

Campaign Finance Report

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

Filer Identification Number : 20150033		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST			
Name of Filing Committee, Candidate or Lobbyist: Build PA PAC											
Street Address: 816 Highfield Court											
City: Coraopolis					State: PA		Zip Code: 15108				
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	No <input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2016	FILING METHOD () CHECK ONE			PAPER <input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:					DATE OF ELECTION			District Number	Office Code	Party Code	County Code
					MO	DAY	YEAR	02			
					11	8	2016	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY		
		11	29	2016		12	31	2016			
A. Amount Brought Forward From Last Report					\$ 204,746.67						
B. Total Monetary Contributions And Receipts (From Schedule I)					\$ 13,037.02						
C. Total Funds Available (Sum Of Lines A and B)					\$ 217,783.69						
D. Total Expenditures (From Schedule III)					\$ 9,198.09						
E. Ending Cash Balance (Subtract Line D From Line C)					\$ 208,585.60						
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 filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Signature

Printed Name

My Commission Expires

Email

MO DAY YR

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 of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Build PA PAC	From: <u>11/29/2016</u> To: <u>12/31/2016</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting 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 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)	\$ 13,000.00
TOTAL for the Reporting Period (3)	\$ 13,000.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 37.02

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 Page1, Report Cover Page, Item B.)	\$ 13,037.02
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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	Reporting Period
	From: To:

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
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 Candidate	Reporting Period	
	From:	To:

			DATE			AMOUNT	
Full Name of Contributing Committee			MO	DAY	YEAR	\$	0.00
Mailing Address							
City	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 Build PA PAC	Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</u>
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				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$
Matt Shaner							
Mailing Address 529 Pine Road							
City Sewickley		State PA	Zip Code (Plus 4) 15143				
Employer Name Shaner Investments				Occupation CEO			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
111 Sowers StreetSuite 400			State College		PA		16801
Full Name of Contributor				MO	DAY	YEAR	\$
Saul Ewing LLP							
Mailing Address Centre Square West 1500 Market Street, 38th Floor							
City Philadelphia		State PA	Zip Code (Plus 4) 19102				
Employer Name				Occupation Law Firm			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
1500 Market Street, 38th Floor			Philadelphia		PA		19102
Full Name of Contributor				MO	DAY	YEAR	\$
Sean M. Reilly							
Mailing Address 826 Kerper Street							
City Philadelphia		State PA	Zip Code (Plus 4) 19111				
Employer Name Roscommon International				Occupation President			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
2 Bala Plaza, Suite 300			Bala Cynwyd		PA		19004
Full Name of Contributor				MO	DAY	YEAR	\$
Jeffrey A. Romoff							
Mailing Address 3208 Fox Run Road							
City Allison Park		State PA	Zip Code (Plus 4) 15101				
Employer Name UPMC				Occupation CEO			
Employer Mailing Address/Principal Place of Business			City		State		Zip Code (Plus 4)
US Steel Tower, Suite 6242600 Grant Street			Pittsburgh		PA		15219

Full Name of Contributor Ballard Spahr, LLP			MO 12	DAY 6	YEAR 2016	\$ 2,500.00
Mailing Address 1735 Market Street 51st Floor						
City Philadelphia	State PA	Zip Code (Plus 4) 19103				
Employer Name Ballard Spahr, LLP			Occupation Law Firm			
Employer Mailing Address/Principal Place of Business 1735 Market Street		City Philadelphia	State PA	Zip Code (Plus 4) 19103		

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

PAGE TOTAL
\$ 13,000.00

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 Build PA PAC	Reporting Period From: <u>11/29/2016</u> To: <u>12/31/2016</u>
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				DATE		AMOUNT	
Full Name First National Bank				MO 11	DAY 30	YEAR 2016	\$ 17.88
Mailing Address 4140 East State Street							
City Hermitage		State PA	Zip Code (Plus 4) 16148				
Receipt Description interest earned							
Full Name First National Bank				MO 12	DAY 30	YEAR 2016	\$ 19.14
Mailing Address 4140 East State Street							
City Hermitage		State PA	Zip Code (Plus 4) 16148				
Receipt Description interest earned							

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

PAGE TOTAL
\$ 37.02

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	
Build PA PAC		From: <u>11/29/2016</u> To: <u>12/31/2016</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period		(3)	\$ 0.00
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, Reports Cover Page, Item F.)			\$ 0.00

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From: To:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
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	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)	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	Reporting Period
Build PA PAC	From <u>11/29/2016</u> To: <u>12/31/2016</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
PayPal				
Mailing Address 2211 North First Street	12	2	2016	\$ 175.15
City San Jose	State CA	Zip Code (Plus 4) 95131	Description of Expenditure contribution transaction fee	
To Whom Paid	MO	DAY	YEAR	
American Express				
Mailing Address PO Box 1270	12	13	2016	\$ 1,022.94
City Newark	State NJ	Zip Code (Plus 4) 07101	Description of Expenditure credit card payment	
To Whom Paid	MO	DAY	YEAR	
Maverick Finance				
Mailing Address 403 North Second Street, 2FL	12	1	2016	\$ 8,000.00
City Harrisburg	State PA	Zip Code (Plus 4) 17101	Description of Expenditure consulting	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.				PAGE TOTAL \$ 9,198.09

