

# 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 <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)	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
	03/01/2019	03/31/2019	
A. Amount Brought Forward From Last Report	\$	-3,306.42	<div style="border: 2px solid blue; padding: 10px; text-align: center;"> <p>RECEIVED</p> <p>APR 29 2019</p> <p>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)	\$	-3,306.42	
D. Total Expenditures (From Schedule III)	\$	1,486.48	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-4,792.9	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	4,792.9	

**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

29 day of April 20 19

Signature: Michael A. Payne

Commonwealth of Pennsylvania - Notary Seal  
 Michael A. Payne, Notary Public  
 Allegheny County  
 My commission expires May 8, 2023  
 Commission number 1290037  
 Member, Pennsylvania Association of Notaries

Signature of Person Submitting report: Quincy Swatson  
 Printed Name: Quincy Swatson  
 Daytime Telephone Number: 310 7677

My Commission expires 5 MO. 6 DAY 2023 YR. Area Code

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

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

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 It is not intended to be used for legal purposes.  
 For more information, please visit the FEC website at www.fec.gov.

**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.

<b>Filer Identification Number</b>	
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							Amount	
<b>Full Name of Contributing Committee</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>Full Name of Contributing Committee</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>Full Name of Contributing Committee</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>Full Name of Contributing Committee</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>Full Name of Contributing Committee</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>Full Name of Contributing Committee</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>	\$

**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>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>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>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>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>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>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>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>	\$

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>				<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>					
<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, INTEREST 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

<b>Filer Identification Number:</b>	
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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 E)**

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

<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>					

<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>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>	Ralph Watson	<b>Date [MM/DD/YYYY]</b>	\$	50
<b>House #</b>	1010	<b>Street Address</b>	Rebecca Ave #4	<b>Description of Expenditure</b>
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b> 15221
<b>To Whom Paid</b>	Paige Mitchel	<b>Date [MM/DD/YYYY]</b>	\$	1,000
<b>House #</b>	712	<b>Street Address</b>	Pennwood Dr	<b>Description of Expenditure</b>
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b> 15235
<b>To Whom Paid</b>	Lukas Bagshaw	<b>Date [MM/DD/YYYY]</b>	\$	200
<b>House #</b>	613	<b>Street Address</b>	N Taylor Ave	<b>Description of Expenditure</b>
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b> 15212
<b>To Whom Paid</b>	Parking Garage	<b>Date [MM/DD/YYYY]</b>	\$	6
<b>House #</b>	500	<b>Street Address</b>	Grant St	<b>Description of Expenditure</b>
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b> 15219
<b>To Whom Paid</b>	Giant Eagle	<b>Date [MM/DD/YYYY]</b>	\$	35.71
<b>House #</b>	318	<b>Street Address</b>	Cedar Ave	<b>Description of Expenditure</b>
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b> 15212
<b>To Whom Paid</b>	K. Lynn Jones	<b>Date [MM/DD/YYYY]</b>	\$	55
<b>House #</b>	2121	<b>Street Address</b>	Murray Ave Fl 2	<b>Description of Expenditure</b>
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b> 15217
<b>To Whom Paid</b>	Allegheny Board of Elections	<b>Date [MM/DD/YYYY]</b>	\$	50
<b>House #</b>	542	<b>Street Address</b>	Forbes Ave Ste 601	<b>Description of Expenditure</b>
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b> 15219
<b>To Whom Paid</b>	Allegheny Board of Elections	<b>Date [MM/DD/YYYY]</b>	\$	20.25
<b>House #</b>	542	<b>Street Address</b>	Forbes Ave Ste 601	<b>Description of Expenditure</b>
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b> 15219

**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.

<b>Filer Identification Number:</b>	
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<b>Name of Creditor</b>						Quincy Kofi Swatson		<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>			Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
							03/02/2019		
<b>City</b>	Pittsburgh			<b>State</b>	PA	<b>Zip Code</b>	15212		50
<b>Description of Debt</b>									
Payment to Ralph Watson for Political Community Forum									
<b>Name of Creditor</b>						Quincy Kofi Swatson		<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>			Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
							03/03/2019		
<b>City</b>	Pittsburgh			<b>State</b>	PA	<b>Zip Code</b>	15212		1,000
<b>Description of Debt</b>									
Payment to Paige Mitchel for Consulting									
<b>Name of Creditor</b>						Quincy Kofi Swatson		<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>			Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
							03/06/2019		
<b>City</b>	Pittsburgh			<b>State</b>	PA	<b>Zip Code</b>	15212		200
<b>Description of Debt</b>									
Payment to Lukas Bagshaw for Consulting									
<b>Name of Creditor</b>						Quincy Kofi Swatson		<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>			Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
							03/07/2019		
<b>City</b>	Pittsburgh			<b>State</b>	PA	<b>Zip Code</b>	15212		6
<b>Description of Debt</b>									
Payment to Parking Garage for Parking									
<b>Name of Creditor</b>						Quincy Kofi Swatson		<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>			Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
							03/09/2019		
<b>City</b>	Pittsburgh			<b>State</b>	PA	<b>Zip Code</b>	15212		35.71
<b>Description of Debt</b>									
Payment to Giant Eagle for Event Food									
<b>Name of Creditor</b>						Quincy Kofi Swatson		<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>			Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
							03/10/2019		
<b>City</b>	Pittsburgh			<b>State</b>	PA	<b>Zip Code</b>	15212		55
<b>Description of Debt</b>									
Payment to K. Lynn Jones for Notary Services									

**SCHEDULE III  
Statement of Expenditures**

<b>Filer Identification Number:</b>	
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<b>To Whom Paid</b>	Dollar Tree	<b>Date [MM/DD/YYYY]</b>	\$	5.35
<b>House #</b>	1516	<b>Street Address</b>	Brighton Rd	
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b> 15212
<b>Description of Expenditure</b> Event Supplies				
<b>To Whom Paid</b>	Pear and Pickle	<b>Date [MM/DD/YYYY]</b>	\$	42.17
<b>House #</b>	1800	<b>Street Address</b>	Rialto St	
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b> 15212
<b>Description of Expenditure</b> Event Food				
<b>To Whom Paid</b>	3 PNC Plaza	<b>Date [MM/DD/YYYY]</b>	\$	22
<b>House #</b>	225	<b>Street Address</b>	Fifth Ave	
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b> 15222
<b>Description of Expenditure</b> Parking				
<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>				
<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.

<b>Filer Identification Number:</b>	
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<b>Name of Creditor</b>						Quincy Kofi Swatson		<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>	Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$		50
					03/12/2019				
<b>City</b>	Pittsburgh		<b>State</b>	PA	<b>Zip Code</b>	15212			
<b>Description of Debt</b>									
Payment to Allegheny Board of Elections for Filing Fees									
<b>Name of Creditor</b>								<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>	Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$		20.25
					03/18/2019				
<b>City</b>	Pittsburgh		<b>State</b>	PA	<b>Zip Code</b>	15212			
<b>Description of Debt</b>									
Payment to Allegheny Board of Elections for Petition Copies									
<b>Name of Creditor</b>								<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>	Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$		5.35
					03/20/2019				
<b>City</b>	Pittsburgh		<b>State</b>	PA	<b>Zip Code</b>	15212			
<b>Description of Debt</b>									
Payment to Dollar Tree for Event Supplies									
<b>Name of Creditor</b>								<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>	Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$		42.17
					03/23/2019				
<b>City</b>	Pittsburgh		<b>State</b>	PA	<b>Zip Code</b>	15212			
<b>Description of Debt</b>									
Payment to Pear and Pickle for Event Food									
<b>Name of Creditor</b>						Quincy Kofi Swatson		<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>	Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$		22
					03/29/2019				
<b>City</b>	Pittsburgh		<b>State</b>	PA	<b>Zip Code</b>	15212			
<b>Description of Debt</b>									
Payment to 3 PNC Plaza for Parking									
<b>Name of Creditor</b>								<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$		
<b>City</b>			<b>State</b>		<b>Zip Code</b>				
<b>Description of Debt</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.

<b>Filer Identification Number:</b>	
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<b>Name of Creditor</b>		Quincy Kofi Swatson				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>	Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
				01/03/2019			
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15212	1,500	
<b>Description of Debt:</b>		Payment to Paige Mitchel for Consulting					
<b>Name of Creditor</b>		Quincy Kofi Swatson				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>	Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
				02/03/2019			
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15212	1,500	
<b>Description of Debt:</b>		Payment to Paige Mitchell for Consulting					
<b>Name of Creditor</b>		Quincy Kofi Swatson				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>	Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
				02/19/2019			
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15212	6.42	
<b>Description of Debt:</b>		Payment to USPS for Shipping and Handling					
<b>Name of Creditor</b>		Quincy Kofi Swatson				<b>Outstanding Balance of Debt</b>	
<b>House #</b>	500	<b>Street Address</b>	Tripoli St Apt 402		<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
				12/23/2018			
<b>City</b>	Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15212	300	
<b>Description of Debt:</b>		Payment to Caleb-Michael Files for Graphic Design					
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt:</b>							
<b>Name of Creditor</b>						<b>Outstanding Balance of Debt</b>	
<b>House #</b>		<b>Street Address</b>			<b>DATE DEBT INCURRED [MM/DD/YYYY]</b>		\$
<b>City</b>		<b>State</b>		<b>Zip Code</b>			
<b>Description of Debt:</b>							

