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 | 2018 | C0740 | | | | port ed B | | CAND | IDATE | * | CO | MMITTEE | | LOBI | BYIST | | |
|---|----------------------|--------------|-----------|----------------------|---------|--------|--------------|--------|------------|-----------|----------|--------------|---------------------|----------------|--------------|---------|----------|--------------|
| Name of Filing C | ommitte | e, Candida | ate or Lo | obbyist: | | ΑM | Y FA | ZIO | | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | Zip Code | e: 15 | 066 | | | |
| TYPE OF REPORT | 6TH TUES | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. X | 30 DA | | POST- | 3. | | AMENDME REPORT? | NT | Yes | ✓ No |) | |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDATELECTION | y pri | E- | 5. | 30 DA | | POST- | 6. | | TERMINAT REPORT? | TION | Yes | N |) | \checkmark |
| report type) | ANNUAL | . REPORT | 7. | Year 2018 | | | | | NG METH | | | | PAPER | | \checkmark | DISK | TTE | |
| Name of Office S | ought by | , Candidat | e: | | | | | | DATE (| OF ELE | СТІ | ON | District Number | Office Code | Par | ty Code | Cour | |
| | | | | | | | | | МО | DAY | 1 | YEAR | 14 | STH | DEN | 1 | TCOUC | |
| REPRESENTATI | VE IN TH | ie gener | AL ASS | EMBLY | | | | | 1: | L | 6 | 2018 | | (SEE INS | TRUCTI | ONS FOR | CODES |) |
| Summary of | | s and | МО | DAY | YEAR | 2 | | | мо | DAY | , | YEAR | FOR | OFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 3 27 | 2 | 018 | Т | 0 | 4 | 1 | 30 | 2018 | | | | | | |
| A. Amount Bro | ught For | ward Fron | ı Last R | eport | | | | \$ | - | | | 0.00 | | | | | | |
| B. Total Moneta | ary Contr | ibutions A | And Rec | eipts (From | Sche | dule | e I) | \$ | | | | 228.66 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ 228.66 | | | | | | | | | | | | | | | | | | |
| D. Total Expend | ditures (I | From Sche | dule II | I) | | | | \$ | | | 4 | ,248.66 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line (| C) | | | \$ | | | (4, | 020.00) | | | | | | |
| F. Value Of In- | Kind Con | tributions | Receiv | ed (From S | chedu | le I | I) | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | Schedule IV |) | | | \$ | | | | 0.00 | | , | | | | |
| | | | | | AFF | ·ID/ | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | a Comm | nittee repo | ort, trea | surer sign | here. | If th | nis is | a Car | ndidate r | eport, | cano | didate sig | jn here. | | | | | |
| I swear (or affirm) correct and comple | | report, incl | uding the | attached scl | nedule | s file | d on | paper | or by elec | tronic m | ediu | ım, are to t | the best of | my know | /ledge | and bel | ief , tr | ue |
| Sworn to and subs | cribed bef day of | ore me this | | 20 | | | | | | | | Signature | of Person | Submitt | ing Rep | ort | | |
| | _ | Signatur | ·e | | | | | - - | | | | | Printe | ed Name | | | | _ |
| My Commission Ex | pires | | | | | | | _ | | | | | Email | | | | | |
| | | МО | D | AY | YR | | | | | Ar | ea C | ode | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report | of a cand | lidate's | authorized | Comn | nitte | ee, C | andid | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | y knowle | edge and beli | ef this | poli | itical | comm | ittee has | not viola | ited a | any provis | ions of the | act of Ju | ine 3,1 | 937 (P. | L. 133 | 3, |
| Sworn to and subsc | | re me this | | | | | | | | | | s | ignature of | Candida | te | | | - |
| | day of — | | | | | | | - | | | | | Printed | Name | | | | _ |
| | | Signature | | | | | | - | | | | | | | | | | _ |
| My Commission Exp | | - | | | | | | | | | | | Email | | | | | |
| | - | МО | D | AY | YR | ł | | - | | Area | Cod | e | Day | rtime Te | lephor | ne Numl | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|----------|--------------|-----------|
| AMY FAZIO | From: | 3/27/201 | <u>8</u> To: | 4/30/2018 |
| 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) | | | \$ | 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) | | | \$ | 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 | j Period | (4) | \$ | 228.66 |
| | | | | |
| 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 | | | \$ | 228.66 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | this Part to itemize only with an aggregate valu | | | | | | | |
|-------------------------|--|------------------|-----|-----|------|------|---------------|------------|
| Name of Filing Comm | nittee or Candidate | | Re | | | | | |
| | | | Fre | om: | | То | : | |
| | | <u> </u> | | | DATE | | | AMOUNT |
| Full Name of Contributi | ing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4 |) | | | | | |
| | • | · | | | • | • | $\overline{}$ | DACE TOTAL |

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

PAGE TOTAL\$ 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 Commi | ttee or Candidate | | Reporting Period | | | | | |
|--------------------------|-------------------|-------------------|------------------|----|------|------|----|--------|
| | | | Fro | m: | | To | o: | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | r | | | 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 Candidate | | | Reporting | Period | | | | |
|---------------------------------------|-----------------------|----------|-------------|--------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | А | 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 Scho | edule I, Detailed Sun | nmary 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 Candid | ate | | | Rep | orting Pe | riod | | | |
|--|-----------------|-----------|--------------|-------|-----------|-------|------|-----------|------------|
| | | | | Fro | m: | | То |): | |
| | | | | | D | ATE | | AN | MOUNT |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 |
| City | State | Zi | p Code (Plus | 4) | | | | | |
| Employer Name | | • | | | Occupa | tion | • | • | |
| Employer Mailing Address/Principal Business | Place of | | City | | • | State | | Zip Code | e (Plus 4) |
| Enter Grand Total of Part C on S | chedule I, Deta | iled Sumr | mary Page, | Secti | on 3. | | | P | AGE 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 | | | Report | ing Perio | d | | | |
|---------------------------------------|---------------------|-------------------------|---------|-----------|----------|--------------|----|------------|
| AMY FAZIO | | | From: | | 3/27/201 | <u>8</u> To: | | 4/30/2018 |
| | | | | D | ATE | | | AMOUNT |
| Full Name AMY FAZIO | | | | МО | DAY | YEAR | | |
| Mailing Address 974 TULIP DRIVE | | | | | | | \$ | 228.66 |
| City NEW BRIGHTON | State PA | Zip Code (15066 | Plus 4) | 3 | 16 | 2018 | 3 | |
| Receipt Description REIMBURSEME | NT OF EXPENSES | • | | | | | • | |
| Enter Grand Total of Part E on Schedu | le T. Detailed Sumi | mary Page | Section | 4 | | | | PAGE TOTAL |
| zine. Grana rotal of Full 2 of Schedu | ne 1, Detailed Juin | nar, rage, | Section | | | | \$ | 228.66 |

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 Perio | d | | | | | | | |
|--|-----------------|---------------|-----------|--|--|--|--|--|--|
| AMY FAZIO | From: | 3/27/2018 To: | 4/30/2018 | | | | | | |
| 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: | | | 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 | ле Г | | PAGE TOTAL |
| Section 2. | incudic 11, 111 Kii | ia contributions beta | nea Sam | illial y I as | , , | | PAGE TOTAL |
| | | | | | | \$ | 0.00 |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | 1 | | | | Re | porting l | Period | | | |
|--|--------------|---------|------------|---------|--------|-----------|-----------|-------|---------|--------------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | - \$ | 0.00 |
| City | State | | Zip Code(I | Plus 4) | | | | | | |
| Employer of Contributor | | | | | | Occupa | ition | | | |
| Employer Mailing Address/Principal Pla Business | ce of | City | | State | | Zip 4) | Code(Plus | Descr | iptio | n of Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | nedule II, I | in-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Can | didate | | Penortir | ng Period | | | |
|--|--------------------|-----------------------------------|----------------------------|----------------------------------|--------------------------------|-----------|----------------|
| | aidate | | Keportii | ig Period | | | |
| AMY FAZIO | | | From | 3/2 | 7/2018 | То: | 4/30/2018 |
| | | | | DATE | | | AMOUNT |
| To Whom Paid | | | мо | DAY | YEAR | | |
| AMY FAZIO FOR PA | | | | | | | |
| Mailing Address 974 TULIP DR | RIVE | | 11 | 1 | 2017 | \$ | 1,500.00 |
| City NEW BRIGHTON | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| | PA | 15066 | LOAN F | ROM AMY | FAZIO T | O CAMPAIO | GN |
| To Whom Paid AMY FAZIO FOR PA | | · | мо | DAY | YEAR | | |
| ANT TAZIOTOR FA | | | | | | 1 | |
| Mailing Address 974 TULIP DRIVE | | | | 15 | 2017 | \$ | 20.00 |
| City NEW BRIGHTON State Zip Code (Plus 4) | | | | tion of Exp | enditure | | |
| | PA | 15066 | LOAN F | ROM AMY | FAZIO T | O CAMPAIO | GN |
| To Whom Paid | <u> </u> | · | МО | DAY | YEAR | | |
| AMY FAZIO FOR PA | | | | | | | |
| Mailing Address 974 TULIP DR | RIVE | | 12 | 7 | 2017 | \$ | 15.00 |
| | | | | | | | |
| City NEW BRIGHTON | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | 1 | |
| City NEW BRIGHTON | State PA | Zip Code (Plus 4) 15066 | | - | | O CAMPAIO | GN |
| City NEW BRIGHTON To Whom Paid | | | | - | | | GN |
| - NEW BRIGHTON | | | LOAN F | ROM AMY | FAZIO T | | GN |
| To Whom Paid | PA | | LOAN F | ROM AMY | FAZIO T | | GN 1,485.00 |
| To Whom Paid AMY FAZIO FOR PA Mailing Address 974 TULIP DR | PA | | MO 12 | DAY | YEAR 2017 | O CAMPAIO | |
| To Whom Paid AMY FAZIO FOR PA Mailing Address 974 TULIP DR | PA | 15066 | MO 12 Descrip | DAY 14 | YEAR 2017 | O CAMPAIO | 1,485.00 |
| To Whom Paid AMY FAZIO FOR PA Mailing Address 974 TULIP DR City NEW BRIGHTON To Whom Paid | PA RIVE State | 15066 Zip Code (Plus 4) | MO 12 Descrip | DAY 14 | YEAR 2017 | \$ | 1,485.00 |
| To Whom Paid AMY FAZIO FOR PA Mailing Address 974 TULIP DR City NEW BRIGHTON | PA RIVE State | 15066 Zip Code (Plus 4) | MO 12 Descrip LOAN F | DAY 14 ption of Expression AMY | YEAR 2017 Denditure FAZIO TO | \$ | 1,485.00 |
| To Whom Paid AMY FAZIO FOR PA Mailing Address 974 TULIP DR City NEW BRIGHTON To Whom Paid | PA RIVE State PA | 15066 Zip Code (Plus 4) | MO 12 Descrip LOAN F | DAY 14 ption of Expression AMY | YEAR 2017 Denditure FAZIO TO | \$ | 1,485.00 |

15066

PΑ

LOAN FROM AMY FAZIO TO CAMPAIGN

| | | | | | | PAGE 12 |
|-------------------------------------|----------------------|-----------------------------------|--------------------------|-----------------------|-----------|----------------|
| To Whom Paid THE 19TH HOLE | | | мо | DAY | YEAR | |
| Mailing Address 312 BLACKH | IAWK RD | | 2 | 21 | 2018 | \$ 112.09 |
| City BEAVER FALLS | State PA | Zip Code (Plus 4) 15010 | | otion of Exp | | |
| To Whom Paid BEAVER COUNTY NAACP | | | МО | DAY | YEAR | |
| Mailing Address 6349 TUSCA | ARAWAS ROAD | | 2 | 24 | 2018 | \$ 10.00 |
| City INDUSTRY State PA 15052 | | | | otion of Exp | | |
| To Whom Paid FREEDOM CASH BASH | | | | DAY | YEAR | |
| Mailing Address 2200 IRWIN STREET | | | 3 | 3 | 2018 | \$ 50.00 |
| City ALIQUIPPA | State PA | Zip Code (Plus 4) 15001 | | otion of Exp | | |
| To Whom Paid VICS OVEN | | · | МО | DAY | YEAR | |
| Mailing Address 212 BRIDGE | STREET | | 3 | 4 | 2018 | \$ 39.62 |
| City BRIDGEWATER | State PA | Zip Code (Plus 4) 15009 | 1 | otion of Exp | | |
| To Whom Paid AMAZON | | | МО | DAY | YEAR | |
| Mailing Address 410 TERRY | AVE N. | | 2 | 20 | 2018 | \$ 16.95 |
| City SEATTLE | State WA | Zip Code (Plus 4) 98109 | Descrip CLIPBC | otion of Exp DARDS | penditure | |
| Enter Grand Total of Expend | itures on Page 1. Re | port Cover Page. Item D | | | | PAGE TOTAL |
| | | F | = | | | \$ 4,248.66 |