

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)		<input checked="" type="checkbox"/>	Committee		<input type="checkbox"/>	Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Judith K Ginyard							
Street Address		227 N Homewood Avenue							
City	Pittsburgh	State	PA	Zip Code	15208-2411				

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 checked="" 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	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,500	
C. Total Funds Available (Sum of Lines A and B)	\$	2,500	
D. Total Expenditures (From Schedule III)	\$	2,500	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
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 2019

Alison Branson
Signature

Commonwealth of Pennsylvania - Notary Seal
ALISHA L BRANSON - Notary Public
Allegheny County
My Commission Expires Mar 19, 2023
Commission Number 1199279
Area Code _____

Judith K Ginyard
Signature of Person Submitting report

Printed Name

My Commission expires 3-19-23
MO. DAY YR.

292-6867
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

_____ 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)	\$	-0-
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)		\$	-0-
Total for the reporting period	(2)	\$	-0-
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	-0-
All Other Contributions (Part D)		\$	2,500
Total for the reporting period	(3)	\$	
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>		\$	2,500

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

PART C
Contributions Received From Political Committees

Over \$250.00

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

Filer Identification Number:									
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
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]		\$
JUDITH K. GINYARD				2019/2019		2,500
House #	Street Address		Date [MM/DD/YYYY]		\$	
227	N. HOMEWOOD					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
PITTSBURGH	PA	15208				
Employer Name				Occupation		
WIG REAL ESTATE SERVICES LLC				REAL ESTATE BROKER		
Employer Mailing Address / Principal Place of Business						
224 TENN AVE PITTSBURGH PA 15221						
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							
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)	\$

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:					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		ALLEGHENY DEMOCRATIC PARTY			Date [MM/DD/YYYY]	\$	2,500
House #	22	Street Address	WABASH ST SUITE 205		Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15220	ENDORSEMENT 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]	\$	
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					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						