Campaign Finance Report

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

Filer Identification 20150033 Number :					Report CANDIDA Filed By:			DATE		СОМ	ITTEE	✓	LOB	BYIST				
Name of Filing C	ommittee, Candi	date or L	obbyist:		Buil	d PA	PAC											
Street Address:	816 Highfield	d Court																
City:	Coraopolis							State:	PA	PA			Zip Code: 15108					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.					30 DA PRIMA					AMENDM REPORT?		Yes	No			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION						POST-	6.		TERMINA REPORT?		Yes	No	•	/	
report type)	ANNUAL REPORT	7.	Year 2020					NG METH				PAPER		/	DISKE	TTE		
Name of Office S	ought by Candid	ate:	-					DATE C	F ELE	CTIC	N	District Number	Office Code	Pai	rty Code	Coun		
								МО	DAY	ΥI	AR					02		
								1		14	2020		(SEE IN	STRUCTI	ONS FOR (ODES)		
	Receipts and	МО	DAY	YEAR	2			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	from:		11 26	2	019	Т	0	12	2	30	2019							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$	-		520,9	975.83							
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	eI)	\$			18,	796.90							
C. Total Funds Available (Sum Of Lines A and B) \$										539,	772.73							
D. Total Expend	ditures (From Scl	nedule II	I)				\$			37,9	954.21							
E. Ending Cash	Balance (Subtra	ct Line D	From Line C	:)			\$			501,8	18.52							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le II	[)	\$				0.00							
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV))			\$				0.00			•				
				AFF	ID/	٩VI	T SE	CTION										
PART I - If this is	a Committee re	port, trea	surer sign h	ere. 1	If th	is is	a Car	ndidate r	eport, e	candi	date sig	jn here.						
I swear (or affirm) correct and comple	that this report, in ete.	cluding the	attached sch	edules	s file	d on	paper	or by elect	tronic m	edium	, are to t	the best o	f my kno	wledge	and beli	ef , tru	1e	
Sworn to and subs	cribed before me th day of	is	20							S	Signature	of Perso	n Submit	ting Re	port			
	Signat	ure					-					Prin	ted Name	e			_	
My Commission Ex	rpires						_					Ema	il					
	МО	D	AY	YR					Ar	ea Coo	ie	Daytim	e Teleph	none Nu	mber			
Part II- If this is	a report of a car	ididate'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 knowl	edge and belie	f this	polit	tical	comm	ittee has r	ot viola	ted ar	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	5	20						Signature of Candidate						-			
							-					Printe	d Name				-	
My Commission Exp	Signature						-					Ema	il				-	
, солинавіон Ехр																		
	мо	D	AY	YR					Area	Code		Da	aytime T	elephor	ne Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Build PA PAC	<u>9</u> To:	12/30/2019		
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)			\$	18,500.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	Period	(3)	\$	18,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	296.90
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			\$	18,796.90

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 Candida	Reporting	Period					
		1	From:		То	:	
		·		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

0.00

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.

(Exclud	ie contributions froi	m political comm	IITTE	es rep	oortea	in Part	A)	
Name of Filing Committee	e or Candidate		Rep	oorting P	eriod			
			Fro	m:		To) :	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
						•		PAGE TOTAL

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

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				ng Period					
Build PA PAC			From:	11/2	26/2019	То:	12/30/2019		
				DA	TE		AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR			
HERCO Inc. PAC							\$	500.00	
Mailing Address 300 Park Blvd. Post	Office Box 860			12	20	2019			
City Hershey	State	Zip Code	e (Plus 4)						
	PA	17033							
Full Name of Contributing Committee				мо	DAY	YEAR			
First Energy PAC							\$	10,000.00	
Mailing Address 76 South Main Stree	t			12	20	2019		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City Akron	State	Zip Code	e (Plus 4)	1		2013			
	ОН	44308							
Full Name of Contributing Committee	-			мо	DAY	YEAR			
UnitedHealth Group, Inc. PAC				1-10	DAI	ILAK	\$	5,500.00	
Mailing Address 701 Pennsylvania Av	enue NW Suite 200			12	20	2019	7	3,333.33	
City Washington	State	Zip Code	e (Plus 4)	12	20	2017			
	DC	20004							
Full Name of Contributing Committee	-			мо	DAY	YEAR			
PALA PAC				"0		ILAK	\$	2,500.00	
Mailing Address 105 North Front Stre	et Suite 106			12	20	2019		2,300.00	
City Harrisburg	State	Zip Code	e (Plus 4)	12	20	2019			
	PA	17101							
								PAGE TOTAL	

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

PAGE TOTAL\$ 18,500.00

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			
			Fron	n:		To):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	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 Candidate	Reporting Pe	eriod	
Build PA PAC	From:	<u>11/26/2019</u> To:	12/30/2019

			D	ATE		AMOUNT	
Full Name			мо	DAY	VEAD	_	206.00
First National Bank			МО	DAY	YEAR	\$	296.90
Mailing Address 4140 East State Stree	et		11	29	2019		
City Hermitage	State	Zip Code (Plus 4)]		2013		
	PA	16148					
Receipt Description interest earned	•	•					

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

PAGE TOTAL \$ 296.90

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>11/26/2019</u> To:	12/30/2019
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	TF)		
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 Car	Reporting Period							
	From: To:							
				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 Schedule II, In-Kind Contributions Detail			led Sun	ımary Pa	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				
					-rom: To			То:		
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		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 Zij	p 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

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting F	Period		
Build PA PAC	From	11/26/2019	То:	12/30/2019

				DATE							
		МО	DAY	VEAD							
		МО	DAT	TEAR							
Mailing Address 1426 North 3rd Street Suite 310				2019	\$	8,000.00					
State	Zip Code (Plus 4)	Descrip	scription of Expenditure								
PA 17102					consulting						
		МО	DAY	VEAD							
Ms. Kelly Koppenhaver											
Mailing Address 685 Lavenda Court					\$	125.00					
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure							
PA 17111					reimbursement						
		МО	DAY	YEAR							
		12	13	2019	\$	50.12					
State	Zip Code (Plus 4)	Description of Expenditure									
NJ	07101	credit c	ard payme	nt							
		МО	DAY	ΥFΔR							
		1-10		1 Z/IIX							
Mailing Address 1028 Siddonsburg Road			13	2019	\$	1,129.08					
State	Zip Code (Plus 4)	Description of Expenditure									
PA	17339	reimbur	sement								
		МО	DAY	VEAD							
		1-10		ILAK							
Drive		12	19	2019	\$	10,000.00					
State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure							
PA	17042	Contribution									
		МС	DAY	VEAD							
		MO	DAT	TEAK							
Mailing Address 1426 North 3rd Street Suite 310				2019	\$	100.00					
State	Zip Code (Plus 4)	Description of Expenditure									
PA	17102	invitatio	ns								
	State PA State PA State PA State NJ State PA Drive State PA State PA State PA State PA State PA State PA State PA	State	State	MO DAY	MO DAY YEAR	MO DAY YEAR State Zip Code (Plus 4) Description of Expenditure Consulting State PA 17102 PA PA 17111 PA PA PA PA PA PA PA					

				1	1	•					
To Whom Paid				мо	DAY	YEAR					
Vogel for Senate											
Mailing Address Post Office Box 163				12	20	2019	\$	10,000.00			
City Zelienople State Zip Code (Plus 4)					Description of Expenditure						
		PA	16063	contribution							
To Whom Paid					DAY	YEAR					
Maverick Finance				МО		ILAK					
Mailing Address 1426 North 3rd Street Suite 310			12	30	2019	\$	8,000.00				
City Harrisburg State Zip Code (Plus 4)				Description of Expenditure							
		PA	17102	consulting							
To Whom Paid				МО	DAY	YEAR					
Mr. Steven Miller				MO		ILAK					
Mailing Address 512 Kifer Street			12	30	2019	\$	550.01				
City Bellefonte	2	State	Zip Code (Plus 4)	Description of Expenditure							
		PA	16823	reimbursement							
								PAGE TOTAL			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							\$	37,954.21			