

Campaign Finance Report

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

Filer Identification Number :		20150033		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: Build PA PAC												
Street Address:												
City: Coraopolis						State: PA		Zip Code: 15108				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes		No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE			PAPER	<input checked="" type="checkbox"/>	DISKETTE			
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
						MO	DAY	YEAR	02			
						1	14	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		11	26	2019		12	30	2019				
A. Amount Brought Forward From Last Report						\$ 520,975.83						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 18,796.90						
C. Total Funds Available (Sum Of Lines A and B)						\$ 539,772.73						
D. Total Expenditures (From Schedule III)						\$ 37,954.21						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 501,818.52						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 0.00						
G. Unpaid Debts And Obligations (From Schedule IV)						\$ 0.00						

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

Name of Filing Committee or Candidate	Reporting Period
Build PA PAC	From: <u>11/26/2019</u> To: <u>12/30/2019</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)	\$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 18,796.90
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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			
				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 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 Build PA PAC	Reporting Period From: <u>11/26/2019</u> To: <u>12/30/2019</u>
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				DATE	AMOUNT		
Full Name of Contributing Committee HERCO Inc. PAC				MO	DAY	YEAR	\$ 500.00
Mailing Address				12	20	2019	
City	Hershey	State	Zip Code (Plus 4)				
		PA	17033				
Full Name of Contributing Committee First Energy PAC				MO	DAY	YEAR	\$ 10,000.00
Mailing Address				12	20	2019	
City	Akron	State	Zip Code (Plus 4)				
		OH	44308				
Full Name of Contributing Committee UnitedHealth Group, Inc. PAC				MO	DAY	YEAR	\$ 5,500.00
Mailing Address				12	20	2019	
City	Washington	State	Zip Code (Plus 4)				
		DC	20004				
Full Name of Contributing Committee PALA PAC				MO	DAY	YEAR	\$ 2,500.00
Mailing Address				12	20	2019	
City	Harrisburg	State	Zip Code (Plus 4)				
		PA	17101				

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

PAGE TOTAL
\$ 18,500.00

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.)**

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 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.

PAGE TOTAL	
\$	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 Build PA PAC	Reporting Period From: <u>11/26/2019</u> To: <u>12/30/2019</u>
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				DATE			AMOUNT	
Full Name				MO	DAY	YEAR	\$	296.90
First National Bank								
Mailing Address								
City	Hermitage	State	PA	Zip Code (Plus 4)	11	29	2019	
			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 Period	
Build PA PAC		From: <u>11/26/2019</u> To: <u>12/30/2019</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period		(2)	\$ 0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
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: To:
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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.						PAGE TOTAL \$ 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
Build PA PAC	From <u>11/26/2019</u> To: <u>12/30/2019</u>

				DATE	AMOUNT		
To Whom Paid Maverick Finance				MO	DAY	YEAR	\$ 8,000.00
Mailing Address				12	6	2019	
City	Harrisburg	State	PA	Zip Code (Plus 4)	17102	Description of Expenditure consulting	
To Whom Paid Ms. Kelly Koppenhaver				MO	DAY	YEAR	\$ 125.00
Mailing Address				12	6	2019	
City	Harrisburg	State	PA	Zip Code (Plus 4)	17111	Description of Expenditure reimbursement	
To Whom Paid American Express				MO	DAY	YEAR	\$ 50.12
Mailing Address				12	13	2019	
City	Newark	State	NJ	Zip Code (Plus 4)	07101	Description of Expenditure credit card payment	
To Whom Paid Mr. Mark Meyer				MO	DAY	YEAR	\$ 1,129.08
Mailing Address				12	13	2019	
City	Lewisberry	State	PA	Zip Code (Plus 4)	17339	Description of Expenditure reimbursement	
To Whom Paid Friends of Dave Arnold				MO	DAY	YEAR	\$ 10,000.00
Mailing Address				12	19	2019	
City	Lebanon	State	PA	Zip Code (Plus 4)	17042	Description of Expenditure Contribution	
To Whom Paid Maverick Finance				MO	DAY	YEAR	\$ 100.00
Mailing Address				12	19	2019	
City	Harrisburg	State	PA	Zip Code (Plus 4)	17102	Description of Expenditure invitations	

To Whom Paid Vogel for Senate			MO	DAY	YEAR	\$ 10,000.00
Mailing Address			12	20	2019	
City Zelienople	State PA	Zip Code (Plus 4) 16063	Description of Expenditure contribution			
To Whom Paid Maverick Finance			MO	DAY	YEAR	\$ 8,000.00
Mailing Address			12	30	2019	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure consulting			
To Whom Paid Mr. Steven Miller			MO	DAY	YEAR	\$ 550.01
Mailing Address			12	30	2019	
City Bellefonte	State PA	Zip Code (Plus 4) 16823	Description of Expenditure reimbursement			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 37,954.21

