

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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Quincy 4 PGH						
Street Address		P.O. Box 100126						
City	Pittsburgh	State	PA	Zip Code	15233			

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
	10/23/2018	2/28/2019	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	8950	
C. Total Funds Available (Sum of Lines A and B)	\$	8900	
D. Total Expenditures (From Schedule III)	\$	4,151.94	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	4,798.06	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	5000	

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 20 19 <i>Michael A Payne</i> Signature	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Michael A. Payne, Notary Public Penn Hills Twp., Allegheny County My Commission Expires 05/21/2019 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	Signature of Person Submitting report Printed Name 412 Area Code 277-8542 Daytime Telephone Number
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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

1 day of March 20 19 <i>Michael A Payne</i> Signature	COMMONWEALTH OF PENNSYLVANIA NOTARIAL SEAL Michael A. Payne, Notary Public Penn Hills Twp., Allegheny County My Commission Expires May 2019 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES	Signature of Candidate Quincy Kofi Swatson Printed Name 412 Area Code 390-7677 Daytime Telephone Number
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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)	\$	50
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)		\$	200
Total for the reporting period	(2)	\$	200
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	2700
All Other Contributions (Part D)		\$	6000
Total for the reporting period	(3)	\$	8700
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>		\$	8950

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]	\$

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		Quincy Swatson			Date [MM/DD/YYYY]	\$	100
House #	500	Street Address		Tripoli Street	Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15212	Date [MM/DD/YYYY]	\$
Full Name of Contributor		Jeff Betten			Date [MM/DD/YYYY]	\$	100
House #	18	Street Address		Waterfront Drive	Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15222	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:	
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Full Name of Contributing Committee		Friends of QKS		Date [MM/DD/YYYY]	\$
				10/23/2018	\$2,700
House #	Street Address	P.O. Box 61047		Date [MM/DD/YYYY]	\$
City	Pittsburgh	State	PA	Zip Code	15212
				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				Quincy Swatson		Date [MM/DD/YYYY]	\$	5000
						12/19/2018		
House #	500	Street Address	Tripoli Street			Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15212	Date [MM/DD/YYYY]	\$	
Employer Name				Self		Occupation	Self-employed	
Employer Mailing Address / Principal Place of Business				500 Tripoli Street				

Full Name of Contributor				Jehosha Wright		Date [MM/DD/YYYY]	\$	1000
						2/15/2019		
House #	3038	Street Address	Perryssville			Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15214	Date [MM/DD/YYYY]	\$	
Employer Name				Perry Fineview citizen council		Occupation	Community engagement coordinator	
Employer Mailing Address / Principal Place of Business				2344 Perryssville Ave Pittsburgh 15214				

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			
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:	
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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]	\$

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		Robert Hill				Date [MM/DD/YYYY]	\$	300
						11/16/2018		
House #	1	Street Address	Trimont Lane			Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15211	consulting		
To Whom Paid		Dark Forest LLC				Date [MM/DD/YYYY]	\$	165
						11/19/2018		
House #	441	Street Address	42nd street			Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15201	mailers		
To Whom Paid		Dark Forest LLC				Date [MM/DD/YYYY]	\$	81.99
						11/19/2019		
House #	441	Street Address	42nd Street			Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15201	Digital Reimbursement		
To Whom Paid		Paige Mitchel				Date [MM/DD/YYYY]	\$	1500
						11/20/2018		
House #		Street Address				Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code		communication		
To Whom Paid		2206 design				Date [MM/DD/YYYY]	\$	15
						11/23/2018		
House #	214	Street Address	W. Swissville Ave			Description of Expenditure		
City	Pittsburgh	State	PA	Zip Code	15218	window sign design		
To Whom Paid		Caleb- Micheal-Files				Date [MM/DD/YYYY]	\$	300
						11/23/2019		
House #	1924	Street Address	8th Street NW			Description of Expenditure		
City	Washington	State	DC	Zip Code	20001	graphic design		
To Whom Paid		Jessie Jae Hoon				Date [MM/DD/YYYY]	\$	100
						11/23/2019		
House #	823	Street Address	Madison Street			Description of Expenditure		
City	Brooklyn	State	NY	Zip Code	112211	graphic design		
To Whom Paid		Tod Medema				Date [MM/DD/YYYY]	\$	500
						11/23/2018		
House #		Street Address				Description of Expenditure		
City		State		Zip Code		website		

**SCHEDULE III
Statement of Expenditures**

Filer Identification Number:	
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To Whom Paid	Nation Builder			Date [MM/DD/YYYY]	\$	
House #	520	Street Address	S Grand Ave 2nd floor	12/17/2018		35
City	Los Angeles	State	CA	Zip Code	90071	Description of Expenditure
						service

To Whom Paid	Nation Builder			Date [MM/DD/YYYY]	\$	
House #	520	Street Address	Grand Ave 2nd floor	1/16/2019		35
City	Los Angeles	State	CA	Zip Code	90071	Description of Expenditure
						service

To Whom Paid	Nation Builder			Date [MM/DD/YYYY]	\$	
House #	520	Street Address	Grand Ave 2nd floor	2/19/2019		35
City	Los Angeles	State	CA	Zip Code	90071	Description of Expenditure
						service

To Whom Paid	Grammerly			Date [MM/DD/YYYY]	\$	
House #	502	Street Address	Market Street, #35410	2/20/2019		59.95
City	San Francisco	State	CA	Zip Code	94104	Description of Expenditure
						service

To Whom Paid	Eminent Hospitality Solution			Date [MM/DD/YYYY]	\$	
House #	502	Street Address	E. Ohio Street	2/25/2019		25
City	Pittsburgh	State	PA	Zip Code	15212	Description of Expenditure
						meet & greet contribution

To Whom Paid	Ya Momz House Inc			Date [MM/DD/YYYY]	\$	
House #		Street Address	PO BOX 2661	2/13/2019		1000
City	Pittsburgh	State	PA	Zip Code	15230	Description of Expenditure
						Production

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

To Whom Paid				Date [MM/DD/YYYY]	\$	
House #		Street Address				
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		Quincy Kofi Swatson				Outstanding Balance of Debt	
House #	500	Street Address	Tripoli Street Apt 402		DATE DEBT INCURRED [MM/DD/YYYY]		\$
City		Pittsburgh	State	PA	Zip Code	15212	
Description of Debt		Loan					
							\$5,000

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							