

# 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)	<input checked="" type="checkbox"/>	Candidate		Committee		Lobbyist	
Name of Filing Committee, Candidate or Lobbyist		Cheryle Fuller							
Street Address		7043 Hamilton Ave							
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 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)		5/24/2019		Year	2019		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
		8-13-19
A. Amount Brought Forward From Last Report	\$	-0-
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	-0-
C. Total Funds Available (Sum of Lines A and B)	\$	-0-
D. Total Expenditures (From Schedule III)	\$	1,844.37
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-0-
F. Value of In-Kind Contributions Received (From Schedule II)	\$	-0-
G. Unpaid Debts and Obligations (From Schedule IV)	\$	-0-

RECEIVED

MAY 02 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 schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

2 day of May 20 19

*Melissa C Lewis*  
Signature

My Commission expires 12 11 19  
MO. DAY YR.

*Cheryle Fuller*  
Signature of Person Submitting report

Cheryle Fuller  
Printed Name

814 814 - 271-4353  
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

2 day of May 20 19

*Melissa C Lewis*  
Signature

My Commission expires 12 11 19  
MO. DAY YR.

*Cheryle Fuller*  
Signature of Candidate

Cheryle Fuller  
Printed Name

814 814 271-4353  
Area Code Daytime Telephone Number

**COMMONWEALTH OF PENNSYLVANIA**

NOTARIAL SEAL

MELISSA C LEWIS

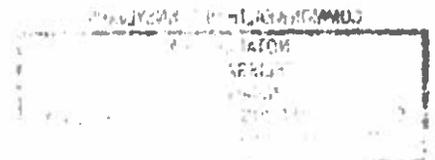
Notary Public

CITY OF PITTSBURGH, ALLEGHENY COUNTY

My Commission Expires Dec 11, 2019

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>		\$	



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]	\$			
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						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]		\$		

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					

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 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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**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.

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

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 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]	\$	

## SCHEDULE III

## Statement of Expenditures

Filer Identification Number:							
To Whom Paid						Date [MM/DD/YYYY]	\$
House #	Street Address					Description of Expenditure	
City	State	Zip Code					
To Whom Paid		Aidi				Date [MM/DD/YYYY]	\$
House #	Street Address	5631 Baum Blvd.				3-29-19	6.35
City	State	Zip Code					Description of Expenditure
	Shadyside	Pa					Meet N Greet
To Whom Paid		Staples				Date [MM/DD/YYYY]	\$
House #	Street Address	6375 Penn Av				4-5-19	84.47
City	State	Zip Code					Description of Expenditure
	Pgh	Pa	15206				Printing Material
To Whom Paid		Staples				Date [MM/DD/YYYY]	\$
House #	Street Address	6375 Penn Av				4-8-19	102.71
City	State	Zip Code					Description of Expenditure
	Pgh	Pa	15206				Printing
To Whom Paid		Grant Eagle				Date [MM/DD/YYYY]	\$
House #	Street Address	6320 Shakespeare St				4-8-19	20.24
City	State	Zip Code					Description of Expenditure
	Pgh	Pa	15206				Meet N Greet
To Whom Paid		Capri				Date [MM/DD/YYYY]	\$
House #	Street Address	6001 Penn Av				4-8-2019	106.94
City	State	Zip Code					Description of Expenditure
	Pgh	Pa	15206				Meet N Greet
To Whom Paid		Staples				Date [MM/DD/YYYY]	\$
House #	Street Address	6375 Penn Av				3-26-19	55.18
City	State	Zip Code					Description of Expenditure
	Pgh	Pa	15206				Printing
To Whom Paid		Donahue				Date [MM/DD/YYYY]	\$
House #	Street Address	11205 Helber				3-29-19	1,225.71
City	State	Zip Code					Description of Expenditure
	Logan	OH	43138				



SCHEDULE III  
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		City of Pgh			Date [MM/DD/YYYY]	\$	56.00
House #	Street Address				03/11/2019		
City	Pgh	State	Pa.	Zip Code	15219	Description of Expenditure Petition Filing	
To Whom Paid		Staples			Date [MM/DD/YYYY]	\$	43.48
House #	Street Address	Penn Ave.			02/14/19		
City	Pgh	State	Pa	Zip Code	15206	Description of Expenditure Office Supplies	
To Whom Paid		Terris Parking			Date [MM/DD/YYYY]	\$	15.00
House #	Street Address	Ross St			03/11/19		
City	Pgh	State	Pa	Zip Code	15219	Description of Expenditure Parking	
To Whom Paid		Staples			Date [MM/DD/YYYY]	\$	49.38
House #	Street Address	Penn Av			3-14-19		
City	Pgh	State	Pa	Zip Code	15206	Description of Expenditure Office Supplies	
To Whom Paid		Dollar Tree			Date [MM/DD/YYYY]	\$	15.91
House #	Street Address	5. Braddock Av			3-15-19		
City	Pgh	State	Pa	Zip Code	15218	Description of Expenditure Office expense	
To Whom Paid		Terris Parking			Date [MM/DD/YYYY]	\$	13.00
House #	Street Address	Ross St			3-13-19		
City	Pgh	State	Pa	Zip Code	15219	Description of Expenditure Petition Filing	
To Whom Paid		Ralph P. Watson			Date [MM/DD/YYYY]	\$	50.00
House #	Street Address				2-27-19		
City		State		Zip Code		Description of Expenditure Candidate Registration Fee	
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								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									