Campaign Finance Report

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

Filer Identificati Number :	on 20:	180183			Repo Filed			CANDI	DATE		соми	ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Cand	idate or L	obbyist:		GUIDI	, SH	AR	ON THE	THE COMMITTEE TO ELECT PA HOUSE 40								
Street Address:	221 OLD O	AK RD															
City:	MCMURRAY							State:	PA			Zip Co	de: 15	5317-2	710		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PI PRIMARY	RE-	2.		DA IMA		POST-	3. X		AMENDM REPORT		Yes	No	•	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PELECTION	RE-	- 5.		DA ECT	Y F TON	POST-	6.		TERMINA REPORT		Yes	No		\
report type)	ANNUAL REPOR	T 7.	Year 2018					IG METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	- Sought by Candid	late:	-		-	-		DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR	40	STH	DEN	1	63	
REPRESENTATI	VE IN THE GEN	ERAL ASS	EMBLY					11		6	2018		(SEE IN	STRUCTI	ONS FOR	CODES)
•	Receipts and	МО	DAY YE	AR			l	мо	DAY	YE	AR	FC	R OFFI	CE USE	ONLY		
Expenditures	from:		5 1	20	18	то		6		4	2018						
A. Amount Bro	ught Forward Fr	om Last R	eport				\$			4,8	371.89						
B. Total Moneta	ary Contribution	s And Rec	eipts (From Sc	hed	lule I)	\$			6	26.24						
C. Total Funds	Available (Sum	Of Lines A	and B)				\$			5,4	198.13						
D. Total Expend	ditures (From So	hedule II	I)				\$			7	14.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line C)				\$			4,7	84.13						
F. Value Of In-	Kind Contributio	ns Receiv	ed (From Sche	dule	e II)		\$				0.00						
G. Unpaid Debt	ts And Obligation	ıs (From S	Schedule IV)				\$				0.00			1			
			Al		[DAV	IT S	SE	CTION									
PART I - If this is	s a Committee re	port, trea	surer sign here	e. I1	f this	is a C	Can	didate re	eport, o	candio	date sig	jn here.					
I swear (or affirm) correct and complete		icluding the	attached schedu	iles	filed o	n pap	er c	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tru	ue.
Sworn to and subs	cribed before me t	nis	20							s	ignature	of Perso	n Submit	ting Rep	ort		-
	Signa	ture				_						Prin	ted Name	e			-
My Commission Ex	-											Ema	il				-
	мо	D	AY Y	/R					Are	ea Cod	e	Daytim	ie Telepl	none Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized Cor	nm	ittee,	Cand	dida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende		f my knowle	edge and belief t	his Į	politica	al con	mmi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc		is									s	ignature o	of Candid	ate			-
	day of ————————————————————————————————————											Printe	d Name				-
	Signatur	e				_											_
My Commission Exp	ires											Ema	il				
	мо	D	AY	YR					Area	Code		D	aytime T	elephon	e Numb	er	-

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40	From:	5/1/2018	8 To:	6/4/2018
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)			\$	626.24
TOTAL for the Reporting) Period	(2)	\$	626.24
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) 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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	626.24

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	this Part to itemize onl with an aggregate valu	-			-			
Name of Filing Comm	nittee or Candidate		Re	porting	Period			
			Fro	om:		То	:	
		L			DATE			AMOUNT
Full Name of Contribut	ing Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•				-		DAGE 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 Filing Committee or Cand	idate		Reporting) Peri	iod			
GUIDI, SHARON THE COMMITTEE	TO ELECT PA HO	OUSE 40	From:		5/1/2	2018 T o) :	6/4/2018
				DA	ATE			AMOUNT
Full Name of Contributor Seashal Belldina			МО		DAY	YEAR		
Mailing Address 106 Sherborne	Dr						\$	100.00
City McMurray	State PA	Zip Code (Plus 4) 15057		5	7	2018		
Full Name of Contributor Seashal Belldina			МО		DAY	YEAR		
Mailing Address 106 Sherborne City McMurray	State PA	Zip Code (Plus 4) 15057		5	7	2018	\$	100.00
Full Name of Contributor Doranne Ceccarelli			МО		DAY	YEAR		
Mailing Address 130 Oakwood F	Rd						\$	150.00
City McMurray	State PA	Zip Code (Plus 4) 15057		5	2	2018		
Full Name of Contributor Christina Proctor			МО		DAY	YEAR		
Mailing Address 51 Fulton Rd City Canonsburg	State PA	Zip Code (Plus 4) 15317		5	27	2018	\$	25.00
Full Name of Contributor Elizabeth Rosemeyer		1	мо		DAY	YEAR		
Mailing Address 3132 Laketon F	State	Zip Code (Plus 4)		5	4	2018	\$	43.01
City Pittsburgh	PA	15235						

Full Name of Contributor	•		мо	DAY	YEAR	
George Bockosh						
Mailing Address 203	5 Outlook Dr					\$ 8.23
City Pittsburgh	State	Zip Code (Plus 4)	5	2	2018	
i ittosui gii	PA	15241				
Full Name of Contributor		•	мо	DAY	YEAR	
Joan Charlson			MO	DAT	TEAR	
Mailing Address 204	Waterside Drive					\$ 50.00
City McMurray	State	Zip Code (Plus 4)	6	4	2018	
The Harray	PA	15317				
Full Name of Contributor	•			DAY	VEAD	
Joan Charlson			МО	DAY	YEAR	
Mailing Address 204	Waterside Drive					\$ 50.00
City McMurray	State	Zip Code (Plus 4)	6	4	2018	
,	PA	15317				
Full Name of Contributor	•	·	мо	DAY	YEAR	
Miriam Lindauer			MO	DAI	ILAK	
Mailing Address 114	5 Greenbrier Road					\$ 100.00
City Bethel Park	State	Zip Code (Plus 4)	6	4	2018	
253.161 7 411	PA	15102				
	·					PAGE TOTAL

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

PAGE TOTAL \$ 626.24

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 Candi	date		Reporting	Period				
			From:			То:		
				DA	TE		Α	MOUNT
Full Name of Contributing Committ	tee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on S	Schedule I, Detail	ed Summary Pa	age, Sectio	n 3.			\$	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.)

Name of Filing Committee or Candidate			Rep	orting Pe	riod			
			Froi	m:		To) :	
				D	ATE		А	MOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupa	tion		•	
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Coo	de (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed So	ummary Page	, Section	on 3.			F \$	PAGE TOTAL 0.00

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		Repor	ting Perio	od			
			From:			To:		
			•	D	ATE		AI	MOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•		•	•	
Enter Grand Total of Part E o	on Schedule I. Detailed	d Summary Page	Section	4			PA	GE TOTAL
- Inc. Statia Total of Fall E	Jonedane 1, Betanet	. Jammar y r uge,	500.011				\$	0.00

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		
GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40	From:	<u>5/1/2018</u> To:	6/4/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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:			To:	
				DATE			AMOUNT
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 S	chedule II, In-Kir	nd Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate					Reporting	Period			
					From:		То:		
						DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Mailing Address								\$	0.00
City	State		Zip Code(Plus	4)					
Employer of Contributor					Occupa	ation			
Employer Mailing Address/Principal Plad Business	ce of	City	Sta	ite	Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sch	edule II, I	n-Kind	Contributions	Deta	ailed				PAGE TOTAL
Summary Page, Section 3.									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40	From	5/1/2018	То:	6/4/2018

				DATE			AMOUNT
To Whom Paid Susan Bender			МО	DAY	YEAR		
Mailing Address 157 Oakwood Road			5	5	2018	\$	372.00
City McMurray	State PA	Zip Code (Plus 4) 15057	Description of Expenditure food reimbursement for Ziti For Guidi				
To Whom Paid Sharon Guidi			мо	DAY	YEAR		
Mailing Address 221 Old Oak Road			5	16	2018	\$	342.00
City Mc Murray	State PA	Zip Code (Plus 4) 15317-2710	Description of Expenditure post election party				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
Enter Grand Total of Expenditure	s on Page 1, Re	eport Cover Page, Item D	'•			\$	714.00