

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	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist <i>PEOPLE FOR CHRIS KUMACHEK</i>					
Street Address <i>P.O. Box 42438</i>					
City	State	Zip Code			
<i>PITTSBURGH</i>	<i>PA</i>	<i>15203</i>			

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 checked="" 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)		Year	Amendment Report		Termination Report			
<i>11/5/2019</i>		<i>2019</i>						

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	<i>4-1-2019</i>	<i>4-30-2019</i>	
A. Amount Brought Forward From Last Report	\$	<i>34.59</i>	<div style="border: 2px solid blue; padding: 10px; width: fit-content; margin: auto;"> <p>RECEIVED</p> <p>MAY 07 2019</p> <p>ETHICS HEARING BOARD</p> </div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	<i>528⁰⁰</i>	
C. Total Funds Available (Sum of Lines A and B)	\$	<i>562⁵⁹</i>	
D. Total Expenditures (From Schedule III)	\$	<i>61⁰⁰</i>	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	<i>501⁵⁹</i>	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	<i>1,000⁰⁰</i>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	<i>0-</i>	

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

day of *APRIL* 20 *19*
 Signature _____
 Commission expires *6 6 21*
 MO. DAY YR.

Signature of Person Submitting report

Printed Name

412 Area Code *394-8875* Daytime Telephone Number

Part 2- 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 *APRIL* 20 *19*
 Signature _____
 Commission expires *6 6 21*
 MO. DAY YR.

Signature of Candidate

Printed Name

412 Area Code *394-8875* Daytime Telephone Number

Any Commission Expires Jun 6, 2021
Commission Number 1313312

Any Commission Expires Jun 6, 2021
Commission Number 1313312

Notary Seal
Joseph Cafardi, Notary Public
Allegheny County

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number	<i>PEOPLE FOR CHRIS KUMMINS</i>	
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	<i>178⁰⁰</i>
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	<i>100⁰⁰</i>
All Other Contributions (Part B)	\$	<i>250⁰⁰</i>
Total for the reporting period (2)	\$	<i>350⁰⁰</i>
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	<i>—0—</i>
All Other Contributions (Part D)	\$	<i>—0—</i>
Total for the reporting period (3)	\$	<i>—0—</i>
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	<i>—0—</i>
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)	\$	<i>528⁰⁰</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.

Committee Identification Number	PEOPLE FOR CHRIS KUMANCHEK
---------------------------------	----------------------------

						Amount
Full Name of Contributing Committee	DOTE UNION OF ORGANIC ENG			Date (MM/DD/YYYY)	4-15-2019	\$ 900 ⁰⁰
House #	Street Address	300 SALINE STREET		Date (MM/DD/YYYY)		
City	PITTSBURGH	State	PA	Zip Code	15207	
Full Name of Contributing Committee				Date (MM/DD/YYYY)		\$
House #	Street Address			Date (MM/DD/YYYY)		\$
City		State		Zip Code		\$
Full Name of Contributing Committee				Date (MM/DD/YYYY)		\$
House #	Street Address			Date (MM/DD/YYYY)		\$
City		State		Zip Code		\$
Full Name of Contributing Committee				Date (MM/DD/YYYY)		\$
House #	Street Address			Date (MM/DD/YYYY)		\$
City		State		Zip Code		\$
Full Name of Contributing Committee				Date (MM/DD/YYYY)		\$
House #	Street Address			Date (MM/DD/YYYY)		\$
City		State		Zip Code		\$
Full Name of Contributing Committee				Date (MM/DD/YYYY)		\$
House #	Street Address			Date (MM/DD/YYYY)		\$
City		State		Zip Code		\$

\$1000⁰⁰

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:	PEOPLE FOR COTELI KUMARATHI
------------------------------	-----------------------------

Full Name of Contributor					Date [MM/DD/YYYY]	\$
KOTAYYA E. KUPONETTI					4-15-2019	250 ⁰⁰
House #	Street Address			Date [MM/DD/YYYY]	\$	
312	SITACI MAJCT					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
MENDELVILLE	IA	15146				
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]	\$

250⁰⁰

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

Employer Identification Number:	<i>PEOPLE FOR CHRIS KUMACHEK</i>
---------------------------------	----------------------------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ <i>0 -</i>

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ <i>0 -</i>

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ <i>1,000⁰⁰</i>

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)		\$ <i>1,000⁰⁰</i>
---	--	------------------------------

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	<i>PEOPLE FOR CHRIS KUMMERBAK</i>
------------------------------	-----------------------------------

Full Name of Contributor				Date [MM/DD/YYYY]		\$
<i>JEFF WILKARD</i>				<i>4-10-2019</i>		<i>1,000⁰⁰</i>
House #	Street Address	Date [MM/DD/YYYY]		\$		
<i>207</i>	<i>COLTARCT AVE</i>					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
<i>PITTSBURGH</i>	<i>PA</i>	<i>15213</i>				
Employer Name			Occupation			
<i>OFFICE OF CITY DEPT BIRDY</i>			<i>ADMINISTRATIVE</i>			
Employer Mailing Address / Principal Place of Business			Description of Contribution			
<i>124 PAGE PITTSBURGH PA 15233</i>			<i>PAPER, ENVELOPES, & STAMPS</i>			

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			

1,000⁰⁰

SCHEDULE III
Statement of Expenditures

Filer Identification Number: *PEOPLE FOR CHRIS KUMMCHAK*

To Whom Paid		<i>U.S. Postal</i>			Date [MM/DD/YYYY]	\$	<i>6/1st</i>
House #	Street Address		Description of Expenditure				
<i>1731</i>	<i>E. CARSON</i>		<i>Postm Rx</i>				
City	State	Zip Code					
<i>SITTINGBORN</i>	<i>PA</i>	<i>15203</i>					
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					

6/1st