# **Campaign Finance Report**

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

Filer Identificat Number :	tion 8100	206			Report Filed B		CANDI	DATE		СОМІ	MITTEE	✓	LOBI	BYIST	
Name of Filing	Committee, Candid	ate or L	obbyist:		CONSTR	υοτα	ORS ASSI	N PAC (	(CAP/	AC)					
Street Address: 800 CRANBERRY WOODS DR, STE 110															
City:	CRANBERRY 1	ΓWP					State:	PA			Zip Coo	<b>le:</b> 16	066-5	210	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	AY PRE	- 2. <b>X</b>	30 DA PRIMA		POST- 3.		AMENDMENT REPORT?		Yes	No	<ul> <li>Image: A start of the start of</li></ul>	
(place X to the right of	6TH TUESDAY PRE-ELECTION						Y F TION	POST-	6.		TERMINA REPORT		Yes	No	<b>&gt;</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2017			FILING METHOD ( ) CHECK ONE					PAPER		$\checkmark$	DISKE	TTE
Name of Office	Sought by Candida	te:					DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
							мо	DAY	YE	AR					
							11		7	2017	]	(SEE INS	TRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR	Ł		мо	DAY	YE	AR	FO	R OFFIC	E USE	ONLY	
Expenditure	s from:		3 28	3 2	017 <b>T</b>	0	5		1	2017					
A. Amount Bro	ought Forward From	n Last R	leport			\$			83,8	42.64					
B. Total Mone	tary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$				4.14					
C. Total Funds	s Available (Sum Of	f Lines A	and B)			\$			83,8	46.78					
D. Total Exper	nditures (From Sch	edule II	II)			\$			5,0	00.00					
E. Ending Cas	h Balance (Subtrac	t Line D	From Line	C)		\$			78,8	46.78	-				
F. Value Of In	-Kind Contributions	s Receiv	ed (From S	Schedu	le II)	\$				0.00	-				
G. Unpaid Deb	ots And Obligations	(From S	Schedule I\	/)		\$				0.00					
				AFF	IDAVI	T SE	CTION								
	is a Committee rep	-	_								-				
I swear (or affirn correct and comp	n) that this report, inc lete.	luding the	e attached sc	hedules	s filed on	paper	or by elect	ronic me	edium,	are to	the best o	f my knov	vledge	and beli	ef , true
Sworn to and sub	scribed before me this day of	5	20						Si	ignature	e of Perso	n Submitt	ing Rep	oort	
	Signatu	re				-					Prin	ted Name			
My Commission B	Expires					_					Ema	il			
	мо	D	AY	YR		_		Are	a Cod	e	Daytim	e Teleph	one Nu	mber	
Part II- If this is	s a report of a can	didate's	authorized	l Comn	nittee, Ca	andid	ate shall	sign he	ere.						
I swear (or affirm No 320) as amend	) that to the best of n led.	ny knowl	edge and bel	ief this	political	comm	ittee has n	ot violat	ed any	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	1333,
Sworn to and subs	cribed before me this day of		20							s	ignature o	of Candida	ite		
						-					Printe	d Name			
My Commission Ex	Signature					-					Ema	il			
						-									
	МО	D	AY	YR	1			Area (	ode		Da	aytime Te	elephon	e Numb	er

# SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reportin	g Period		
CONSTRUCTORS ASSN PAC (CAPAC)	<u>3/28/201</u>	<u>.7</u> To:	<u>5/1/2017</u>	
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Repo	orting 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 Repo	\$	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 Repo	orting Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Pa	rt E)			
TOTAL for the Repo	orting Period	(4)	\$	4.14
Total Monetary Contributions and Receipts During this Reporting Period (Au totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cov			\$	4.14

# 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.

Name of Filing Commit	Reporting Period						
			From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing	g Committee		мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
						Г	PAGE TOTAL
Enter Grand Total of P	art A on Schedule I, Detail	ed Summary Page, Sec	tion 2.			\$	0.00

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

\$

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 Candidat	e		Rep Froi	orting P	eriod	Το	):			
					DATE			AMOUNT		
Full Name of Contributor				МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)								
		•						PAGE TOTAL		
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	e, Se	ection 2	<u>.</u>		\$	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:			То:			
				DA	TE		А	MOUNT	
Full Name of Contributing Comm	ittee			мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Cod	e (Plus 4)						
						ſ		PAGE TOTAL	
Enter Grand Total of Part C or	n Schedule I, Detaile	ed Summary Pa	age, Sectio	n 3.			\$	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	Reporting Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupat	tion			
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I <i>,</i> Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	0.00

I

### 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	Report	ing Perio	d						
CONSTRUCTORS ASSN PAC	(CAPAC)		From:		<u>3/28/201</u>	<u>7</u> To:	: <u>5/1/2017</u>		
				D	ATE			AMOUNT	
Full Name									
PNC Bank				мо	DAY	YEAR			
Mailing Address PO Box 6				\$	1.70				
City Pittsburgh	State	Zip Code (I	Plus 4)	3	31	201	7		
	PA	15230							
Receipt Description Inte	rest Payment								
<b>Full Name</b> PNC Bank				мо	DAY	YEAR			
Mailing Address PO Box 6	09						\$	2.44	
City Pittsburgh	State	Zip Code (I	Plus 4)	4	28	201	7		
i icoso i gri	PA	15230							
Receipt Description Inte	rest Payment	I		I	I		1		
								PAGE TOTAL	
inter Grand Total of Part E o	on Schedule I, Detailed	I Summary Page,	Section	4.					

### 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>3/28/2017</u> <b>To:</b>	<u>5/1/2017</u>							
. 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, 3		\$	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:			То:			
				DATE		АМО	UNT
Full Name of Contributor			мо	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	,				
Description of Contribution:							
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	6	0.00

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

Name of Filing Committee or Candidate					Rej	Reporting Period				
					Fro	From: To:				
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor						Occupat	tion	_		
Employer Mailing Address/Principal Place of City State Business				State		Zip Code(Plus 4) Description of C			f Contribution	

		I		
Enter Grand Total of Part G on Schedule II, In	-Kind Contribut	ions Detailed		PAGE TOTAL
Summary Page, Section 3.				0.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period				
CONSTRUCTORS ASSN PAC (CAPAC)			From	From <u>3/28/2017</u> To:			<u>5/1/2017</u>
			DATE				AMOUNT
To Whom Paid Friends of Dave Reed			мо	DAY	YEAR		
Mailing Address PO Box 1440			3	30	2017	\$	5,000.00
City Indiana	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15701	Description of Expenditure Reception Contribution				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
						\$	5,000.00