

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		Neighbors for Amy Schrempf							
Street Address		1103 East Carson Street							
City	Pittsburgh	State	PA	Zip Code	15203				

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		5/21/2019	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
	1/1/2019	2/28/2019	
A. Amount Brought Forward From Last Report	\$	153.32	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1325.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1478.32	
D. Total Expenditures (From Schedule III)	\$	657.01	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	821.31	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	24.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2,500.00	

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

28 day of February 2020

Signature of Person Submitting report

Theresa Barry

Printed Name

412

664-7414

Area Code

Daytime Telephone Number

Signature
COMMONWEALTH OF PENNSYLVANIA

My Commission expires 12 22 2020
 NOTARIAL SEAL
 Erika Similo, Notary Public
 Elizabeth Twp., Allegheny County
 My Commission Expires Dec. 22, 2020
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Part II- If this is a **report of a Candidate**, 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

28 day of February 2020

Signature of Candidate

Amy Schrempf

Printed Name

412

664-7414

Area Code

Daytime Telephone Number

My Commission expires 12 22 2020
 COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL
 Erika Similo, Notary Public
 Elizabeth Twp., Allegheny County
 My Commission Expires Dec. 22, 2020
 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)	\$
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)		\$
Total for the reporting period	(2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$
All Other Contributions (Part D)		\$
Total for the reporting period	(3)	\$
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>		\$

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	
-----------------------------	--

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

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		Ronda J. Winnecour			Date [MM/DD/YYYY]	\$	100.00
					2/14/2019		
House #	1300	Street Address	Firwood Drive		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15243	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Gregory A. Biernacki			Date [MM/DD/YYYY]	\$	250.00
					1/24/2019		
House #	3215	Street Address	Willow Ridge Drive		Date [MM/DD/YYYY]	\$	
City	Bridgeville	State	PA	Zip Code	15017-1598	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Christopher S. Musuneggi			Date [MM/DD/YYYY]	\$	100.00
					1/19/2019		
House #	1910	Street Address	Cochran Road, Manor Oak Ste 520		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15220-1203	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Anthony Giglio			Date [MM/DD/YYYY]	\$	300.00
					1/23/2019		
House #	1500	Street Address	Ardmore Boulevard, Suite 506		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15221	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Kenneth L. Hillman			Date [MM/DD/YYYY]	\$	250.00
					2/9/2019		
House #	164	Street Address	Fisher Avenue		Date [MM/DD/YYYY]	\$	
City	Monongahela	State	PA	Zip Code	15063-1022	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Richard Barnett			Date [MM/DD/YYYY]	\$	75.00
					2/14/2019		
House #	110	Street Address	Juniper Drive		Date [MM/DD/YYYY]	\$	
City	Fenelton	State	PA	Zip Code	16034	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		Joan Shoemaker			Date [MM/DD/YYYY]	\$	100.00
					1/30/2019		
House #	552	Street Address	N. Neville Street #86		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15213	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Gary R. Bodnar			Date [MM/DD/YYYY]	\$	100.00
					1/23/2019		
House #	107	Street Address	Hi Ridge Road		Date [MM/DD/YYYY]	\$	
City	Bethel Park	State	PA	Zip Code	15102-3703	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Janet Burkardt			Date [MM/DD/YYYY]	\$	50.00
					2/21/2019		
House #	6654	Street Address	Landview Road		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]	\$
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 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:	
------------------------------	--

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)	\$ 24.00

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

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

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor		Thomas Barry			Date [MM/DD/YYYY]	\$	24.00
					2/28/2019		
House #	1103	Street Address	East Carson Street			Date [MM/DD/YYYY]	\$
City	Pittsburgh	State	PA	Zip Code	15203	Date [MM/DD/YYYY]	\$
Description of Contribution		Postage - First Class Rate					

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

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

To Whom Paid		Pittsburgh Buttoneer			Date [MM/DD/YYYY]	\$	59.36
					2/21/2019		
House #	2306	Street Address	Cobden Street		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15203	Campaign Buttons	
To Whom Paid		Print & Copy Center, Inc			Date [MM/DD/YYYY]	\$	422.65
					2/21/2019		
House #	731	Street Address	Allegheny River Boulevard		Description of Expenditure		
City	Verona	State	PA	Zip Code	15147	Campaign Literature, Letters, Envelopes	
To Whom Paid		SEAD			Date [MM/DD/YYYY]	\$	75.00
					2/25/2019		
House #		Street Address	P.O. Box 9615		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15226	SEAD Sponsorship - PreEndorsement Rally	
To Whom Paid		Bob O'Connor Foundation			Date [MM/DD/YYYY]	\$	100.00
					2/1/2019		
House #	5670	Street Address	Phillips Avenue		Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15217	Sponsorship - St. Patricks Day Rally	
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:	
------------------------------	--

Name of Creditor		Amy R. Schrempf				Outstanding Balance of Debt	
House #	2705	Street Address	Sarah Street		DATE DEBT INCURRED [MM/DD/YYYY]		\$ 2,500.00
City		Pittsburgh	State	PA	Zip Code	15203	
Description of Debt		Loan to campaign for Democratic Endorsement from personal funds					

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							

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.