

# 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	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Amy Schrempp					
Street Address		2705 Sarah Street					
City	Pittsburgh	State	PA	Zip Code	15203		

Type of Report (Place x under report type)

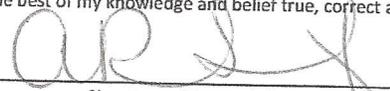
1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>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

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	03/01/2019	03/31/2019	
A. Amount Brought Forward From Last Report	\$	821.31	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	250	
C. Total Funds Available (Sum of Lines A and B)	\$	1,071.31	
D. Total Expenditures (From Schedule III)	\$	2,957.78	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-1,886.47	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
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  
 15<sup>th</sup> day of April 20 19  
 Signature

  
 Signature of Person Submitting report  
 Amy Schrempp  
 Printed Name

My Commission Expires  
**COMMONWEALTH OF PENNSYLVANIA**  
**NOTARIAL SEAL 20**  
 Erika Similo, Notary Public  
 Elizabeth Twp, Allegheny County

412 Area Code 664-7414 Daytime Telephone Number

Part II- If this is a report of a Candidate's Official 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  
 My Commission expires MO. DAY YR.

Signature of Candidate  
 Printed Name  
 Area Code Daytime Telephone Number

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

<b>Filer Identification Number</b>	
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**1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor**

Total for the reporting period	(1)	\$	
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**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)	\$	250.00

**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>			250.00

7-490

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:	
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Full Name of Contributor		Candice Gonzolez			Date [MM/DD/YYYY]	\$	250
House #	2317	Street Address	Salisbury Street		Date [MM/DD/YYYY]	\$	
City	Pittsburgh	State	PA	Zip Code	15203	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:	
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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						
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:	
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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:									
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									
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

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			

<b>Full Name of Contributor</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>House #</b>	<b>Street Address</b>			<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>	<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Employer Name</b>				<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>				<b>Description of Contribution</b>			

**SCHEDULE III  
Statement of Expenditures**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>		19th Ward Democratic Committee				<b>Date [MM/DD/YYYY]</b>	\$	100
<b>House #</b>	2414	<b>Street Address</b>	Wenzell Avenue			03/01/2019		
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15216	<b>Description of Expenditure</b>		
						Speaking donation		
<b>To Whom Paid</b>		Allegheny County Democratic Committee				<b>Date [MM/DD/YYYY]</b>	\$	2,500
<b>House #</b>	22	<b>Street Address</b>	Wabash Street			02/17/2019		
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15220	<b>Description of Expenditure</b>		
						Committee Endorsement Fee		
<b>To Whom Paid</b>		Print & Copy Center				<b>Date [MM/DD/YYYY]</b>	\$	57.78
<b>House #</b>	731	<b>Street Address</b>	Allegheny River Boulevard			03/12/2019		
<b>City</b>	Verona	<b>State</b>	PA	<b>Zip Code</b>	15147	<b>Description of Expenditure</b>		
						Palm Cards - Printing		
<b>To Whom Paid</b>		Allegheny County Democratic Committee				<b>Date [MM/DD/YYYY]</b>	\$	250
<b>House #</b>	22	<b>Street Address</b>	Wabash Street			03/04/2019		
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15220	<b>Description of Expenditure</b>		
						Breakfast		
<b>To Whom Paid</b>		Committee to Elect Michael Lamb				<b>Date [MM/DD/YYYY]</b>	\$	50
<b>House #</b>		<b>Street Address</b>				03/07/2019		
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Description of Expenditure</b>		
						Harp & Fiddle Kick Off		
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Description of Expenditure</b>		
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Description of Expenditure</b>		
<b>To Whom Paid</b>						<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>						
<b>City</b>		<b>State</b>		<b>Zip Code</b>		<b>Description of Expenditure</b>		

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 Schrempf				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	2,500.00
2705	Sarah Street	2/13/2019					
City		State	Zip Code				
Pittsburgh		PA	15203				
Description of Debt							
Funds for Endorsement							

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							