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 Cherylie Fuller						
Street Address	7043 Hamilton Avenue						
City	Pgh	State	Pa	Zip Code	15208		

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)	5-21-2019	Year	2019	Amendment Report	☐	Termination Report ☐

Summary of Receipts and Expenditures	From Date 3-3-19	To Date 4-30-19
A. Amount Brought Forward From Last Report	$	-0-
B. Total Monetary Contributions and Receipts (From Schedule I)	$	1050.00
C. Total Funds Available (Sum of Lines A and B)	$	1050.00
D. Total Expenditures (From Schedule III)	$	63.00
E. Ending Cash Balance (Subtract Line D from Line C)	$	987.00
F. Value of In-Kind Contributions Received (From Schedule II)	$	2935.89
G. Unpaid Debts and Obligations (From Schedule IV)	$	

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MAY 02 2019
ETHICS HEARING BOARD

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 2 day of May 19

Melissa C Lewis
Signature

My Commission expires 12 11 19
MO. DAY YR.

Doris V. Keith-Clark
Signature of Person Submitting report

Doris V. Keith-Clark
Printed Name

814
Area Code

271-4353
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 19

Melissa C Lewis
Signature

My Commission expires 12 11 19
MO. DAY YR.

C Fuller
Signature of Candidate

Cherylie Fuller
Printed Name

814
Area Code

271-4353
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

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)	$	-0-
All Other Contributions (Part B)	$	600.00
Total for the reporting period (2)	$	600.00
3. Contributions Over $250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	$	—
All Other Contributions (Part D)	$	450.00
Total for the reporting period (3)	$	450.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	$	1,050.00
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)*	$	1,050.00

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	Date [MM/DD/YYYY]	$
Dawn Turner	3-15-2019	100.00
House # 413 Street Address Craigdell Rd		
City Lower Burrell State Pa Zip Code 15068		

Full Name of Contributor	Date [MM/DD/YYYY]	$
Pamela Spearman	3-25-2019	100.00
House # 144 Street Address Conestoga Rd		
City Pgh State Pa. Zip Code 15235		

Full Name of Contributor	Date [MM/DD/YYYY]	$
Dr. Ruby Wade	3-3-2019	100.00
House # 1400 Street Address Smokey Wood Dr. Suite 401	4-24-2019	100.00
City Pgh State Pa Zip Code 15218		

Full Name of Contributor	Date [MM/DD/YYYY]	$
George Tate	3-21-2019	100.00
House # 5036 Street Address Somerville St		
City Pgh State Pa Zip Code 15201		

Full Name of Contributor	Date [MM/DD/YYYY]	$
Beth Fischman	4-18-19	100.00
House # 721 Street Address Villiage Dr.		
City Pgh State Pa Zip Code 15237		

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

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	Kimberely Hogan				Date (MM/DD/YYYY) 4-26-2018	$	450.00
House #		Street Address	6908 Kelly St		Date (MM/DD/YYYY)	$	
City	Pgh	State Pa	Zip Code 15208		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						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:	

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 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)	$	2,935.89

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF $50.01 TO $250.00 (FROM PART F)			
TOTAL for the reporting period	(2)	$	123.51

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER $250.00 (FROM PART G)			
TOTAL for the reporting period	(3)	$	2812.38

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)	$	2,935.89

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE ~~OF $50.01 TO $250~~ OVER $250

Filer Identification Number:	

Full Name of Contributor	Dr. Ruby Wade					Date [MM/DD/YYYY]	$	
						3-26-2019		587.38
House #	1400	Street Address	Smokey Wood Dr.			Date [MM/DD/YYYY]	$	
City		State		Zip Code		Date [MM/DD/YYYY]	$	
Description of Contribution								

Full Name of Contributor	Lewis Catering					Date [MM/DD/YYYY]	$	
						3-24-2019		450.00
House #	141	Street Address	Kilmer St.			Date [MM/DD/YYYY]	$	
City	Pgh	State	Pa	Zip Code	15221	3-8-2019		650.00
Description of Contribution						Date [MM/DD/YYYY]	$	
						3-9-2019		650.00

Full Name of Contributor	Lewis Catering					Date [MM/DD/YYYY]	$	
						4-23-2019		475.00
House #	141	Street Address	Kilmer St.			Date [MM/DD/YYYY]	$	
City	Pgh	State	Pa	Zip Code	15208	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~~ 50.01-250.00

Filer Identification Number:	

Full Name of Contributor	Peggy Tate					Date [MM/DD/YYYY] 03-21-2019	$	123.51
House # 5036	Street Address Somerville St					Date [MM/DD/YYYY]	$	
City Pgh	State Pa	Zip Code 15201				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	City of Pgh					Date [MM/DD/YYYY]	$	50.00
House #		Street Address	Grant St.			Description of Expenditure		
City	Pgh	State	Pa	Zip Code	15219	Filing Fee		
To Whom Paid	Terris Parking					Date [MM/DD/YYYY]	$	13.00
House #		Street Address	Ross St			Description of Expenditure		
City	Pgh	State	Pa	Zip Code	15219	Petition Filing		
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				
To Whom Paid						Date [MM/DD/YYYY]	$	
House #		Street Address				Description of Expenditure		
City		State		Zip Code				

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							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							