

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20180071		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> GAYDOS, VALERIE FOR PA												
<b>Street Address:</b> 411 TRAILSIDE DRIVE												
<b>City:</b> SEWICKLEY						<b>State:</b> PA			<b>Zip Code:</b> 15143			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.X	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No	
	ANNUAL REPORT	7.	Year 2018		<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b>	<input checked="" type="checkbox"/>	<b>DISKETTE</b>	<input type="checkbox"/>	
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	REP			
						11	6	2018	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		3	27	2018		4	30	2018				
<b>A. Amount Brought Forward From Last Report</b>						\$ 0.00						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 28,823.00						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 28,823.00						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 28,160.83						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 662.17						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 27,115.92						

## 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

Printed Name

Signature

Email

My Commission Expires

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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
GAYDOS, VALERIE FOR PA	From: <u>3/27/2018</u> To: <u>4/30/2018</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 223.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 2,300.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 2,300.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 0.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 0.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 2,523.00
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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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
GAYDOS, VALERIE FOR PA	From: <u>3/27/2018</u> To: <u>4/30/2018</u>

				DATE			AMOUNT
Full Name of Contributor MICHAEL O'BRIAN				MO	DAY	YEAR	\$ 100.00
Mailing Address				2	14	2018	
City	SHEPHERDSTOWN	State	MD				Zip Code (Plus 4)
Full Name of Contributor MARGUERITE O. STANDISH				MO	DAY	YEAR	\$ 150.00
Mailing Address 626 PINE ROAD				2	21	2018	
City	SEWICKLEY	State	PA				Zip Code (Plus 4)
Full Name of Contributor BRIAN RIDER				MO	DAY	YEAR	\$ 200.00
Mailing Address 35 EMLYN LANE				2	21	2018	
City	MECHANICSBURG	State	PA				Zip Code (Plus 4)
Full Name of Contributor VERNON A. WALLACE JR				MO	DAY	YEAR	\$ 100.00
Mailing Address 833 CADAR GROVE ROAD				3	5	2018	
City	BALTIMORE	State	MD				Zip Code (Plus 4)
Full Name of Contributor ASH KARE				MO	DAY	YEAR	\$ 100.00
Mailing Address 5 LESLIE BLVD				2	12	2018	
City	WARREN	State	PA				Zip Code (Plus 4)
Full Name of Contributor ELINOR O. GARTNER				MO	DAY	YEAR	\$ 200.00
Mailing Address 3051 SCOTTISH RITE LN				2	8	2018	
City	SEWICKLEY	State	PA				Zip Code (Plus 4)

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
KAREN K. DEKLINSKI				4	14	2018	
Mailing Address 406 NORTH FRONT STREET							
City	WORMLEYSBURG	State	Zip Code (Plus 4)				
		PA	17043				

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
FRANK PINTO				4	9	2018	
Mailing Address 1801 PETERS MOUNTAIN ROAD							
City	DAUPHIN	State	Zip Code (Plus 4)				
		PA	17018				

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
DONNA LONG BRIGHTBILL				4	20	2018	
Mailing Address 212 IRONMASTER ROAD							
City	LEBANON	State	Zip Code (Plus 4)				
		PA	17042				

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
JOHN T. TIGHE III				4	19	2018	
Mailing Address 245 MERION ROAD							
City	MERION	State	Zip Code (Plus 4)				
		PA	19066				

Full Name of Contributor				MO	DAY	YEAR	\$ 250.00
ED URAVIC				2	28	2018	
Mailing Address 333 CEDAR AVE							
City	HERSHEY	State	Zip Code (Plus 4)				
		PA	17033				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
SHERYL A. KASHUBA				4	20	2018	
Mailing Address 807 CHARLES STREET							
City	GLENSHAW	State	Zip Code (Plus 4)				
		PA	15116				

Full Name of Contributor				MO	DAY	YEAR	\$ 100.00
LORRILYN KELSEY				4	30	2018	
Mailing Address 437 SUMMIT STREET							
City	LEMOYNE	State	Zip Code (Plus 4)				
		PA	17043				

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

**PAGE TOTAL**  
\$ 2,300.00

## 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.**

<b>PAGE TOTAL</b>	
\$	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.)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> <b>To:</b>

			DATE			AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Employer Name			Occupation				
Employer Mailing Address/Principal Place of Business		City		State		Zip Code (Plus 4)	

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

<b>PAGE TOTAL</b>	
\$	0.00

## 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	Reporting Period  From: <span style="float: right;">To:</span>
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			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
GAYDOS, VALERIE FOR PA		From: <u>3/27/2018</u> To: <u>4/30/2018</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)		\$	0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)		\$	0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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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.						<b>PAGE TOTAL</b>  \$ 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
	From To:

			DATE			AMOUNT
To Whom Paid			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)	Description of Expenditure			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 0.00

