### **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 2015	0033			Repor Filed I		CA	NDI	DATE		COM	AITTEE	<b>Y</b>	LUB	51151	
Name of Filing C	Committee, Candida	ate or L	obbyist:		Build P	a pac										
Street Address:																
City:	Coraopolis						State	e:	PA			Zip Co	de: 15	5108		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 D/ PRIM		F	POST-	3.		AMENDN REPORT		Yes	No	<b>~</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		F	POST-	6.		TERMINA REPORT		Yes	No	<b>\</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2018				NG MI CHEC					PAPER		<b>/</b>	DISKE	ITE
Name of Office S	- Sought by Candidat	te:					DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Pai	ty Code	County Code
							МО		DAY	YE	AR		•			02
								11		6	2018		(SEE IN	STRUCTI	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	EAR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		11 27	20	)18 <b>1</b>	ГО		12	3	31	2018					
A. Amount Bro	ught Forward Fron	n Last R	eport		•	\$			•	63,2	293.81					
B. Total Monet	ary Contributions A	And Rec	eipts (Fron	n Sche	dule I)	\$	;			21,0	022.06					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$				84,3	315.87					
D. Total Expend	ditures (From Sche	edule II	I)			\$	1			10,1	.33.87					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$	<u> </u>			74,1	82.00					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	\$	1				0.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV	/)		\$	1				0.00					
					IDAVI											
I swear (or affirm)	s a Committee repo that this report, incl	*	_								_		f my kno	wledge	and belie	ef , true
correct and comple	ete. scribed before me this										ianatura	of Perso	n Submit	ting Do		
	day of		_ 20			_					ngnature	or reiso	II Subiliit	ting Ke	Joic	
	Signatu	re				_						Prin	ted Name	•		
My Commission Ex	· —					_						Ema	il			
	МО		AY	YR						a Cod	le	Daytin	ie Teleph	one Nu	mber	
	a report of a cand				•				_						007 (D.)	4000
No 320) as amende		iy knowi	eage and bei	ier this	political	comm	littee i	ias n	ot violat	ea an	y provis	ions of th	e act of J	une 3,1	937 (P.L.	. 1333,
Sworn to and subsc	ribed before me this day of		20								S	ignature (	of Candid	ate		
			_			_						Printe	ed Name			
My Commission Exp	Signature pires											Ema	il			-
	мо	D	AY	YR		_			Area (	Code		D	aytime T	elephor	ne Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	J Period		
Build PA PAC	From:	11/27/201	<u>.8</u> To:	12/31/2018
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)			\$	21,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	21,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	22.06
Total Monetary Contributions and Receipts During this Reporting Period (Add antotals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	21,022.06

#### **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 Committee or Candidate					Reporting Period						
			Fr	om:		То	:				
					DATE			AMOUNT			
Full Name of Contributing Committee	ee			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

## 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.

Name of Filing Comm	ittee or Candidate	R	eporting I	Period			
		Fı	rom:		To	o:	
		<u> </u>		DATE			AMOUNT
Full Name of Contributo	r		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					
City	State	Zip Code (Plus 4)					
							PAGE TOTAL

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#### **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 Repor				ing Period					
Build PA PAC	Build PA PAC			11/2	7/2018	То:	12/31/2018		
				DATE AMOUNT					
Full Name of Contributing Committee				мо	DAY	YEAR			
PA Restaurant and Lodging PAC							<b>\$</b> 2,500.00		
Mailing Address				12	17	2018	·		
City Harrisburg	State	Zip Code	e (Plus 4)	] 12	17	2010			
	PA	17101							
Full Name of Contributing Committee				мо	DAY	YEAR			
PLP PAC					2711		<b>\$</b> 18,500.00		
Mailing Address				12	17	2018	,		
City Bala Cynwyd	State	Zip Code	e (Plus 4)	] 12	17	2010			
	PA	19004							

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

**PAGE TOTAL \$** 21,000.00

## 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			
			Fror	n:		To	<b>)</b> :	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							1	
City	State	Zip Code (Plu	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Pla	ce of Business	City		•	State		Zip C	ode (Plus 4)
Enter Grand Total of Part C on Scho	dule I, Detailed S	Summary Page,	, Sectio	on 3.		:	\$	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 Candidat	е		Report	ing Perio	d			
Build PA PAC			From:		<u>11/27/201</u>	<u>.8</u> To:		12/31/2018
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR		0.07
First National Bank				МО	DAT	TEAR	\$	0.07
Mailing Address				11	30	2018		
<b>City</b> Hermitage	State	Zip Code (	Plus 4)					
	PA	16148						
Receipt Description interest earned	t	•					•	
Full Name				МО	DAY	VEAD		21.00
First National Bank				МО	DAY	YEAR	\$	21.99
Mailing Address				12	31	2018		
<b>City</b> Hermitage	State	Zip Code (	Plus 4)					
	PA	16148						
Receipt Description interest earned	1	•			•			
				_		ſ		PAGE TOTAL
Enter Grand Total of Part E on Scheo	iule I, Detailed	i Summary Page,	Section	4.			\$	22.06

#### **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 Per	iod	
Build PA PAC	From:	<u>11/27/2018</u> <b>To:</b>	12/31/2018
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
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 Candi	Reporting Period						
	From:			То:			
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>7</b> \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•		•	•	•		
Enter Grand Total of Part F on	Schedule II, In-Ki	nd Contributions Detai	led 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				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi <sub>l</sub>	Code(Plus 4)	Descr	iptio	n of Contribution	on
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.										0.00

## STATEMENT OF EXPENDITURES

Nam	e of Filing Committee or Ca	ndidate		Reporti	ng Period					
Build	PA PAC			From	11/2	7/2018	То:	12/31/2018		
					DATE			AMOUNT		
To Wi	nom Paid			мо	DAY	YEAR				
Fullin	gton VIP Limousine Servic	e		МО		ILAK				
Mailir	ng Address			11	27	2018	\$	350.00		
City	State College	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
		PA	16801	transportation						
To Whom Paid Fullington VIP Limousine Service					DAY	YEAR				
Mailir	ng Address			11	30	2018	\$	150.00		
City	State College	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
PA 16801					transportation					
To WI	nom Paid			мо	DAY	YEAR				
Big S	pring Spirits			140		ILAK				
Mailir	ng Address			12	7	2018	\$	4,240.00		
City	Bellefonte	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	16823	holiday	gifts					
To WI	nom Paid			мо	DAY	YEAR				
First I	National Bank									
Mailir	ng Address			11	30	2018	\$	10.00		
City	Coraopolis	State	Zip Code (Plus 4)	Description of Expenditure						
		PA	15108	money	market ser	vice cha	rge			
To WI	nom Paid			мо	DAY	YEAR				
Mr. S	cott Sikorski									
Mailir	ng Address			12	10	2018	<b>\$</b>	488.41		
City	Lancaster	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
		PA	17601	expense	reimburs	ement				
To WI	nom Paid			мо	DAY	YEAR				
Amer	ican Express									
Mailir	ng Address			12	11	2018	\$	4,895.46		
City	Newark	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•			
		NJ	07101	credit ca	ard payme	nt				

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

**PAGE TOTAL** 

10,133.87