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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	☐	Committee	☒	Lobbyist ☐
Name of Filing Committee, Candidate or Lobbyist	FRIENDS OF CHRIS ROSSELOT						
Street Address	541 E. OHIO STREET						
City	PITTSBURGH	State	PA	Zip Code	15212		

Type of Report (Place x under report type)

1- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
☐	☐	☐	☐	☐	☐	☐	☐	☐
Date Of Election (MM/DD/YYYY)		05/21/2019	Year	2019	Amendment Report	☐	Termination Report	☐

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	$	3,703.36	
B. Total Monetary Contributions and Receipts (From Schedule I)	$	2,416	
C. Total Funds Available (Sum of Lines A and B)	$	6,119.36	
D. Total Expenditures (From Schedule III)	$	4,890.43	
E. Ending Cash Balance (Subtract Line D from Line C)	$	1,228.93	
F. Value of In-Kind Contributions Received (From Schedule II)	$	139.03	
G. Unpaid Debts and Obligations (From Schedule IV)	$	17,395.17	

Affidavit Section

Part 1- 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

1st day of April 20 19

Signature

My Commission expires April 26 2022 (MO. DAY YR.)

Signature of Person Submitting report

Alethea G. Cassidy

Printed Name

412 Area Code

904-1099 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

1st day of April 20 19

Signature

My Commission expires April 24 2022 (MO. DAY YR.)

Signature of Candidate

CHRIS ROSSELOT

Printed Name

412 Area Code

354-0642 Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
Brandon J. Havranek, Notary Public
Allegheny County
My commission expires April 24, 2022
Commission number 1328226
Member, Pennsylvania Association of Notaries

Commonwealth of Pennsylvania - Notary Seal
Brandon J. Havranek, Notary Public
Allegheny County
My commission expires April 24, 2022
Commission number 1328226
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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)	$	165
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)	$	1,251
Total for the reporting period (2)	$	1,251
3. Contributions Over $250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	$	500
All Other Contributions (Part D)	$	500
Total for the reporting period (3)	$	1,000
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 *(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)*	$	2,416

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:	

Full Name of Contributor	MATTHEW LACHMAN					Date [MM/DD/YYYY]	$
						03/26/2019	100
House #	507	Street Address	9TH STREE SE			Date [MM/DD/YYYY]	$
City	WASHINGTON	State	DC	Zip Code	20003	Date [MM/DD/YYYY]	$

Full Name of Contributor	ANDREW SCHWARZ					Date [MM/DD/YYYY]	$
						03/07/2019	100
House #	918	Street Address	CHESTNUT STREET			Date [MM/DD/YYYY]	$
City	PITTSBURGH	State	PA	Zip Code	15212	Date [MM/DD/YYYY]	$

Full Name of Contributor	JOHN TURNER					Date [MM/DD/YYYY]	$
						03/12/2019	100
House #	96	Street Address	HANCOCK ST			Date [MM/DD/YYYY]	$
City	STONEHAM	State	MA	Zip Code	02180	Date [MM/DD/YYYY]	$

Full Name of Contributor	MARK NOWAK					Date [MM/DD/YYYY]	$
						03/18/2019	250
House #	2011	Street Address	WEST GROVE DRIVE			Date [MM/DD/YYYY]	$
City	GIBSONIA	State	PA	Zip Code	15044	Date [MM/DD/YYYY]	$

Full Name of Contributor	DANNY P CERRONE JR					Date [MM/DD/YYYY]	$
						03/18/2019	250
House #	2020	Street Address	BERKLEY RIDGE DRIVE			Date [MM/DD/YYYY]	$
City	MCDONALD	State	PA	Zip Code	15057	Date [MM/DD/YYYY]	$

Full Name of Contributor	DARLENE YANAKOS					Date [MM/DD/YYYY]	$
						03/18/2019	100
House #	911	Street Address	W. NORTH AVENUE			Date [MM/DD/YYYY]	$
City	PITTSBURGH	State	PA	Zip Code	15212	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	MATT SINGER					Date [MM/DD/YYYY]	$	51
House #	29	Street Address	FOSTER SQUARE			Date [MM/DD/YYYY]	$	
City	PITTSBURGH	State	PA	Zip Code	15212	Date [MM/DD/YYYY]	$	

Full Name of Contributor	JACOB HANCHAR					Date [MM/DD/YYYY]	$	100
House #	22	Street Address	WEDGEWOOD LANE			Date [MM/DD/YYYY]	$	
City	PITTSBURGH	State	PA	Zip Code	15215	Date [MM/DD/YYYY]	$	

Full Name of Contributor	JEANNE EMHOFF					Date [MM/DD/YYYY]	$	100
House #	106	Street Address	JACKSONIA ST			Date [MM/DD/YYYY]	$	
City	PITTSBURGH	State	PA	Zip Code	15212	Date [MM/DD/YYYY]	$	

Full Name of Contributor	RACHAEL HEISLER					Date [MM/DD/YYYY]	$	100
House #	1318	Street Address	ARCH STREET			Date [MM/DD/YYYY]	$	
City	PITTSBURGH	State	PA	Zip Code	15212	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	CLARK HILL THORP REED POLITICAL ACTION COMMITTEE					Date [MM/DD/YYYY]	$	500
						03/18/2019		
House #	301	Street Address	GRANT ST FLOOR 14			Date [MM/DD/YYYY]	$	
City	PITTSBURGH	State	PA	Zip Code	15219	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	NATHAN MORGAN						Date [MM/DD/YYYY] 03/04/2019	$	500
House #		Street Address	P. O. BOX 460				Date [MM/DD/YYYY]	$	
City	MONROEVILLE	State	PA	Zip Code	15146		Date [MM/DD/YYYY]	$	
Employer Name	MORGAN DEVELOPMENT CO LP						Occupation	OWNER	
Employer Mailing Address / Principal Place of Business	P O BOX 460 MONROEVILLE, PA 15146								
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									

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

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)	$	49.03

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.01 TO $250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	$	90

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)	$	139.03

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF $50.01 TO $250

Filer Identification Number:	

Full Name of Contributor	ANGELA FIEDLER						Date [MM/DD/YYYY] 03/10/2019	$	90
House #	131	Street Address	NOTTINGHAM DR				Date [MM/DD/YYYY]	$	
City	PITTSBURGH	State	PA	Zip Code	15204		Date [MM/DD/YYYY]	$	
Description of Contribution	10 DOZEN CUPCAKES								
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	KESTENBERG CONSULTING					Date [MM/DD/YYYY]	$	2,500
House #	1814	Street Address	SHADY AVE			Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15217	CONSULTING SERVICES		

To Whom Paid	CAFE ON THE CORNER					Date [MM/DD/YYYY]	$	479.02
House #	2700	Street Address	SHADELAND AVE			Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15212	PETITION SIGNING EVENT		

To Whom Paid	KUHN'S					Date [MM/DD/YYYY]	$	26.95
House #	4801	Street Address	MCKNIGHT RD			Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15200	REFRESHMENTS - MEET & GREET EVENT		

To Whom Paid	26TH WARD GOOD GOVERNMENT					Date [MM/DD/YYYY]	$	50
House #	39	Street Address	RIVERVIEW AVE			Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15214	DONATION - MEET & GREET		

To Whom Paid	VERIZON					Date [MM/DD/YYYY]	$	180.68
House #		Street Address	PO BOX 15124			Description of Expenditure		
City	ALBANY	State	NY	Zip Code	12212	OFFICE INTERNET		

To Whom Paid	SPRINGHILL SUITES					Date [MM/DD/YYYY]	$	67.84
House #	2950	Street Address	S WATER ST			Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15203	ROOM-ADC ENDORSEMENT EVENT		

To Whom Paid	BUDDY'S BREW					Date [MM/DD/YYYY]	$	32.61
House #	2112	Street Address	E CARSON ST			Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15203	BEVERAGES-ADC ENORSEMENT EVENT		

To Whom Paid	YOUNG BROS BAR					Date [MM/DD/YYYY]	$	25
House #	1439	Street Address	WOODS RUN AVE			Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15212	SHARE OF EXPENSE-PROACTIVE CITIZENS FORUM		

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid	COUNTY OF ALLEGHENY					Date [MM/DD/YYYY] 03/12/2019	$ 50
House # 542	Street Address FORBES AVE., STE 604					Description of Expenditure	
City PITTSBURGH		State PA		Zip Code 15219		PETITION FILING FEE	

To Whom Paid	MUFFINMAN STUDIOS					Date [MM/DD/YYYY] 03/12/2019	$ 160
House # 1120	Street Address TERMON AVE					Description of Expenditure	
City PITTSBURGH		State PA		Zip Code 15212		WEBSITE REVISIONS	

To Whom Paid	BRUCE KLEIN					Date [MM/DD/YYYY] 03/20/2019	$ 1,000
House # 525	Street Address E OHIO STREET					Description of Expenditure	
City PITTSBURGH		State PA		Zip Code 15212		OFFICE RENT	

To Whom Paid	SSB BANK					Date [MM/DD/YYYY] 03/25/2019	$ 175
House # 8700	Street Address OLD PERRY HWY					Description of Expenditure	
City PITTSBURGH		State PA		Zip Code 15222		INTEREST	

To Whom Paid	PITTSBURGH PARKING AUTHORITY					Date [MM/DD/YYYY] 03/25/2019	$ 2
House # 232	Street Address BLVD OF THE ALLIES					Description of Expenditure	
City PITTSBURGH		State PA		Zip Code 15222		PARKING FOR MEETING	

To Whom Paid	LAPRIMA					Date [MM/DD/YYYY] 03/25/2019	$ 6.74
House # 1520	Street Address CHATEAU ST					Description of Expenditure	
City PITTSBURGH		State PA		Zip Code 15233		COFFEE	

To Whom Paid	CITY WORKS					Date [MM/DD/YYYY] 03/26/2019	$ 116.78
House #	Street Address TWO PPG PLACE					Description of Expenditure	
City PITTSBURGH		State PA		Zip Code 15222		DINNER MEETING	

To Whom Paid	NATIONBUILDER.COM					Date [MM/DD/YYYY] 03/29/2019	$ 17.81
House # 520	Street Address S GRAND AVE					Description of Expenditure	
City LOS ANGELES		State CA		Zip Code 90071			

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	Janelle Rosselot							Outstanding Balance of Debt
House #	1108	Street Address	Voskamp Street	DATE DEBT INCURRED [MM/DD/YYYY]	12/17/2018		$	499.08
City	Pittsburgh	State	PA	Zip Code	15212			
Description of Debt	Food/beverages/supplies/hall clng fee for pasta dinner meet & greet with NS Democratic Committee							
Name of Creditor	Christopher Rosselot							Outstanding Balance of Debt
House #	1019	Street Address	Vinial Street	DATE DEBT INCURRED [MM/DD/YYYY]	11/27/2018		$	48
City	Pittsburgh	State	PA	Zip Code	15212			
Description of Debt	USPS Campaign Committee PO Box							
Name of Creditor	Christopher Rosselot							Outstanding Balance of Debt
House #	1019	Street Address	Vinial Street	DATE DEBT INCURRED [MM/DD/YYYY]	12/24/2018		$	115.5
City	Pittsburgh	State	PA	Zip Code	15212			
Description of Debt	Office supplies							
Name of Creditor	Christopher Rosselot							Outstanding Balance of Debt
House #	1019	Street Address	Vinial Street	DATE DEBT INCURRED [MM/DD/YYYY]	12/29/2018		$	134.84
City	Pittsburgh	State	PA	Zip Code	15212			
Description of Debt	Meeting expenses re: prospective consultants and managers							
Name of Creditor	Christopher Rosselot							Outstanding Balance of Debt
House #	1019	Street Address	Vinial Street	DATE DEBT INCURRED [MM/DD/YYYY]	01/07/2019		$	11,000
City	Pittsburgh	State	PA	Zip Code	15212			
Description of Debt	Loan to committee							
Name of Creditor	Genevieve Rosselot							Outstanding Balance of Debt
House #	1019	Street Address	Vinial Street	DATE DEBT INCURRED [MM/DD/YYYY]	01/10/2019		$	190.27
City	Pittsburgh	State	PA	Zip Code	15212			
Description of Debt	Beverages for Kick off event							

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	GENEVIEVE ROSSELOT						Outstanding Balance of Debt	
House #	1019	Street Address	VINIAL STREET	DATE DEBT INCURRED [MM/DD/YYYY]	01/10/2019		$	352.15
City	PITTSBURGH	State	PA	Zip Code	15212			
Description of Debt	CHAPEL @ RIVERVIEW PARK PERMIT FOR 5/19							
Name of Creditor	CHRISTOPHER ROSSELOT						Outstanding Balance of Debt	
House #	1019	Street Address	VINIAL STREET	DATE DEBT INCURRED [MM/DD/YYYY]	02/20/2019		$	5,000
City	PITTSBURGH	State	PA	Zip Code	15212			
Description of Debt	CANDIDATE LOAN TO COMMITTEE							
Name of Creditor	CHRISTOPHER ROSSELOT						Outstanding Balance of Debt	
House #	1019	Street Address	VINIAL STREET	DATE DEBT INCURRED [MM/DD/YYYY]	02/24/2019		$	55.33
City	PITTSBURGH	State	PA	Zip Code	15212			
Description of Debt	BREAKFAST MEETING WITH DEMOCRATIC COMMITTEE MEMBERS							
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								