

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 <input checked="" type="checkbox"/>	COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>								
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Marty Healey													
STREET ADDRESS 5814 Walnut St													
CITY Pittsburgh		STATE PA	ZIP CODE 15232										
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE City Councilperson		DISTRICT NO. 8	PARTY Independent									
	DATE OF ELECTION		FOR OFFICE USE ONLY										
	1. 6TH TUESDAY PRE-PRIMARY		MO. DAY YEAR	MO. DAY YEAR									
	2. 2ND FRIDAY PRE-PRIMARY		1 8 2018	TO 2 22 2018									
	3. 30 DAY POST-PRIMARY		CASH BALANCE AT END OF REPORTING PERIOD: \$ 0.00										
	4. 6TH TUESDAY PRE-ELECTION		TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ 0.00										
	5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>		<table border="1"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> <td><input checked="" type="checkbox"/></td> </tr> </table>				AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>	TERMINATION REPORT?	YES	NO
AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>										
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>										
6. 30 DAY POST-ELECTION													
7. ANNUAL REPORT													

AFFIDAVIT SECTION

PART I -

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

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

SWORN TO AND SUBSCRIBED BEFORE ME THIS
 22nd DAY OF February

[Signature]
 SIGNATURE OF PERSON SUBMITTING REPORT

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Lisa M. Houck, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires Dec 30, 2019

PRINTED NAME
Marty Healey

330-1111
 DAYTIME TELEPHONE NUMBER

MY COMMISSION EXPIRES 12 MO. 30 DAY

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 OF CANDIDATE

 PRINTED NAME

 SIGNATURE

MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR. _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER

Department of State • Bureau of Commissions, Elections and Legislation
 210 North Office Building • Harrisburg, PA 17120-0029 • (717) 787-5280



RECEIVED

Reset Form Print Form

MAR 1 2018

ETHICS HEARING BOARD

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	20180024	Report Filed By (Mark X)	<input type="checkbox"/>	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Healey, Marty Committee to Elect (MartyHealey.com)							
Street Address		PO Box 99965							
City	Pittsburgh	State	PA	Zip Code	15233-0965				

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		3/6/2018	Year	2018	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only					
		1/8/2018	2/22/2018					
A. Amount Brought Forward From Last Report	\$	0						
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	13,186.54						
C. Total Funds Available (Sum of Lines A and B)	\$	13,186.54						
D. Total Expenditures (From Schedule III)	\$	4,756.46						
E. Ending Cash Balance (Subtract Line D from Line C)	\$	8,430.08						
F. Value of In-Kind Contributions Received (From Schedule II)	\$	500						
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

22nd day of February 20 18

Frank W. Winn
 Signature

Frank W. Winn
 Signature of Person Submitting report

Frank W. Winn

Printed Name

My Commission expires

NOTARIAL SEAL
 Lisa M. Houck, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires Dec. 30, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

412

3035861

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

22nd day of February 20 18

Marty Healey
 Signature

Marty Healey
 Signature of Candidate

Marty Healey

Printed Name

My Commission expires

NOTARIAL SEAL
 Lisa M. Houck, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires Dec. 30, 2019
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

412

330-1111

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SCHEDULE 1
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	20180024		
1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	336.54
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)		\$	1,850
Total for the reporting period	(2)	\$	1,850
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	11,000
Total for the reporting period	(3)	\$	11,000
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>		\$	13,186.54

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	20180024
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							Amount
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]	\$
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:		20180024					
Full Name of Contributor		Thomas Butera			Date [MM/DD/YYYY]	\$	100
					01/08/2018		
House #	405	Street Address	Landon Gate Gdn		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15238	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Dorsey Dick			Date [MM/DD/YYYY]	\$	100
					1/9/2018		
House #	320	Street Address	W Penn Pl		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15224	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Edward Abes			Date [MM/DD/YYYY]	\$	250
					1/10/2018		
House #	307	Street Address	S Dithridge St Apt 711		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15213	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Jerry Moschetti			Date [MM/DD/YYYY]	\$	100
					1/12/18		
House #	5911	Street Address	Howe St		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15232	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Thomas Duddy			Date [MM/DD/YYYY]	\$	100
					1/16/2018		
House #	373	Street Address	Sugar Mill Dr		Date [MM/DD/YYYY]	\$	
City	Osprey	State	FL	Zip Code	34229	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Christopher McAleer			Date [MM/DD/YYYY]	\$	200
					1/10/2018		
House #	1022	Street Address	N Negley Ave		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15206-1528	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:	20180024
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Full Name of Contributor		Margaret Schiller			Date [MM/DD/YYYY]	\$	100
					01/22/2018		
House #	24	Street Address	Mockingbird		Date [MM/DD/YYYY]	\$	
City	Hackettstown	State	NJ	Zip Code	07840	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Rob Anderson			Date [MM/DD/YYYY]	\$	250
					2/1/18		
House #	1411	Street Address	Grandview Ave Ste 606		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15211	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Erin Cory			Date [MM/DD/YYYY]	\$	200
					2/18/18		
House #	221	Street Address	Hemlock Dr		Date [MM/DD/YYYY]	\$	
City	McMurray	State	PA	Zip Code	15317	Date [MM/DD/YYYY]	\$
Full Name of Contributor		John Traina			Date [MM/DD/YYYY]	\$	200
					2/22/18		
House #	9	Street Address	Sweet Water Ln		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15238	Date [MM/DD/YYYY]	\$
Full Name of Contributor		William Friedlander			Date [MM/DD/YYYY]	\$	250
					2/22/18		
House #	105	Street Address	Ashley Ct		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15221	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:	20180024
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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:	20180024
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Full Name of Contributor		Sharon Sciabassi			Date [MM/DD/YYYY]	\$	1,000
					1/8/2018		
House #	146	Street Address	N Bellefield Ave Apt 1103		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15213-2620	Date [MM/DD/YYYY]	\$
Employer Name		Computational Diagnostics Inc.			Occupation	President & CFO	
Employer Mailing Address / Principal Place of Business		5001 Baum Blvd Ste 530, Pittsburgh, PA 15213					
Full Name of Contributor		Charly Imbrie			Date [MM/DD/YYYY]	\$	1,000
					1/8/2018		
House #	110	Street Address	Olde Sawony Trl		Date [MM/DD/YYYY]	\$	
City	Cheswick	State	PA	Zip Code	15024-2234	Date [MM/DD/YYYY]	\$
Employer Name		Retired			Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		Eric Kukura			Date [MM/DD/YYYY]	\$	500
					1/8/2018		
House #	236	Street Address	Whipple St		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15218-1140	Date [MM/DD/YYYY]	\$
Employer Name		The Abbey on Butler Street			Occupation	Restaurateur	
Employer Mailing Address / Principal Place of Business		4635 Butler St., Pittsburgh, PA 15201					
Full Name of Contributor		Richard Hodos			Date [MM/DD/YYYY]	\$	1,000
					1/11/18		
House #	26	Street Address	Mill Hill Ln		Date [MM/DD/YYYY]	\$	
City	East Hampton	State	NY	Zip Code	11937-3217	Date [MM/DD/YYYY]	\$
Employer Name		CBRE, Inc.			Occupation	Real Estate Broker	
Employer Mailing Address / Principal Place of Business		200 Park Ave Fl 19, New York, NY 11968					

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:	20180024
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Full Name of Contributor		Eugene Welsh			Date [MM/DD/YYYY]	\$	1,500
					1/9/2018		
House #	20	Street Address	Myrtle Hill Rd		Date [MM/DD/YYYY]	\$	
City	Sewickley	State	PA	Zip Code	15143-8700	Date [MM/DD/YYYY]	\$
Employer Name		Retired			Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		Peter Karlovich			Date [MM/DD/YYYY]	\$	500
					1/10/18		
House #	1267	Street Address	Newbury Highland		Date [MM/DD/YYYY]	\$	
City	Bridgeville	State	PA	Zip Code	15017-2140	Date [MM/DD/YYYY]	\$
Employer Name		Hersith, Inc. & 1600 Smallman Assoc., LLC			Occupation	Executive	
Employer Mailing Address / Principal Place of Business		1139 Penn Ave Ste 4, Pittsburgh, PA 15222					
Full Name of Contributor		Anthony Dolan			Date [MM/DD/YYYY]	\$	1,000
					1/8/2018		
House #	6019	Street Address	Grafton St		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15206-1749	Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor		David Sufrin			Date [MM/DD/YYYY]	\$	1,000
					1/8/2018		
House #	44	Street Address	Rosemont Ln		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15217-3161	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:	20180024
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Full Name of Contributor		Pete Fuscaldo		Date [MM/DD/YYYY]		\$	500
				1/20/18			
House #	2336	Street Address		Date [MM/DD/YYYY]		\$	
		Ben Franklin Dr					
City	Pittsburgh	State	PA	Zip Code	15237	Date [MM/DD/YYYY]	\$
Employer Name		Leech Tishman		Occupation		Attorney	
Employer Mailing Address / Principal Place of Business		525 William Penn Pl, Pittsburgh, PA 15219					
Full Name of Contributor		Dr. Stacy Lane		Date [MM/DD/YYYY]		\$	1,000
				1/21/18			
House #	936	Street Address		Date [MM/DD/YYYY]		\$	
		Beech Ave					
City	Pittsburgh	State	PA	Zip Code	15233	Date [MM/DD/YYYY]	\$
Employer Name		Central Outreach Wellness Center		Occupation		Physician	
Employer Mailing Address / Principal Place of Business		127 Anderson St Ste 101, Pittsburgh, PA 15212					
Full Name of Contributor		Gary A. Van Horn Jr.		Date [MM/DD/YYYY]		\$	2,000
				2/22/18			
House #	721	Street Address		Date [MM/DD/YYYY]		\$	
		S Alken Ave					
City	Pittsburgh	State	PA	Zip Code	15232	Date [MM/DD/YYYY]	\$
Employer Name		Van Horn Group		Occupation		Restaurateur	
Employer Mailing Address / Principal Place of Business		PO Box 100094, Pittsburgh, PA 15233					
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:	20180024
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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:	20180024
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 500

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

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)		\$ 500
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	20180024
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Full Name of Contributor					Date [MM/DD/YYYY]		\$ 250
Ralph Morrow					01/08/2018		
House #	1166	Street Address		Harvard Rd		Date [MM/DD/YYYY]	
City		State		Zip Code		Date [MM/DD/YYYY]	
Pittsburgh		PA		15205-1713			
Description of Contribution					Food/Space for Kickoff event		

Full Name of Contributor					Date [MM/DD/YYYY]		\$ 250
Darin Smith					01/08/2018		
House #	114	Street Address		Crotzer St		Date [MM/DD/YYYY]	
City		State		Zip Code		Date [MM/DD/YYYY]	
Pittsburgh		PA		15205			
Description of Contribution					Food/Space for Kickoff event		

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:	20180024
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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:	20180024
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To Whom Paid		UPS			Date [MM/DD/YYYY]	\$	8.88
					1/3/18		
House #		Street Address	Description of Expenditure				
City		State		Zip Code	Overnight filing to Commonwealth		
To Whom Paid		Google Domains			Date [MM/DD/YYYY]	\$	24
					12/27/17		
House #		Street Address	Description of Expenditure				
City		State		Zip Code	Domain Registration		
To Whom Paid		USPS			Date [MM/DD/YYYY]	\$	66
					1/2/18		
House #		Street Address	Description of Expenditure				
City		State		Zip Code	PO Box Rental Fee		
To Whom Paid		USPS			Date [MM/DD/YYYY]	\$	15.48
					1/5/18		
House #		Street Address	Description of Expenditure				
City		State		Zip Code	Stamps/Mailing		
To Whom Paid		USPS			Date [MM/DD/YYYY]	\$	23.8
					1/12/18		
House #		Street Address	Description of Expenditure				
City		State		Zip Code	Stamps/Mailing		
To Whom Paid		USPS			Date [MM/DD/YYYY]	\$	43.3
					1/10/18		
House #		Street Address	Description of Expenditure				
City		State		Zip Code			
To Whom Paid		Allegheny County			Date [MM/DD/YYYY]	\$	50
					1/18/2017		
House #		Street Address	Description of Expenditure				
City		State		Zip Code	Candidate Filing Fee		
To Whom Paid		14th Ward Independent Democratic Club			Date [MM/DD/YYYY]	\$	25
					1/28/2017		
House #	706	Street Address	Description of Expenditure				
City	Pittsburgh	State	PA	Zip Code	15208	Membership dues	

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	20180024
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To Whom Paid		Marty Marks			Date [MM/DD/YYYY]	\$	4,500
House #	7230	Street Address	Meade St		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15208	Consulting Fee	
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]	\$	50
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:	20180024
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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						