

### Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	83-3616175	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Kierran Young							
Street Address	5047 Somerville Street							
City	Pittsburgh	State	PA	Zip Code	15201			

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre-Election	5- 2 <sup>nd</sup> Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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)	05/21/2019		Year	2019		Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
		01/2019
A. Amount Brought Forward From Last Report	\$	0.00
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,000.00
C. Total Funds Available (Sum of Lines A and B)	\$	1,000.00
D. Total Expenditures (From Schedule III)	\$	0.00
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0.00
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00

For Office Use Only

#### 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

12<sup>th</sup> day of March 20 19

*Martinelli H. Goss*  
Signature

My Commission expires July 22 2020  
MO. DAY YR.

*Kierran Young*  
Signature of Person Submitting report  
Kierran Young  
Printed Name

412 ~~620 371~~  
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. 20) as amended.

Sworn to and subscribed before me this

12<sup>th</sup> day of March 20 19

*Martinelli H. Goss*  
Signature

My Commission expires July 22 2020  
MO. DAY YR.

*Kierran Young*  
Signature of Candidate  
Kierran Young  
Printed Name

412 620 3712  
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA  
NOTARIAL SEAL  
Martinelli H. Goss, Notary Public  
City of Pittsburgh, Allegheny County  
My Commission Expires July 22, 2020

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SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

Filer Identification Number	83-3616175
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<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
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Total for the reporting period	(1)	\$
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<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
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Contributions Received from Political Committees (Part A)		\$
All Other Contributions (Part B)		\$
Total for the reporting period	(2)	\$

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
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Contributions Received from Political Committees (Part C)		\$	1,000.00
All Other Contributions (Part D)		\$	
Total for the reporting period	(3)	\$	1,000.00

<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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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>		\$	1,000.00

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	83-3616175
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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]	\$

0.00

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:	83-3616175
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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]	\$
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]	\$

0.00

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:	83-3616175
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Full Name of Contributing Committee					Young Pittsburgh		Date [MM/DD/YYYY]	\$	1,000.00
House #							Date [MM/DD/YYYY]	\$	
Street Address					P.O. Box 90313				
City			State	Zip Code		Date [MM/DD/YYYY]	\$		
Pittsburgh			PA	15224					
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #							Date [MM/DD/YYYY]	\$	
Street Address									
City			State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #							Date [MM/DD/YYYY]	\$	
Street Address									
City			State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #							Date [MM/DD/YYYY]	\$	
Street Address									
City			State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #							Date [MM/DD/YYYY]	\$	
Street Address									
City			State	Zip Code		Date [MM/DD/YYYY]	\$		
Full Name of Contributing Committee							Date [MM/DD/YYYY]	\$	
House #							Date [MM/DD/YYYY]	\$	
Street Address									
City			State	Zip Code		Date [MM/DD/YYYY]	\$		

1,000.00

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:	83-3616175
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Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #				Street Address	
City				State	Zip Code
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #				Street Address	
City				State	Zip Code
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #				Street Address	
City				State	Zip Code
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					
Full Name of Contributor				Date [MM/DD/YYYY]	\$
House #				Street Address	
City				State	Zip Code
Employer Name				Occupation	
Employer Mailing Address / Principal Place of Business					

0.00

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:	83-3616175
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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							

0.00

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:	<b>83-3616175</b>
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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)		\$	<b>0.00</b>
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SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$50.01 TO \$250

Filer Identification Number: **83-3616175**

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								

0.00

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$250

Filer Identification Number: **83-3616175**

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		

0.00

SCHEDULE III  
Statement of Expenditures

Filer Identification Number: **83-3616175**

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			
To Whom Paid				Date [MM/DD/YYYY]	\$
House #	Street Address			Description of Expenditure	
City	State	Zip Code			

0.00

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:	83-3616175
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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						

0.00