RECEIVED
AUG 27 2019
ETHICS HEARING BOARD

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 Ken Wolfe						
Street Address	723 Eureka St.						
City	Pittsburgh	State	PA	Zip Code	15210		

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)		05/21/2019	Year	2019	Amendment Report	☐	Termination Report	☐

Summary of Receipts and Expenditures	From Date 03/01/2019	To Date 05/06/2019	For Office Use Only
A. Amount Brought Forward From Last Report	$	461.19	✓
B. Total Monetary Contributions and Receipts (From Schedule I)	$	1245.00	?
C. Total Funds Available (Sum of Lines A and B)	$	1706.19	
D. Total Expenditures (From Schedule III)	$	346.26	✓
E. Ending Cash Balance (Subtract Line D from Line C)	$	1359.93	✓
F. Value of In-Kind Contributions Received (From Schedule II)	$	0.00	✓
G. Unpaid Debts and Obligations (From Schedule IV)	$	812.50	✓

RECEIVED
MAY 14 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 13th day of May 20 19

Signature

My Commission expires 10 10 2021 (MO. DAY YR.)

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Kathleen A. Schafer, Notary Public
City of Pittsburgh, Allegheny County
My Commission Expires Oct. 10, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Jessica Z. Wolfe
Signature of Person Submitting report

Jessica Z Wolfe
Printed Name

301 — Area Code

303 0296 — 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 13th day of May 20 19

Signature

My Commission expires 10 10 2021 (MO. DAY YR.)

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Kathleen A. Schafer, Notary Public
City of Pittsburgh, Allegheny County
My Commission Expires Oct. 10, 2021
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Signature of Candidate

Kenneth L Wolfe
Printed Name

412 — Area Code

606 3197 — Daytime Telephone Number

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)	$	345.00
2. Contributions of $50.01 to $250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	$	0.00
All Other Contributions (Part B)	$	900.00
Total for the reporting period (2)	$	900.00
3. Contributions Over $250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	$	0.00
All Other Contributions (Part D)	$	0.00
Total for the reporting period (3)	$	0.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	$	0.00
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)*	$	1245.00

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	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$
Julie Sayer	6332	Churchill Rd	Bethel Park	PA	15102	04/01/2019	200.00
Phyllis Saussol	102	Spyglass Dr	Pittsburgh	PA	15229	04/15/2019	200.00
Adrienne Larkins	31	Craighead St.	Pittsburgh	PA	15210		100.00
Erin Belitskus	49	W Bellecrest Ave	Pittsburgh	PA	15227		100.00
Scott Schaming	134	Club Drive East	Pittsburgh	PA	15236	04/24/2019	200.00
Jason Henry	950	Brintell St.	Pittsburgh	PA	15201	05/06/2019	100.00

900

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							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:	

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

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)	$	0.00

SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF $50.01 TO $250

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]	$	
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

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						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	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	$	Description of Expenditure
PNC Bank	236	Shiloh St.	Pittsburgh	PA	15211	03/01/2019	7.00	service fee
PNC Bank						04/01/2019	7.00	service fee
PNC Bank						05/01/2019	7.00	
Pittsburgh Parking Authority	232	Blvd of the Allies	Pittsburgh	PA	15219	04/01/2019	16.00	parking fee
Pittsburgh Parking Authority						04/04/2019	16.00	parking fee
Staples	2515	Banksville Rd	Pittsburgh	PA	15216	04/19/2019	71.68	ink
Staples						04/27/2019	71.68	ink
Bay Tech Labels	12177	28th St	St Petersburg	FL	33716	04/24/2019	38.05	election day supplies

SCHEDULE III

Statement of Expenditures

Filer Identification Number:

To Whom Paid	Date [MM/DD/YYYY]	$	Description of Expenditure
Stripe		23.54	Service fees
House # 510 Street Address Townsend St			
City San Francisco State CA Zip Code 94103			
To Whom Paid: Giant Eagle	04/29/2019	31.96	Food for event
House # 2021 Street Address Wharton St			
City Pittsburgh State PA Zip Code 15203			
To Whom Paid: Giant Eagle	04/26/2019	25.00	Food for event
House #: Street Address:			
City: State: Zip Code:			
To Whom Paid: USPS	04/26/2019	31.35	Stamps
House # 140 Street Address Brownsville Rd			
City Pittsburgh State PA Zip Code 15210			
To Whom Paid:			
House #: Street Address:			
City: State: Zip Code:			
To Whom Paid:			
House #: Street Address:			
City: State: Zip Code:			
To Whom Paid:			
House #: Street Address:			
City: State: Zip Code:			
To Whom Paid:			
House #: Street Address:			
City: State: Zip Code:			

111.85

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	Jessica Wolfe						Outstanding Balance of Debt
House #	723	Street Address	Eureka St.	DATE DEBT INCURRED [MM/DD/YYYY]	04/02/2019		$ 812.50
City	Pittsburgh	State	PA	Zip Code	15210		
Description of Debt	purchase of signage						
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							