

Reset Form

Print Form

### 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
Name of Filing Committee, Candidate or Lobbyist	Judith K Ginyard			
Street Address	227 N Homewood Avenue			
City	Pittsburgh	State	PA	Zip Code 15208

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 checked="" 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"/>	<input 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	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	467.8	
C. Total Funds Available (Sum of Lines A and B)	\$	467.8	
D. Total Expenditures (From Schedule III)	\$	-	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	0	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	800	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-	

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<sup>st</sup> day of April 20 2019  
 Signature: Alisha L Branson  
 My Commission expires 3 19 23  
 MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal  
 ALISHA L BRANSON - Notary Public  
 Allegheny County  
 My Commission Expires Mar 19, 2023  
 Commission Number 1199279412

Signature of Person Submitting report: Judith K Ginyard  
 Printed Name: JUDITH K. GINYARD  
 Area Code: 412  
 Daytime Telephone Number: 292-6867

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<sup>st</sup> day of April 20 19  
 Signature: Alisha L Branson  
 My Commission expires 3 19 23  
 MO. DAY YR.

Commonwealth of Pennsylvania - Notary Seal  
 ALISHA L BRANSON - Notary Public  
 Allegheny County  
 My Commission Expires Mar 19, 2023  
 Commission Number 1199279412

Signature of Candidate: Judith K Ginyard  
 Printed Name: JUDITH K. GINYARD  
 Area Code: 412  
 Daytime Telephone Number: 292-6867

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

<b>Filer Identification Number</b>		
<b>1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor</b>		
Total for the reporting period	(1)	\$ 0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 0
Total for the reporting period	(2)	\$ 0
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$ 0
All Other Contributions (Part D)		\$ 467.8
Total for the reporting period	(3)	\$ 467.8
<b>4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
Total for the reporting period	(4)	\$ 800
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>		\$ 1,267.8

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	
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							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.)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>House #</b>	<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	

### 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					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)

<b>Filer Identification Number:</b>	
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<b>Full Name of Contributor</b>		Judith K Ginyard			<b>Date [MM/DD/YYYY]</b>	\$	
					03/01/2019		
<b>House #</b>	227	<b>Street Address</b>	N Homewood Avenue		<b>Date [MM/DD/YYYY]</b>	\$	467.8
					03/31/2019		
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15208	<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>		JKG Real Estate Services, LLC			<b>Occupation</b>	Real Estate Broker	
<b>Employer Mailing Address / Principal Place of Business</b>		224 Penn Avenue Suite 2-C Pittsburgh PA 15221					
<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>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>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>							

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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<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the reporting period	(1) \$

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

<b>3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)</b>	
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)	\$
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**SCHEDULE II  
PART F  
In-Kind Contributions Received  
VALUE OF \$50.01 TO \$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>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>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>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>Description of Contribution</b>						

**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>\$</b>		
Judith K Ginyard					03/01/2019				
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>					
227	N Homewood Avenue	03/31/2019		800					
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>				
Pittsburgh	PA	15221							
<b>Employer Name</b>			<b>Occupation</b>						
JKG Real Estate Services, LLC			Real Estate Broker						
<b>Employer Mailing Address / Principal Place of Business</b>			<b>Description of Contribution</b>						
224 Penn Avenue Suite 2-C Pittsburgh PA 15221			Supplies from 2015 election						
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>		<b>\$</b>		
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>					
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</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>\$</b>		
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>					
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</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>\$</b>		
<b>House #</b>	<b>Street Address</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</b>					
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Date [MM/DD/YYYY]</b>		<b>\$</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>	TERIS Parking	<b>Date [MM/DD/YYYY]</b>	3/1/2019	<b>\$</b>	13
<b>House #</b>	200	<b>Street Address</b>	Ross Street		
<b>City</b>	PGH	<b>State</b>	PA	<b>Zip Code</b>	15221
<b>Description of Expenditure</b>					
Parking					
<b>To Whom Paid</b>	United States Postal Service	<b>Date [MM/DD/YYYY]</b>	03/05/2019	<b>\$</b>	5
<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>	11th Ward Democratic Committee	<b>Date [MM/DD/YYYY]</b>	3/5/2019	<b>\$</b>	20
<b>House #</b>		<b>Street Address</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Description of Expenditure</b>					
Speaker Donation					
<b>To Whom Paid</b>	Allegheny County Democratic Committee	<b>Date [MM/DD/YYYY]</b>	03/06/2019	<b>\$</b>	250
<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>	3/8/2019	<b>\$</b>	9.6
<b>House #</b>		<b>Street Address</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Description of Expenditure</b>					
Food for volunteer					
<b>To Whom Paid</b>		<b>Date [MM/DD/YYYY]</b>	3/8/2019	<b>\$</b>	3.78
<b>House #</b>		<b>Street Address</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Description of Expenditure</b>					
Snack for volunteer					
<b>To Whom Paid</b>	Walgreens	<b>Date [MM/DD/YYYY]</b>	3/10/2019	<b>\$</b>	7.47
<b>House #</b>		<b>Street Address</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Description of Expenditure</b>					
Supplies for Endorsement Day					
<b>To Whom Paid</b>	Get Go - Southside	<b>Date [MM/DD/YYYY]</b>	3/10/2019	<b>\$</b>	9.98
<b>House #</b>		<b>Street Address</b>			
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Description of Expenditure</b>					
Supplies for Endorsement Day - Water					

**SCHEDULE III  
Statement of Expenditures**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>	GetGO	<b>Date [MM/DD/YYYY]</b>	\$	4.65
		3/11/2019		
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Food for volunteer	
<b>To Whom Paid</b>	McDonalds	<b>Date [MM/DD/YYYY]</b>	\$	4.27
		3/12/2019		
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Food for volunteer	
<b>To Whom Paid</b>	KFC	<b>Date [MM/DD/YYYY]</b>	\$	5.74
		3/13/2019		
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Food for volunteer	
<b>To Whom Paid</b>	Michaels	<b>Date [MM/DD/YYYY]</b>	\$	14.95
		3/15/2019		
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Supplies	
<b>To Whom Paid</b>	Taco Bell	<b>Date [MM/DD/YYYY]</b>	\$	11.52
		3/20/2019		
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Food for vo'unteer	
<b>To Whom Paid</b>	Walgreens	<b>Date [MM/DD/YYYY]</b>	\$	7.99
		3/25/2019		
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Snacks for vo'unteer	
<b>To Whom Paid</b>	Pittsburgh Parking Authority	<b>Date [MM/DD/YYYY]</b>	\$	3
		3/25/2019		
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Parking Meter	
<b>To Whom Paid</b>	Walgreens	<b>Date [MM/DD/YYYY]</b>	\$	10.28
		3/27/2019		
<b>House #</b>	<b>Street Address</b>	<b>Description of Expenditure</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	Snacksfor volunteer	

### SCHEDULE III Statement of Expenditures

Filer Identification Number:		
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To Whom Paid		Chipotle			Date [MM/DD/YYYY]	\$	8.56
					3/27/2019		
House #	Street Address			Description of Expenditure			
City	State		Zip Code	Food for volunteer			
To Whom Paid		JoAnn			Date [MM/DD/YYYY]	\$	37.94
					3/28/2019		
House #	Street Address			Description of Expenditure			
City	State		Zip Code	Supplies			
To Whom Paid		Crispy's			Date [MM/DD/YYYY]	\$	22.83
					3/28/2019		
House #	Street Address			Description of Expenditure			
City	State		Zip Code	Food for volunteers			
To Whom Paid		Lowe's			Date [MM/DD/YYYY]	\$	10.68
					3/28/2019		
House #	Street Address			Description of Expenditure			
City	State		Zip Code	Supplies			
To Whom Paid		McDonalds			Date [MM/DD/YYYY]	\$	5.55
					3/30/2019		
House #	Street Address			Description of Expenditure			
City	State		Zip Code	Food for volunteer			
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:	
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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						