

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		Quincy Kofi Swatson					
Street Address		500 Tripoli St Apt 402					
City	Pittsburgh	State	PA	Zip Code	15212		

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
	01/01/2019	02/28/2019	
A. Amount Brought Forward From Last Report	\$	-300	<div style="border: 2px solid blue; padding: 10px; width: fit-content; margin: auto;"> <p style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">APR 29 2019</p> <p style="color: blue; font-weight: bold; font-size: 1.2em;">ETHICS HEARING BOARD</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	-300	
D. Total Expenditures (From Schedule III)	\$	3,006.42	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-3,306.42	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	3,306.42	

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 financial statements, is true, correct and complete.

Sworn to and subscribed before me this 29th day of April 2019

Michael C. Payne
Signature

Quincy Swatson
Signature of Person Submitting Report

Allegheeny County
 My commission expires May 6, 2023
 Commission number 1290037
 Member, Pennsylvania Association of Notaries

412 Area Code 340-7677 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 _____ day of _____ 20__

Signature

Signature of Candidate

Printed Name

My Commission expires _____ MO. DAY YR. _____ Area Code _____ Daytime Telephone Number

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)	\$
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)	\$
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>		\$

I hereby certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that I am not aware of any information that would cause this report to be misleading.

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 #	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				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]	\$

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)

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:	
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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]	\$
Description of Contribution					

Description of Contribution					
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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	Paige Mitchell	Date [MM/DD/YYYY]	\$	1,500
House #	712	Street Address	Pennwood Dr	
City	Pittsburgh	State	PA	Zip Code 15235
Description of Expenditure				
Consulting				

To Whom Paid	Paige Mitchell	Date [MM/DD/YYYY]	\$	1,500
House #	712	Street Address	Pennwood Dr	
City	Pittsburgh	State	PA	Zip Code 15235
Description of Expenditure				
Consulting				

To Whom Paid	USPS	Date [MM/DD/YYYY]	\$	6.42
House #	1001	Street Address	California Ave Rm 1002	
City	Pittsburgh	State	PA	Zip Code 15290
Description of Expenditure				
Shipping and Handling				

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

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

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

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

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

**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 St Apt 402		DATE DEBT INCURRED [MM/DD/YYYY]		\$	1,500
				01/03/2019					
City		Pittsburgh	State		PA	Zip Code	15212		
Description of Debt						Payment to Paige Mitchell for Consulting			
Name of Creditor						Quincy Kofi Swatson		Outstanding Balance of Debt	
House #	500	Street Address		Tripoli St Apt 402		DATE DEBT INCURRED [MM/DD/YYYY]		\$	1,500
				02/03/2019					
City		Pittsburgh	State		PA	Zip Code	15212		
Description of Debt						Payment to Paige Mitchell for Consulting			
Name of Creditor						Quincy Kofi Swatson		Outstanding Balance of Debt	
House #	500	Street Address		Tripoli St Apt 402		DATE DEBT INCURRED [MM/DD/YYYY]		\$	15.21
				02/19/2019					
City		Pittsburgh	State		PA	Zip Code	15212		
Description of Debt						Payment to USPS for Shipping and Handling			
Name of Creditor						Quincy Kofi Swatson		Outstanding Balance of Debt	
House #	500	Street Address		Tripoli St Apt 402		DATE DEBT INCURRED [MM/DD/YYYY]		\$	300
				12/03/2018					
City		Pittsburgh	State		PA	Zip Code	15212		
Description of Debt						Payment to Caleb-Michael Files for Graphic Design			
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									