

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	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Friends of Ken Wolfe				
Street Address		723 Eureka St.				
City	Pittsburgh	State	PA	Zip Code	15210	

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)		05/21/2019	Year	2019	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1-1-19	2-28-19	
A. Amount Brought Forward From Last Report		\$ -198.12	
B. Total Monetary Contributions and Receipts (From Schedule I)		\$ 955.00	
C. Total Funds Available (Sum of Lines A and B)		\$ 756.88	
D. Total Expenditures (From Schedule III)		\$ 295.69	
E. Ending Cash Balance (Subtract Line D from Line C)		\$ 461.19	
F. Value of In-Kind Contributions Received (From Schedule II)		—	
G. Unpaid Debts and Obligations (From Schedule IV)		—	

Affidavit Section

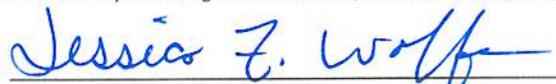
Part 1- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

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

1st day of March 20 19

 Signature


 Signature of Person Submitting report
Jessica Z Wolfe
 Printed Name

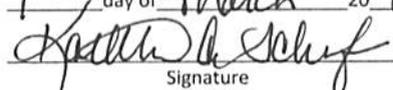
My Commission expires 10 10 2021
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL

301 803 0296
 Area Code Daytime Telephone Number

Part 2- If this is a report of a **Candidate's** Authorized Committee, candidate shall sign here.

I swear (or affirm) 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 March 20 19

 Signature


 Signature of Candidate
Kenneth Z Wolfe
 Printed Name

My Commission expires 10 10 2021
 COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL

412 606 3197
 Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Kathleen A. Schafer, Notary Public
 City of Pittsburgh, Allegheny County
 My Commission Expires Oct. 10, 2021
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

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)	\$	155.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	_____
All Other Contributions (Part B)		\$	400.00
Total for the reporting period	(2)	\$	400.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	_____
All Other Contributions (Part D)		\$	400.00
Total for the reporting period	(3)	\$	400.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	
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>		\$	955.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number	
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						Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
House #		Street Address				Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
City		State		Zip Code		Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
Full Name of Contributing Committee						Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
House #		Street Address				Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
City		State		Zip Code		Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
Full Name of Contributing Committee						Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
House #		Street Address				Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
City		State		Zip Code		Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
Full Name of Contributing Committee						Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
House #		Street Address				Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
City		State		Zip Code		Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
Full Name of Contributing Committee						Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
House #		Street Address				Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
City		State		Zip Code		Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
Full Name of Contributing Committee						Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
House #		Street Address				Date [MM/DD/YYYY] \$
						Date [MM/DD/YYYY] \$
City		State		Zip Code		Date [MM/DD/YYYY] \$
						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		Michelle Zuckerman			Date [MM/DD/YYYY]	\$	100.00
House #	813	Street Address	S. Braddock Ave.		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15221	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Daylen Davis			Date [MM/DD/YYYY]	\$	100.00
House #	67	Street Address	Forest St Beltzhoover Ave		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15210	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Phyllis Saussoi			Date [MM/DD/YYYY]	\$	200.00
House #	102	Street Address	Spyglass Dr		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15229	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:	
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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]		
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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	400.00
Jessica Wolfe							
House #	723	Street Address		Eureka St.	Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15210	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 E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
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Full Name							
House #	Street Address				Date [MM/DD/YYYY]		\$
City			State	Zip Code			
Receipt Description							
Full Name							
House #	Street Address				Date [MM/DD/YYYY]		\$
City			State	Zip Code			
Receipt Description							
Full Name							
House #	Street Address				Date [MM/DD/YYYY]		\$
City			State	Zip Code			
Receipt Description							
Full Name							
House #	Street Address				Date [MM/DD/YYYY]		\$
City			State	Zip Code			
Receipt Description							
Full Name							
House #	Street Address				Date [MM/DD/YYYY]		\$
City			State	Zip Code			
Receipt Description							

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	
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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)		\$	
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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]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$
Description of Contribution					

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

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

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

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

SCHEDULE II
Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:	
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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		Nationbuilder			Date [MM/DD/YYYY]	\$	89.00
House #	Street Address		Description of Expenditure				
City	State	CA	Zip Code	website			
To Whom Paid		Nationbuilder			Date [MM/DD/YYYY]	\$	89.00
House #	Street Address		Description of Expenditure				
City	State	CA	Zip Code	website			
To Whom Paid		Staples			Date [MM/DD/YYYY]	\$	117.69
House #	Street Address		Description of Expenditure				
City	State	PA	Zip Code	15216	ink		
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

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:	
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Name of Creditor					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					