



Reset Form

Print Form

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	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	JUDITH K. GINYARD			
Street Address	227 N. HOMEWOOD AVENUE			
City	PITTSBURGH	State	PA	Zip Code
15208-2411				

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05-21-19	Year	2019	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
		01-01-2019
A. Amount Brought Forward From Last Report	\$	0
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,695.13
C. Total Funds Available (Sum of Lines A and B)	\$	2,695.13
D. Total Expenditures (From Schedule III)	\$	2,695.13
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

For Office Use Only

RECEIVED

DEC 23 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

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.

Judith K. Ginyard
 Signature of Person Submitting report
 JUDITH K. GINYARD
 Printed Name

412 292-6867
 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

_____ day of _____ 20____

Signature

My Commission expires _____

MO. DAY YR.

Judith K. Ginyard
 Signature of Candidate
 JUDITH K. GINYARD
 Printed Name

412 292-6867
 Area Code 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)	\$	26.97
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	
All Other Contributions (Part D)		\$	2,668.13
Total for the reporting period	(3)	\$	
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
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>		\$	2,695.13

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]	\$	0
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]	\$		
Full Name of Contributor						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]		\$
JUDITH K. GINYARD				02/19/19		2,668.16
House #	Street Address		Date [MM/DD/YYYY]		\$	
227	N. HOMEWOOD AVENUE					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
PITTSBURGH	PA	15208				
Employer Name				Occupation		
SELF				REAL ESTATE BROKER		
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						

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
------------------------------	--

To Whom Paid					Date [MM/DD/YYYY]	\$	26.97
House #	Street Address				Description of Expenditure		
City		State		Zip Code	PAPER		
To Whom Paid		14TH WARD INDEPENDENT DEM CTUE			Date [MM/DD/YYYY]	\$	15.00
House #	Street Address				Description of Expenditure		
City		State		Zip Code	14TH WIDC		
To Whom Paid		ALEGHENY COUNTY DEMOCRATIC CTME			Date [MM/DD/YYYY]	\$	2,500-
House #	Street Address		22 WALBASH ST, SUITE 205		Description of Expenditure		
City	PITTSBURGH	State	PA	Zip Code	15220 ALEGHENY CNTY DEM CTME		
To Whom Paid		10TH WARD DEMOCRATIC CTME			Date [MM/DD/YYYY]	\$	30-
House #	Street Address				Description of Expenditure		
City		State		Zip Code	10TH WARD DEM CTME		
To Whom Paid		STONEWALL DEMOCRATS			Date [MM/DD/YYYY]	\$	50-
House #	Street Address				Description of Expenditure		
City		State		Zip Code	STONEWALL DONATION		
To Whom Paid		STONEWALL DEMOCRATS			Date [MM/DD/YYYY]	\$	9.49
House #	Street Address				Description of Expenditure		
City		State		Zip Code	STONEWALL DRINKS		
To Whom Paid					Date [MM/DD/YYYY]	\$	43.67
House #	Street Address				Description of Expenditure		
City		State		Zip Code	FOOD		
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expenditure		
City		State		Zip Code			