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ETHICS HEARING BOARD



MICHAEL E. LAMB

CITY CONTROLLER

CAMPAIGN CONTRIBUTION AND EXPENSE REPORT FOR AGGREGATE RECEIPTS AND EXPENDITURES OF MORE THAN \$250.00

Office Sought City Council

This report is being filed by: Candidate (Sign and notarize on lower left only) (Treasurer sign and notarize on lower left and Candidate sign and notarize on lower right)

Full Name of Candidate or Committee Campaign of Compassion Address 7327 Finance St. Pittsburgh P.A. 15208

Phone Number (412) 339-9066 Area Code Telephone

Date 10/31/2019 Election: Primary X General of (date) 11/5/2019

I Nycole M. Daniels (Swear/Affirm) (Print) that this report, including accompanying schedules and statements are to the best of my knowledge and belief true, correct and complete. Signature of Candidate or Treasurer

I (Swear/Affirm) (Print) that to the best of my knowledge and belief the political committee has not violated any provisions of the act of June 3, 1937 - (P.L. 1333, No. 320) as amended. Candidate Signature

COMMONWEALTH OF PENNSYLVANIA COUNTY OF ALLEGHENY

COMMONWEALTH OF PENNSYLVANIA COUNTY OF ALLEGHENY

On this 31 day of October 20 19

On this ___ day of ___ 20 ___

Before me personally appeared - Barbara Daniels known to me (or satisfactorily proven) to be a person whose signature appears on this instrument and acknowledges the same for purposes therein contained. In witness whereof I have hereunto set my hand and affix seal.

Before me personally appeared - known to me (or satisfactorily proven) to be a person whose signature appears on this instrument and acknowledges the same for purposes therein contained. In witness whereof I have hereunto set my hand and affix seal.

NOTARIAL SEAL MELISSA C LEWIS CITY OF PITTSBURGH, ALLEGHENY COUNTY My Commission Expires Dec 11, 2019

(Seal) Notary Signature

(Seal) Notary Signature

SUMMARY OF CONTRIBUTIONS AND RECEIPTS
AGGREGATE RECEIPTS AND EXPENDITURES OF
MORE THAN \$250.00

Use this schedule to summarize all contributions, receipts and refunds received during the reporting period.

Campaign of Compassion

NAME OF CANDIDATE OR COMMITTEE BARBARA DANIELS

REPORTING PERIOD FROM May 15, 2019 TO October 29, 2019

1. Balance as of May 14, 2019	\$ <u>0.00</u>
2. Total 2019 Receipts (From Schedule I)	\$ <u>372.00</u>
3. Subtotal (Add lines 1 & 2)	\$ <u>372.00</u>
4. Total 2019 Expenditures (From Schedule II)	\$ <u>261.51</u>
5. Ending Balance (Subtract line 4 from)	\$ <u>110.49</u>

6. Unpaid debts and obligations (From Schedule III)	\$ <u>0.00</u>
7. In-kind contributions (From Schedule IV) (This report only)	\$ <u>0.00</u>

Commonwealth of Pennsylvania
CAMPAIGN FINANCE REPORT

PAGE 9 OF 15
 (COVER PAGE)

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: <input type="checkbox"/>		Report Filed By: <input type="checkbox"/>		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}			
Name of Filing Committee, Candidate or Lobbyist: Campaign of Compassion, BARBARA DANIELS											
Street Address: 7327 Finance St.											
City: Pittsburgh				State: P.A.		Zip Code: 15208-1931					
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY ^{1.}		2ND FRIDAY PRE-PRIMARY ^{2.}		30 DAY POST-PRIMARY ^{3.}		AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	6TH TUESDAY PRE-ELECTION ^{4.}		2ND FRIDAY PRE-ELECTION ^{5.}		30 DAY POST-ELECTION ^{6.}		TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
	ANNUAL REPORT ^{7.}		YEAR 2019		FILING METHOD <input checked="" type="checkbox"/> CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE <input type="checkbox"/>		
Name of Office Sought by Candidate: City Council					DATE OF ELECTION		District Number	Office Code	Party Code	County Code	
					MO.	DAY	YEAR				
					11	05	2019	9	07H	07H	02
					(SEE INSTRUCTIONS FOR CODES)						
Summary of Receipts and Expenditures from:			MO.	DAY	YEAR	To	MO.	DAY	YEAR	FOR OFFICE USE ONLY	
			5	15	2019	To	10	29	2019		
A. Amount Brought Forward From Last Report					\$	0.00					
B. Total Monetary Contributions and Receipts (From Schedule I)					\$	372.00					
C. Total Funds Available (Sum of Lines A and B)					\$	372.00					
D. Total Expenditures (From Schedule III)					\$	261.51					
E. Ending Cash Balance (Subtract Line D from Line C)					\$	110.49					
F. Value of In-Kind Contributions Received (From Schedule II)					\$	0.00					
G. Unpaid Debts and Obligations (From Schedule IV)					\$	0.00					

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 or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this
31 day of **October** 20 **19**
 Signature: *Melissa C Lewis*
 My commission expires **12** **11** **2019**
 MO. DAY YR.

Signature of Person Submitting Report: *Nycole M. Daniels*
 Printed Name: **Nycole M. Daniels**
734 **546-1916**
 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
31 day of **October** 20 **19**
 Signature: *Melissa C Lewis*
 My commission expires **12** **11** **2019**
 COMMONWEALTH OF PENNSYLVANIA DAY YR.

Signature of Candidate
 Printed Name
 Area Code Daytime Telephone Number

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

Name of Filing Committee or Candidate Campaign of Compassion	Reporting Period From 5/15/19 To 10/29/19
------------------------------------------------------------------------	------------------------------------------------------------

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ 297.00

2. CONTRIBUTIONS \$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)	\$ 75.00
TOTAL for the Reporting Period (2)	\$ 75.00 75.00

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.)	\$ 372.00
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PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate Campaign of Compassion	Reporting Period From 5/15/19 To 10/29/19
------------------------------------------------------------------------	------------------------------------------------------------

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Klara Braun				\$ 75.00
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 75.00

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.

Name of Filing Committee or Candidate Campaign of Compassion	Reporting Period From 5/15/19 To 10/29/19
------------------------------------------------------------------------	------------------------------------------------------------

Full Name of Contributing Committee	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
State				\$
Zip Code (Plus 4)				\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL \$ 0.00

**PART D
ALL OTHER CONTRIBUTIONS**

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate Campaign of Compassion	Reporting Period From 5/15/19 To 10/29/19
------------------------------------------------------------------------	------------------------------------------------------------

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule 1, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

**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.

Name of Filing Committee or Candidate Campaign of Compassion	Reporting Period From <u>5/15/19</u> To <u>10/29/19</u>
------------------------------------------------------------------------	------------------------------------------------------------

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$
Receipt Description						

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.	PAGE TOTAL \$0.00
------------------------------------------------------------------------------	-----------------------------

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

Name of Filing Committee or Candidate <u>Campaign of Compassion</u>	Reporting Period From <u>5/15/19</u> To <u>10/29/19</u>
------------------------------------------------------------------------	------------------------------------------------------------

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>0.00</u>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ <u>0.00</u>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ <u>0.00</u>

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.)	\$ <u>0.00</u>
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SCHEDULE II
PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <u>Compassion of Compassion</u>	Reporting Period From <u>5/15/19</u> To <u>10/29/19</u>
--------------------------------------------------------------------------	------------------------------------------------------------

Full Name of Contributor	Mailing Address	City	State	Zip Code (Plus 4)	DATE			AMOUNT
					MO.	DAY	YEAR	
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								
								\$
								\$
								\$
Description of Contribution:								

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate CAMPAIN of COMPASSION	Reporting Period From <u>5/15/19</u> To <u>10/29/19</u>
-----------------------------------------------------------------------	------------------------------------------------------------

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			
Full Name of Contributor				\$
Mailing Address				\$
City				\$
State				\$
Zip Code (Plus 4)				\$
Employer of Contributor	Occupation			
Employer Mailing Address/Principal Place of Business	Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Campaign of Compassion</u>	Reporting Period From <u>5/15/19</u> To <u>10/29/19</u>
------------------------------------------------------------------------	------------------------------------------------------------

To Whom Paid <u>Uista Print</u>			MO.	DAY	YEAR	Amount <u>\$ 155.51</u>
Mailing Address			Description of Expenditure <u>Signs, Posters, Fliers</u>			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid <u>Staples</u>			MO.	DAY	YEAR	Amount <u>\$ 106.00</u>
Mailing Address			Description of Expenditure <u>Prints</u>			
City <u>Pittsburgh</u>	State <u>PA</u>	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
		-				
To Whom Paid			MO.	DAY	YEAR	Amount <u>\$</u>
Mailing Address			Description of Expenditure			
City	State	Zip Code (Plus 4)				
		-				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 261.51

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.

Name of Filing Committee or Candidate Campaign of Compassion	Reporting Period From 5/15/19 To 10/29/19
------------------------------------------------------------------------	------------------------------------------------------------

Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt		-			

Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt		-			

Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt		-			

Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt		-			

Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt		-			

Name of Creditor				Outstanding Balance of Debt	
Mailing Address				\$	
DATE DEBT INCURRED		MO.	DAY	YEAR	
City		State	Zip Code (Plus 4)		
Description of Debt		-			

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

PAGE TOTAL
 \$ 0.00