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 201!	50033				port ed B		CAND	IDATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	ommittee, Candid	late or L	obbyist:		Buil	ld PA	PAC										
Street Address:																	
City:	Coraopolis							State:	PA			Zip Cod	le: 15	5108			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2. X	30 DA		POST-	3.		AMENDMENT REPORT?		Yes	No		/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	' PRE	<u>-</u>	5.	30 DA		POST-	POST- 6.			ATION	Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2019				FILING METHOD () CHECK ONE					PAPER DISKE			TTE		
Name of Office S	- Sought by Candida	ite:	-		-			DATE ()F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	
								МО	DAY	YE	AR		•	•		02	
								11		5	2019		(SEE IN	STRUCTI	ONS FOR C	ODES)	1
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	YI	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		4 2	2	019	T	0	5	5	6	2019						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			138,1	118.35						
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			30,1	101.34						
C. Total Funds Available (Sum Of Lines A and B)									168,2	219.69							
D. Total Expenditures (From Schedule III)							\$			8,0	10.00						
E. Ending Cash Balance (Subtract Line D From Line C)							\$:	160,2	09.69]					
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	[)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00			•			
				AFF	IDA	٩VI	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere. I	If th	is is	a Car	ndidate r	eport, o	candi	date sig	ın here.					
I swear (or affirm) correct and comple	that this report, incete.	luding the	attached sch	edules	s file	d on	paper	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	oort		_
	Signati	ıre					-					Prin	ted Name	e			
My Commission Ex	cpires						_					Ema	il				
	МО	D	AY	YR					Ar	ea Cod	le	Daytim	e Telepi	none Nu	mber		
Part II- If this is	a report of a can	didate's	authorized (Comn	nitte	e, C	andid	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowle	edge and belie	f this	polit	tical	comm	ittee has ı	not viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L.	1333	3,
Sworn to and subsc	ribed before me this day of		20								s	ignature o	of Candid	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
, ссолон Ехр							_										╻┃
	МО	D	AY	YR					Area	Code		Da	aytime T	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
Build PA PAC	From:	4/2/201	<u>9</u> To:	<u>5/6/2019</u>
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)			\$	500.00
All Other Contributions (Part B)			\$	600.00
TOTAL for the Reporting	Period	(2)	\$	1,100.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	24,000.00
All Other Contributions (Part D)			\$	5,000.00
TOTAL for the Reporting	Period	(3)	\$	29,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	1.34
Total Monetary Contributions and Receipts During this Reporting Period (Add and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	30,101.34

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	Name of Filing Committee or Candidate				Reporting Period						
Build PA PAC			Fr	om:	4/2/2	<u>:019</u> To	!	5/6/2019			
	DATE AMOUNT										
Full Name of Contributing Committee				мо	DAY	YEAR					
Penn HY-PAC (PA Dental Hygenists)							l				
Mailing Address				4	2'	2019	\$	250.00			
City Warminster	State	Zip Code (Plus 4	1)	•	_	7 2013					
	PA	18974									
Full Name of Contributing Committee				M0	DAY	VEAD					
School Nurse PAC				МО	DAY	YEAR					
Mailing Address				4	2'	2019	\$	250.00			
City Bethlehem	State	Zip Code (Plus 4	1)			7 2013	1				
	PA	18017									

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

PAGE TOTAL 500.00

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 Candida	te		Rep	orting Pe	eriod			
Build PA PAC			Fro	From: <u>4/2/2019</u>):	5/6/2019
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Brian R. Goetz					27	1 = 2 111		
Mailing Address							\$	200.00
City Gibsonia	State	Zip Code (Plus 4)	4	29	2019		
	PA	15044						
Full Name of Contributor				мо	DAY	YEAR		
H. William Doring				1-10	DAI	ILAK		
Mailing Address							\$	200.00
City Pittsburgh	State	Zip Code (Plus 4)	4	29	2019		
	PA	15236						
Full Name of Contributor				мо	DAY	YEAR		
Joseph M. Jackovic					57	1 L/tit		
Mailing Address							\$	200.00
City Pittsburgh	State	Zip Code (Plus 4)	4	29	2019		
	PA	15228						
								DACE TOTAL

PAGE TOTAL \$ 600.00

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 Candidat	ame of Filing Committee or Candidate Repor				ing Period				
Build PA PAC			From:	<u>4,</u>	/2/2019	То:		5/6/2019	
				DA	TE			AMOUNT	
Full Name of Contributing Committee				МО	DAY	YEAR			
Pennsylvania Cemetary, Cremation, a	and Funeral Asso	oc.					\$	500.00	
Mailing Address				4	29	2019			
City Easton	State	Zip Code	e (Plus 4)						
	PA	18045							
Full Name of Contributing Committee	•	-		мо	DAY	YEAR			
Roche Good Government Committee				МО	DAT	TEAR	 	2,500.00	
Mailing Address				4	29	2019]	_,	
City Little Falls	State	Zip Code	e (Plus 4)]	25	2013			
	NJ	07424							
Full Name of Contributing Committee				мо	DAY	YEAR			
Greater Pittsburgh Chamber of Comn	nerce PAC			1-10		IZAK	\$	15,000.00	
Mailing Address				4	29	2019		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City Pittsburgh	State	Zip Code	e (Plus 4)]	25	2013			
	PA	15222							
Full Name of Contributing Committee	•	·		мо	DAY	YEAR			
Giant Eagle Inc				140		ILAK] _{\$}	5,000.00	
Mailing Address				4	29	2019		ŕ	
City Pittsburgh	State	Zip Code	e (Plus 4)						
	PA	15238							
Full Name of Contributing Committee				мо	DAY	YEAR			
Affordable Education PAC				140	DAI	ILAK] _{\$}	1,000.00	
Mailing Address				4	29	2019		,	
City Solebury	State	Zip Code	e (Plus 4)	'					
	PA	18963		<u> </u>					
								PAGE TOTAL	

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

24,000.00

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				Reporting Period						
Build PA PAC			1	Fron	n:	<u>4/2/2</u>	019 T o) :	5/6/2019	
			•		D <i>A</i>	ATE		į	AMOUNT	
Full Name of Contributor					мо	DAY	YEAR		1 000 00	
Robert S. Taylor, Esq.							12/11	\$	1,000.00	
Mailing Address					4	29	2019			
City Harrisburg	State	Zip Code	e (Plus 4))	·		2013			
	l _{PA}	17112								
Employer Name The Cameron Compan	ies, LLC				Occupat	ion (Chairman			
Employer Mailing Address/Principal Plac	e of Business	City	,			State		Zip Code (Plus 4)		
		Har	risburg			PA		17112	2	
Full Name of Contributor		•								
Thomas J. Balestrieri					МО	DAY	YEAR	\$	500.00	
Mailing Address					4	20	2010	7		
City Pittsburgh	State	Zip Code	e (Plus 4))	4	29	2019	'		
-	_{PA}	15228								
Employer Name The Buncher Company					Occupat	ion	Preside	nt		
Employer Mailing Address/Principal Place of Business City					State		Zip Co	ode (Plus 4)		
		Pitts	sburgh			PA		15222	2	
Full Name of Contributor		<u>'</u>				!		T		
Alejandro C. Urrea					МО	DAY	YEAR	\$	2,500.00	
Mailing Address								7		
City Presto	State	Zip Code	e (Plus 4))	4	29	2019	'		
	 PA	15142								
Employer Name CSA Strategies	- 171	13112			Occupat	ion	Preside	nt		
Employer Mailing Address/Principal Place	e of Business	City	,			State	reside	_	ode (Plus 4)	
, , , , , , , , , , , , , , , , , , ,			sburgh			PA		15317		
Full Name of Contributor			3541911			1.7		T		
					мо	DAY	YEAR	\$	1,000.00	
David J. Malone Mailing Address								-		
	State	7in Cod	- (Dlue 4)		4	29	2019	١		
City Pittsburgh	State		e (Plus 4)	'						
	l PA l	15222								
Employer Name Gateway Financial				Occupat	1	Financi	ancial Advisor			
Employer Mailing Address/Principal Place of Business City					State		_	ode (Plus 4)		
Pittsburgh				PA 15222			2			
Enter Grand Total of Part C on School	Enter Grand Total of Part C on Schedule I. Detailed Summary Page. Sect				n 3.				PAGE TOTAL	

5,000.00

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	Reporting Perio	od	
Build PA PAC	From:	<u>4/2/2019</u> To:	<u>5/6/2019</u>

			D	ATE		AMOUNT	
Full Name			мо	DAY	YEAR	_	4.04
First National Bank	rst National Bank					\$	1.34
Mailing Address				30	2019		
City Hermitage	State	Zip Code (Plus 4)	4		2015		
	PA	16148					
Receipt Description interes	t earned	<u>.</u>					

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

PAGE TOTAL \$1.34

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		
Build PA PAC	From:	4/2/2019 To :	<u>5/6/2019</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	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 Candi	idate		Reporting Period					
			From:			То:		
				DATE			AMOUNT	
Full Name of Contributor	МО	DAY	YEAR					
Mailing Address						7 \$	0.00	
City	State	Zip Code (Plus 4)						
Description of Contribution:	•		•	•	•			
Enter Grand Total of Part F on	nd Contributions Detai	ailed Summary Page,			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			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

8,010.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or	Candidate		Reporti	ng Period			
Build PA PAC			From	<u>4/3</u>	<u>2/2019</u>	То:	5/6/2019
				DATE			AMOUNT
To Whom Paid			МО	DAY	YEAR		
Maverick Finance							
Mailing Address				1	2019	\$	8,000.00
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17102	consult	ing			
To Whom Paid			мо	DAY	YEAR		
First National Bank			МО	DAT	TEAR		
Mailing Address			4	30	2019	\$	10.00
City Coraopolis	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	15108	bank fe	ee			
Enter Grand Total of Expe					PAGE TOTAL		