### **Campaign Finance Report**

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

| Filer Identificati<br>Number : | on 8100                                     | 206       |                       |           | Rep<br>File |      |       | CA            | NDI      | DATE     |             | СОМІ      | MITTEE             | <b>Y</b>       | LUE      | )<br>  11 GC | 131      |              |
|--------------------------------|---|-----------|-----------------------|-----------|-------------|------|-------|---------------|----------|----------|-------------|-----------|--------------------|----------------|----------|--------------|----------|--------------|
| Name of Filing C               | ommittee, Candid                            | ate or L  | obbyist:              |           | CON         | STF  | RUCTO | ORS A         | ISS      | N PAC    | (CAP        | AC)       |                    |                |          |              |          |              |
| Street Address:                | 1201 BANKSV                                 | ILLE RI   | )                     |           |             |      |       |               |          |          |             |           |                    |                |          |              |          |              |
| City:                          | PITTSBURGH                                  |           |                       |           |             |      |       | State         | <b>:</b> | PA       |             |           | Zip Co             | de: 15         | 5216-    | 000          | 0        |              |
| TYPE OF<br>REPORT              | 6TH TUESDAY<br>PRE-PRIMARY                  | 1.        | 2ND FRIDA<br>PRIMARY  | Y PRE-    | - 2         | 2.   | 30 DA |               | F        | POST-    | 3. <b>X</b> |           | AMENDN<br>REPORT   |                | Yes      |              | No       | <b>\</b>     |
| (place X to<br>the right of    | 6TH TUESDAY<br>PRE-ELECTION                 | 4.        | 2ND FRIDA<br>ELECTION | Y PRE     | <u>-</u> 5  | 5.   | 30 DA |               | F        | POST-    | 6.          |           | TERMINA<br>REPORT  |                | Yes      |              | No       | <b>\</b>     |
| report type)                   | ANNUAL REPORT                               | 7.        | <b>Year</b> 2015      |           |             |      |       | NG ME<br>CHEC |          |          |             |           | PAPER              |                | <b>\</b> | DI           | SKET     | ΓE           |
| Name of Office S               | ought by Candida                            | te:       | •                     |           | •           |      |       | DAT           | ΕO       | F ELE    | CTIC        | N         | District<br>Number | Office<br>Code | Pa       | arty (       | Code C   | ounty<br>ode |
|                                |   |           |                       |           |             |      |       | МО            |          | DAY      | YI          | AR        |                    | ·              |          |              | -        |              |
|                                |   |           |                       |           |             |      |       |               | 11       |          | 3           | 2015      |                    | (SEE IN        | STRUCT   | IONS         | FOR CO   | DES)         |
|                                | Receipts and                                | МО        | DAY                   | YEAR      | 1           |      |       | МО            |          | DAY      | ΥI          | EAR       | FC                 | R OFFI         | CE US    | E 01         | NLY      |              |
| Expenditures                   | irom:                                       |           | 5 5                   | 2         | 015         | Т    | 0     |               | 6        |          | 8           | 2015      |                    |                |          |              |          |              |
| A. Amount Bro                  | ught Forward Fron                           | n Last R  | eport                 |           |             |      | \$    |               |          |          | 115,6       | 594.46    |                    |                |          |              |          |              |
| B. Total Moneta                | ary Contributions                           | And Rec   | eipts (Fron           | n Sche    | dule        | I)   | \$    |               |          |          |             | 6.27      |                    |                |          |              |          |              |
| C. Total Funds                 | Available (Sum Of                           | Lines A   | and B)                |           |             |      | \$    |               |          |          | 115,        | 700.73    |                    |                |          |              |          |              |
| D. Total Expend                | ditures (From Sch                           | edule II  | I)                    |           |             |      | \$    |               |          |          | 5,0         | 00.00     |                    |                |          |              |          |              |
| E. Ending Cash                 | Balance (Subtract                           | Line D    | From Line             | C)        |             |      | \$    |               |          | :        | 110,7       | 00.73     |                    |                |          |              |          |              |
| F. Value Of In-                | Kind Contributions                          | Receiv    | ed (From S            | chedu     | le II       | )    | \$    |               |          |          |             | 0.00      |                    |                |          |              |          |              |
| G. Unpaid Debt                 | s And Obligations                           | (From S   | Schedule IV           | /)        |             |      | \$    |               |          |          |             | 0.00      |                    |                |          | _            |          |              |
|                                |   |           |                       | AFF       | IDA         | ١VI  | T SE  | CTIC          | NC       |          |             |           |                    |                |          |              |          |              |
|                                | a Committee report, incl                    | -         | _                     |           |             |      |       |               |          |          |             | _         |                    | f my kno       | wledge   | e and        | l belief | , true       |
| correct and comple             | ete.<br>cribed before me this               |           |                       |           |             |      |       |               |          |          |             |           |                    | _              |          |              |          |              |
|                                | day of                                      | •         | 20                    |           |             |      | _     |               |          |          | S           | Signature | e of Perso         | n Submit       | ting Re  | ₃port        | t        |              |
|                                | Signatu                                     | re        |                       |           |             |      | _     |               |          |          |             |           | Prin               | ted Name       | В        |              |          |              |
| My Commission Ex               | · —   |           |                       |           |             |      | _     |               |          |          |             | -         | Ema                |                |          |              |          |              |
|                                | МО  |           | AY                    | YR        |             | -    |       |               |          |          | ea Coo      | le        | Daytin             | ie Teleph      | ione N   | umb          | er       |              |
|                                | a report of a cand<br>that to the best of n |           |                       |           |             | •    |       |               |          | _        |             | v provis  | ions of th         | e act of 1     | una 3    | 1027         | //DI 1   | 222          |
| No 320) as amende              | ed.   | iy Kilowi | suge and ben          | iei tilis | pont        | icai | Commi | ittee ii      | as 11    | ot viola | teu an      | iy provis | ions or th         | e act of 3     | une 3,   | 1937         | (F.L. 2  | .555,        |
| Sworn to and subsc             | ribed before me this<br>day of              |           | 20                    |           |             |      |       |               |          |          |             | s         | ignature (         | of Candid      | ate      |              |          |              |
|                                | <u> </u>                                    |           |                       |           |             |      | -     |               |          | -        |             |           | Printe             | d Name         |          |              |          | <del></del>  |
| My Commission Exp              | Signature<br>ires                           |           |                       |           |             |      | -     |               |          |          |             |           | Ema                | il             |          |              |          | -            |
|                                | мо  | D         | AY                    | YR        |             |      | -     |               |          | Area     | Code        |           | D                  | aytime T       | elepho   | ne N         | lumber   | $-\mid$      |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period       |              |          |
|--|-----------|----------------|--------------|----------|
| CONSTRUCTORS ASSN PAC (CAPAC)  | From:     | <u>5/5/201</u> | <u>5</u> To: | 6/8/2015 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |                |              |          |
| TOTAL for the Reporting  | g Period  | (1)            | \$           | 0.00     |
| 2. Contributions Received - \$ 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)   |           |                | \$           | 0.00     |
| TOTAL for the Reporting  | g Period  | (2)            | \$           | 0.00     |
| 3. Contributions Received 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  | g Period  | (3)            | \$           | 0.00     |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |                |              |          |
| TOTAL for the Reporting  | g Period  | (4)            | \$           | 6.27     |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |                | \$           | 6.27     |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                           | his Part to itemize onl<br>with an aggregate val | -                 |                  |     | -    |      |    |            |  |
|---------------------------|--|-------------------|------------------|-----|------|------|----|------------|--|
| Name of Filing Comm       | ittee or Candidate                               |                   | Reporting Period |     |      |      |    |            |  |
|                           |  |                   | Fre              | om: |      | То   | :  |            |  |
|                           |  | 1                 |                  |     | DATE |      |    | AMOUNT     |  |
| Full Name of Contribution | ng Committee                                     |                   |                  | МО  | DAY  | YEAR |    |            |  |
| Mailing Address           |  |                   |                  |     |      |      | \$ | 0.00       |  |
| City                      | State  | Zip Code (Plus 4) | )                |     |      |      |    |            |  |
|                           | •  | •                 |                  |     | •    | •    |    | PAGE TOTAL |  |

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

0.00

## 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 Fining Committee of Candidate |       |                   | Reporting Period From: To: |    |      |      |    |        |  |
|---------------------------------------|-------|-------------------|----------------------------|----|------|------|----|--------|--|
|                                       |       |                   | l                          |    | DATE |      |    | AMOUNT |  |
| Full Name of Contributor              |       |                   |                            | МО | DAY  | YEAR |    |        |  |
| Mailing Address                       |       |                   |                            |    |      |      | \$ | 0.00   |  |
| City                                  | State | Zip Code (Plus 4) |                            |    |      |      |    |        |  |

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

**PAGE TOTAL \$**0.00

#### **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 from Over \$250.00 in the reporting period.

| Name of Filing Committee or Candida | me of Filing Committee or Candidate |               | Reporting Period |      |     |      |    |            |
|-------------------------------------|-------------------------------------|---------------|------------------|------|-----|------|----|------------|
|                                     |                                     |               | From:            |      |     | То:  |    |            |
|                                     |                                     |               |                  | DA   | TE  |      | Δ  | MOUNT      |
| Full Name of Contributing Committee |                                     |               |                  | мо   | DAY | YEAR |    |            |
| Mailing Address                     |                                     |               |                  |      |     |      | \$ | 0.00       |
| City                                | State                               | Zip Cod       | e (Plus 4)       |      |     |      |    |            |
|                                     |                                     |               |                  |      |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on Sci  | hedule I, Detai                     | led Summary P | age, Sectio      | n 3. |     | l    | \$ | 0.00       |

### 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.)

|                     |       |            | Rep       | orting Pe               | riod   |  |  |   |   |
|---------------------|-------|------------|-----------|-------------------------|--|--|--|---|---|
|                     |       |            | Fror      | n:                      |  | 1  | Го:  |   |   |
|                     |       |            |           | D                       | ATE  |  |  | AMOUN   | IT  |
|                     |       |            |           | МО                      | DAY  | YEAR   | 2  |   |   |
|                     |       |            |           |                         |  |  |  | \$  | 0.00  |
| State               | Zip ( | Code (Plus | 5 4)      |                         |  |  |  |   |   |
|                     |       |            |           | Occupa                  | tion   |  |  |   |   |
| e of                |       | City       |           |                         | State  |  | Zip  | Code (Plu   | us 4)   |
| dule I, Detailed Su | umma  | ry Page,   | Section   | on 3.                   |  |  | \$   | PAGE T  | 0.00  |
|                     | e of  | e of       | e of City | State Zip Code (Plus 4) | From:  MO  State Zip Code (Plus 4)  Occupation | State Zip Code (Plus 4)  Occupation  October State | State Zip Code (Plus 4)  Occupation  City  State | State Zip Code (Plus 4)  Occupation  Occupation  City State Zip  Odule I, Detailed Summary Page, Section 3. | State Zip Code (Plus 4)  Occupation  Occupation  Occupation  Occupation  PAGE 1 |

## 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 Candid | late               |                             | Report  | ing Perio | d              |                     |                |          |
|------------------------------------|--------------------|-----------------------------|---------|-----------|----------------|---------------------|----------------|----------|
| CONSTRUCTORS ASSN PAC (CAPA        | C)                 |                             | From:   |           | <u>5/5/201</u> | <u>5</u> <b>To:</b> | <u>6/8/201</u> | <u>5</u> |
|                                    |                    |                             |         | D         | ATE            |                     | AMOUNT         |          |
| Full Name PNC Bank                 |                    |                             |         | МО        | DAY            | YEAR                |                |          |
| Mailing Address PO Box 609         |                    |                             |         | _         |                |                     | \$             | 6.27     |
| <b>City</b> Pittsburgh             | <b>State</b><br>PA | <b>Zip Code (I</b><br>15230 | Plus 4) | 5         | 29             | 2015                |                |          |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

Interest Payment

**Receipt Description** 

**PAGE TOTAL \$** 6.27

#### **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

| Name of Filing Committee or Candidate  | Reporting Period |                            |                 |  |  |  |  |  |
|--|------------------|----------------------------|-----------------|--|--|--|--|--|
| CONSTRUCTORS ASSN PAC (CAPAC)  | From:            | <u>5/5/2015</u> <b>To:</b> | <u>6/8/2015</u> |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR  |                  |                            |                 |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (1)        | \$                         | 0.00            |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)             |                            |                 |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (2)        | \$                         | 0.00            |  |  |  |  |  |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                  |                            |                 |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (3)        | \$                         | 0.00            |  |  |  |  |  |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, |                  | \$                         | 0.00            |  |  |  |  |  |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candid | ate                 |                       | Reporting | g Period      |        |           |            |
|------------------------------------|---------------------|-----------------------|-----------|---------------|--------|-----------|------------|
|                                    |                     |                       | From:     |               |        | То:       |            |
|                                    |                     |                       |           | DATE          |        |           | AMOUNT     |
| Full Name of Contributor           |                     |                       | МО        | DAY           | YEAR   |           |            |
| Mailing Address                    |                     |                       |           |               |        | <b>\$</b> | 0.00       |
| City                               | State               | Zip Code (Plus 4)     |           |               |        |           |            |
| Description of Contribution:       |                     |                       |           |               |        |           |            |
| Enter Grand Total of Part F on S   | chedule II In-Kir   | nd Contributions Deta | iled Sum  | mary Pag      | ле Г   |           | PAGE TOTAL |
| Section 2.                         | incudic 11, 111 Kii | ia contributions beta | nea Sam   | illial y I as | ,<br>, |           | PAGE TOTAL |
|                                    |                     |                       |           |               |        | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                         | е            |         |            |         | Re     | porting   | Period    |        |       |                        |
|---|--------------|---------|------------|---------|--------|-----------|-----------|--------|-------|------------------------|
|   |              |         |            |         | Fro    | om:       |           | То:    |       |                        |
|   |              |         |            |         | •      |           | DATE      |        |       | AMOUNT                 |
| Full Name of Contributor                                      |              |         |            |         |        | мо        | DAY       | YEAR   |       |                        |
| Mailing Address   |              |         |            |         |        |           |           |        | \$    | 0.00                   |
| City  | State        |         | Zip Code(I | Plus 4) |        |           |           |        |       |                        |
| Employer of Contributor                                       | 1            |         | •          |         |        | Occupa    | ation     |        |       |                        |
| Employer Mailing Address/Principal Pla<br>Business            | ace of       | City    |            | State   |        | Zip<br>4) | Code(Plus | Descri | ption | of Contribution        |
| Enter Grand Total of Part G on Sc<br>Summary Page, Section 3. | hedule II, I | in-Kind | Contributi | ons De  | etaile | ed        |           |        |       | <b>PAGE TOTAL</b> 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Per |                 |     |                 |
|---------------------------------------|---------------|-----------------|-----|-----------------|
| CONSTRUCTORS ASSN PAC (CAPAC)         | From          | <u>5/5/2015</u> | То: | <u>6/8/2015</u> |

|  |       |                   |         | DATE        |          |    | AMOUNT   |  |
|--|-------|-------------------|---------|-------------|----------|----|----------|--|
| <b>To Whom Paid</b> Jay Costa for State Senate                         | мо    | DAY               | YEAR    |             |          |    |          |  |
| Mailing Address 314 Newport Road                                       |       |                   |         | 15          | 2015     | \$ | 5,000.00 |  |
| <b>City</b> Pittsburgh   | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure |    |          |  |
|  | PA    | 15221             | Recepti | ion Contrib | oution   |    |          |  |
| Futor Consul Tatal of Four and thousand                                |       |                   |         |             |          |    |          |  |
| nter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |       |                   |         |             |          |    | 5,000.00 |  |