Full Name of Contributor				Lawrence Paper		Date [MM/DD/YYYY]	\$	500.00
						2/20/2018		
House #	122	Street Address	W. Lyndhurst Drive			Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15206	Date [MM/DD/YYYY]	\$	
Employer Name				retired		Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor				F. Dak Harris		Date [MM/DD/YYYY]	\$	500.00
						2/27/2018		
House #	5508	Street Address	Howe Street			Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15232	Date [MM/DD/YYYY]	\$	
Employer Name				Super Bakery		Occupation	entrepreneur	
Employer Mailing Address / Principal Place of Business				5700 Corporate Drive / P&H, PA 15237				

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				Stephanie McKinney		Date [MM/DD/YYYY]	\$	1,000. ⁰⁰
House #	Street Address				Date [MM/DD/YYYY]	\$		
City	State	Zip Code			Date [MM/DD/YYYY]	\$		
Employer Name		self		Occupation		home maker		
Employer Mailing Address / Principal Place of Business				same				
Full Name of Contributor				Edwin Beachler		Date [MM/DD/YYYY]	\$	1,000. ⁰⁰
House #	Street Address				Date [MM/DD/YYYY]	\$		
City	State	Zip Code			Date [MM/DD/YYYY]	\$		
Employer Name		Caroselli, Beachler; Coleman		Occupation		partner		
Employer Mailing Address / Principal Place of Business				(same)				
Full Name of Contributor				Michael De Vanney		Date [MM/DD/YYYY]	\$	2,000. ⁰⁰
House #	Street Address				Date [MM/DD/YYYY]	\$		
City	State	Zip Code			Date [MM/DD/YYYY]	\$		
Employer Name		Cold Spark		Occupation		partner		
Employer Mailing Address / Principal Place of Business				307 Fourth Ave. 1P6H, PA 15222				
Full Name of Contributor				Michael Gutherie		Date [MM/DD/YYYY]	\$	1,000. ⁰⁰
House #	Street Address				Date [MM/DD/YYYY]	\$		
City	State	Zip Code			Date [MM/DD/YYYY]	\$		
Employer Name		Lakeview Dental		Occupation		dentist		
Employer Mailing Address / Principal Place of Business				2410 S. Broad Street / Philadelphia, PA 19145				

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]		\$
Matthew Ring				2/1/2018		1,000. ⁰⁰
House #	Street Address		Date [MM/DD/YYYY]		\$	
401	E. Las Olas Blvd.					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Ft. Lauderdale	FL	33301				
Employer Name				Occupation		
self				entrepreneur		
Employer Mailing Address / Principal Place of Business				-same-		
Full Name of Contributor				Date [MM/DD/YYYY]		\$
Jean Nelson				2/27/2018		1,060. ⁰⁰
House #	Street Address		Date [MM/DD/YYYY]		\$	
901	Chicon Street					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
Austin	TX	78702				
Employer Name				Occupation		
E bay				mgmt.		
Employer Mailing Address / Principal Place of Business				7700 W. Parmer Lane / Austin, TX 78729		
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

none

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

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							
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)	\$ 30.00

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

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)		\$ 280.00
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
Steve Webster				2/27/2018	250.00
House #	Street Address			Date [MM/DD/YYYY]	\$
629	St. James Street				
City	State	Zip Code			Date [MM/DD/YYYY]
Pittsburgh	PA	15232			
Description of Contribution					
food & drink for reception					

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 *none*
VALUE OVER \$250

Filer Identification Number:	
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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:	
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To Whom Paid		Cold Spark			Date [MM/DD/YYYY]	\$	1311.00
House #	307	Street Address	Fourth Ave. 14th Fl.		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15222	website, photography, printing	
To Whom Paid		Cold Spark			Date [MM/DD/YYYY]	\$	428.00
House #		Street Address			Description of Expenditure		
City		State		Zip Code		Yard signs	
To Whom Paid		Cold Spark			Date [MM/DD/YYYY]	\$	4,437.66
House #		Street Address			Description of Expenditure		
City		State		Zip Code		mailer 1 + postage	
To Whom Paid		Cold Spark			Date [MM/DD/YYYY]	\$	4,366.67
House #		Street Address			Description of Expenditure		
City		State		Zip Code		mailer 2 + postage	
To Whom Paid		Cold Spark			Date [MM/DD/YYYY]	\$	4,181.31
House #		Street Address			Description of Expenditure		
City		State		Zip Code		letter + postage	
To Whom Paid		Cold Spark			Date [MM/DD/YYYY]	\$	2,949.94
House #		Street Address			Description of Expenditure		
City		State		Zip Code		GOTV mailer + postage	
To Whom Paid		Cold Spark			Date [MM/DD/YYYY]	\$	4,277.54
House #		Street Address			Description of Expenditure		
City		State		Zip Code		mailer 4 + postage	
To Whom Paid		Cold Spark			Date [MM/DD/YYYY]	\$	2,480.46
House #		Street Address			Description of Expenditure		
City		State		Zip Code		stickers + mailer	

SCHEDULE III
Statement of Expenditures

Filer Identification Number: _____

To Whom Paid		Stripe, Inc.			Date [MM/DD/YYYY]	\$	452.96
House #	185	Street Address	Berry St. - Ste. 550		Description of Expenditure		
City	San Francisco	State	CA	Zip Code	94107	credit card processing	
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			

SCHEDULE IV

Statement of Unpaid Debts

- none -

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