

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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		Quincy for PGH					
Street Address		PO Box 100126					
City	Pittsburgh	State	PA	Zip Code	15233		

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
	03/01/2019	03/31/2019
A. Amount Brought Forward From Last Report	\$	95.71
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	1,040
C. Total Funds Available (Sum of Lines A and B)	\$	1,135.71
D. Total Expenditures (From Schedule III)	\$	784.49
E. Ending Cash Balance (Subtract Line D from Line C)	\$	351.22
F. Value of In-Kind Contributions Received (From Schedule II)	\$	172.75
G. Unpaid Debts and Obligations (From Schedule IV)	\$	

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APR 29 2019

ETHICS HEARING BOARD

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 schedule reports, is to the best of my knowledge and belief true, correct and complete.

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

Michael A. Payne
Signature

My Commission expires 5 6 2023
MO. DAY YR.

Michael A. Payne, Notary Public
Allegheny County
My commission expires May 6, 2023
Commission number 1290037

Joshua Wright
Signature of Person submitting report

Joshua Wright
Printed Name

412 277 8542
Area Code 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 29th day of April 2019

Michael A. Payne
Signature

My Commission expires 5 6 2023
MO. DAY YR.

Quincy Sroton
Signature of Candidate

Quincy Sroton
Printed Name

412 310-7677
Area Code Daytime Telephone Number

Commonwealth of Pennsylvania - Notary Seal
 Michael A. Payne, Notary Public
 Allegheny County
 My commission expires May 6, 2023
 Commission number 1290037
 Member, Pennsylvania Association of Notaries

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)	\$	250
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)		\$	790
Total for the reporting period	(2)	\$	790
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)	\$	0
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)		\$	1,040

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 providing any false or misleading information.
 I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

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 providing any false or misleading information.
 I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including multiple damages and civil penalties).

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]	\$
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	Jeren Brewer	Date [MM/DD/YYYY]	03/01/2019	\$	100
House #	1960	Street Address	W Dallas St 3	Date [MM/DD/YYYY]	\$
City	Houston	State	TX	Zip Code	77019
Full Name of Contributor	Kevin McNair	Date [MM/DD/YYYY]	03/12/2019	\$	75
House #	3414	Street Address	Iowa St	Date [MM/DD/YYYY]	\$
City	Pittsburgh	State	PA	Zip Code	15219
Full Name of Contributor	Shayla Boyce	Date [MM/DD/YYYY]	03/17/2019	\$	75
House #	4390	Street Address	Timber Ridge Trl	Date [MM/DD/YYYY]	\$
City	Wyoming	State	MI	Zip Code	49519
Full Name of Contributor	Rachael Bane	Date [MM/DD/YYYY]	03/20/2019	\$	150
House #	6	Street Address	Gunpowder Dr	Date [MM/DD/YYYY]	\$
City	East Brunswick	State	NJ	Zip Code	8816
Full Name of Contributor	Yusuf Sanu	Date [MM/DD/YYYY]	03/21/2019	\$	250
House #	1226	Street Address	Blue Wing Ter	Date [MM/DD/YYYY]	\$
City	Upper Marlboro	State	MD	Zip Code	20774
Full Name of Contributor	Chad Braunersrither	Date [MM/DD/YYYY]	03/23/2019	\$	60
House #	1406	Street Address	Evandale Rd	Date [MM/DD/YYYY]	\$
City	Pittsburgh	State	PA	Zip Code	15212

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]	\$	

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					

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)	\$ 24

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 148.75

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)		\$ 172.75
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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]	\$
Bistro to Go Cafe and Catering					03/20/2019	148.75
House #	Street Address	State	Zip Code		Date [MM/DD/YYYY]	\$
415	E Ohio St	PA	15212			
City					Date [MM/DD/YYYY]	\$
Pittsburgh						
Description of Contribution						
Fruit and Cheese Platter						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address	State	Zip Code		Date [MM/DD/YYYY]	\$
City					Date [MM/DD/YYYY]	\$
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address	State	Zip Code		Date [MM/DD/YYYY]	\$
City					Date [MM/DD/YYYY]	\$
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address	State	Zip Code		Date [MM/DD/YYYY]	\$
City					Date [MM/DD/YYYY]	\$
Description of Contribution						

Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address	State	Zip Code		Date [MM/DD/YYYY]	\$
City					Date [MM/DD/YYYY]	\$
Description of Contribution						

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	Young Brother's Bar	Date [MM/DD/YYYY]	\$	50
House #	1441	Street Address	Woods Run Ave	
City	Pittsburgh	State	PA	Zip Code 15212
Description of Expenditure				
Event Food				
To Whom Paid	PA BCEL Voter List	Date [MM/DD/YYYY]	\$	20
House #	401	Street Address	North St 210 NO8	
City	Harrisburg	State	PA	Zip Code 17120
Description of Expenditure				
Voter List				
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 III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		PNC Bank			Date [MM/DD/YYYY]	\$	2	
					03/01/2019			
House #	Street Address	PO Box 609					Description of Expenditure	
City	Pittsburgh	State	PA	Zip Code	15230	Bank Service Charge		
To Whom Paid		PNC Bank			Date [MM/DD/YYYY]	\$	36	
					03/05/2019			
House #	Street Address	PO Box 609					Description of Expenditure	
City	Pittsburgh	State	PA	Zip Code	15230	Returned Item Fee		
To Whom Paid		Vantiv, LLC			Date [MM/DD/YYYY]	\$	0.5	
					03/11/2019			
House #	Street Address	8500 Governors Hill Dr					Description of Expenditure	
City	Symmes Township	State	OH	Zip Code	45249	Processing Charge		
To Whom Paid		B & J Event Center			Date [MM/DD/YYYY]	\$	25	
					03/11/2019			
House #	Street Address	1441 Woods Run Ave					Description of Expenditure	
City	Pittsburgh	State	PA	Zip Code	15212	Political Candidate Forum		
To Whom Paid		August Edmunds			Date [MM/DD/YYYY]	\$	375	
					03/11/2019			
House #	Street Address	101 Lloyd Ave Apt 8					Description of Expenditure	
City	Pittsburgh	State	PA	Zip Code	15218	Graphic Design		
To Whom Paid		August Edmunds			Date [MM/DD/YYYY]	\$	187.5	
					03/17/2019			
House #	Street Address	101 Lloyd Ave Apt 8					Description of Expenditure	
City	Pittsburgh	State	PA	Zip Code	15218	Graphic Design		
To Whom Paid		Nation Builder			Date [MM/DD/YYYY]	\$	35	
					03/18/2019			
House #	Street Address	520 Grand Ave 2nd Fl					Description of Expenditure	
City	Los Angeles	State	CA	Zip Code	90071	Service		
To Whom Paid		FedEx Office			Date [MM/DD/YYYY]	\$	53.49	
					03/22/2019			
House #	Street Address	3710 Forbes Ave					Description of Expenditure	
City	Pittsburgh	State	PA	Zip Code	15213	Business Cards		

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					