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	DATE		СОМ	ITTEE	✓	LOB	BYIST		
Name of Filing C	Committee, Candid	date or L	obbyist:		Bui	ild 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.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	≣-	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2020					IG METH CHECK O				PAPER		>	DISKE	TTE	
Name of Office S	= Sought by Candida	ite:						DATE (F ELE	CTIC	N	District Number	Office Code	Pai	ty Code	Count	ty
								МО	DAY	ΥI	AR		10000			02	
								1		14	2020		(SEE IN	STRUCTI	ONS FOR C	ODES)	
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		11 26	2	019	T	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	e I)	\$			18,	796.90						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			539,	772.73						
D. Total Expend	ditures (From Sch	edule II	I)				\$			37,9	954.21						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C	E)			\$!	501,8	18.52						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sc	hedu	le I	Ι)	\$				0.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			\$				0.00			1			
				AFF	ID	AVI	ΓSE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign h	ere.	If th	his is	a Car	ndidate r	eport, o	candi	date sig	jn here.					
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached sch	edules	s file	ed on	paper	or by elec	tronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	ie,
Sworn to and subs	cribed before me the day of	is	20							5	Signature	of Perso	n Submit	ting Re	oort		_
	Signate	ıre					-					Prin	ted Name	e			-
My Commission Ex	cpires						_					Ema	il				_
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized (Comn	nitte	ee, 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	ef this	poli	itical	comm	ittee has ı	ot viola	ted ar	y provis	ions of the	e act of J	une 3,1	937 (P.L.	. 1333	,
Sworn to and subsc	ribed before me this day of	i	20								s	ignature o	of Candid	ate			-
							-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
, commission exp																	
	МО	D	AY	YR	1				Area	Code		Da	aytime T	elephor	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Build PA PAC	From:	11/26/201	<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						
			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.

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.

Name of Filing Commit	tee or Candidate		Repo	orting P	eriod			
			Fron	n:		To	o:	
		I			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)			ĺ	Ī		

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.

Full Name of Contributing Committee UnitedHealth Group, Inc. PAC Mailing Address City Washington State DC 20004 Full Name of Contributing Committee PALA PAC Mo DAY YEAR \$ 5,500.00 \$ 2019 \$ 2019 \$ 2,500.00 And PAC And PAC State PAC And PAC Tip Code (Plus 4) PA 12 20 2019 \$ 2,500.00	Name of Filing Committee or Candid	nme of Filing Committee or Candidate Reporti				g Period				
Mo	Build PA PAC			From:	11/2	26/2019	То:	<u>1</u>	2/30/2019	
HERCO Inc. PAC					DA	ATE			AMOUNT	
Mailing Address State PA 17033 PA PA 17033 PA PA PA PA PA PA PA	Full Name of Contributing Committe	ee			мо	DAY	YEAR			
City Hershey State PA 17033 12 20 2019	HERCO Inc. PAC							_ s	500.00	
Full Name of Contributing Committee First Energy PAC	Mailing Address				12	20	2019			
Full Name of Contributing Committee First Energy PAC Mailing Address City Akron State OH Address City Akron OH Address Full Name of Contributing Committee UnitedHealth Group, Inc. PAC Mailing Address City Washington State DC 2ip Code (Plus 4) DC 20004 Full Name of Contributing Committee UnitedHealth Group, Inc. PAC Mo DAY YEAR \$ 5,500.00 Address City Washington DAY YEAR PALA PAC Mo DAY YEAR \$ 2,500.00 Address City Harrisburg State DC 2ip Code (Plus 4) DC 20004 Full Name of Contributing Committee PALA PAC Mo DAY YEAR \$ 2,500.00 Address City Harrisburg State DAY PAC Table Code (Plus 4) DC 2009 Address City Harrisburg State DAY DAY PAC Table Code (Plus 4) DAY PAC Table Code (Plus	City Hershey	State	Zip Cod	e (Plus 4)						
First Energy PAC Mailing Address City Akron State OH 44308 Full Name of Contributing Committee UnitedHealth Group, Inc. PAC Mailing Address City Washington State DC 20004 Full Name of Contributing Committee UnitedHealth Group, Inc. PAC Mo DAY YEAR \$ 5,500.00 Full Name of Contributing Committee PALA PAC Full Name of Contributing Committee PALA PAC Full Name of Contributing Committee PALA PAC State Zip Code (Plus 4) DC 20004 Full Name of Contributing Committee PALA PAC Full Name of Contributing Committee PALA PAC State Zip Code (Plus 4) PA 17101 Full Name of Contributing Committee PALA PAC Full Nam		PA	17033							
First Energy PAC Mailing Address City Akron State OH A4308 Full Name of Contributing Committee UnitedHealth Group, Inc. PAC Mailing Address City Washington State DC 20004 Full Name of Contributing Committee UnitedHealth Group, Inc. PAC Mailing Address City Washington State DC 20004 Full Name of Contributing Committee PALA PAC Mo DAY YEAR \$ 5,500.00 A 2019 \$ 2019 \$ 2019 \$ 2,500.00 A 2019 A 2019	Full Name of Contributing Committee	ee	·		МО	DAY	VEAD			
Mailing Address 12 2019	First Energy PAC				МО	DAT	TEAR	s	10.000.00	
City Akron State OH Zip Code (Plus 4) 44308 Akron Akron Akron State OH Zip Code (Plus 4) 44308 Akron Akro	Mailing Address				12	20	2019	٦ ·		
Full Name of Contributing Committee UnitedHealth Group, Inc. PAC Mailing Address City Washington State DC 20004 Full Name of Contributing Committee PALA PAC Mailing Address City Harrisburg State PAC MO DAY YEAR \$ 5,500.00 MO DAY YEAR \$ 20 2019 ** ** ** ** ** ** ** ** **	City Akron	State	Zip Cod	e (Plus 4)] '	20	2013			
UnitedHealth Group, Inc. PAC Mailing Address City Washington State Zip Code (Plus 4) DC Zip Code (Plus 4) DC DO DAY YEAR \$ 5,500.00 \$ 5,500.00 Amoling Address MO DAY YEAR \$ 2,500.00 \$ 2,500.00 Amoling Address City Harrisburg State Zip Code (Plus 4) PA 17101 PA 12 20 2019		ОН	44308							
UnitedHealth Group, Inc. PAC Mailing Address City Washington State DC 20004 Full Name of Contributing Committee PALA PAC Mailing Address City Harrisburg State PAC 12 20 2019 MO DAY YEAR 2,500.00 \$ 2,500.00	Full Name of Contributing Committee	ee			МО	DAY	VEAD			
Mailing Address City Washington State DC 20004 Full Name of Contributing Committee PALA PAC Mo DAY YEAR PAC City Harrisburg State PA 217101 State 219 2019 To Day Parisburg PALA PAC To Day Parisburg PALA PAC To Day Parisburg PALA PAC To Day Parisburg PAC PAC To Day Pack PAC To Day Pac	UnitedHealth Group, Inc. PAC				1-10	JA.	IEAK	\$	5,500.00	
City Washington State DC Zip Code (Plus 4) 20004 DC Full Name of Contributing Committee PALA PAC MO DAY YEAR Mailing Address 12 20 2019 City Harrisburg State PAC Zip Code (Plus 4) 17101 20 2019	Mailing Address				12	20	2010	٦ ·	3,333.33	
Full Name of Contributing Committee PALA PAC Mo DAY YEAR PALA PAC * 2,500.00 Mailing Address City Harrisburg PA 17101 * 20 * 2019 *	City Washington	State	Zip Cod	e (Plus 4)] 12	20	2019			
PALA PAC Mo DAY YEAR \$ 2,500.00 Mailing Address City Harrisburg State Zip Code (Plus 4) PA 17101 PA 17101		DC	20004							
PALA PAC \$ 2,500.00 Mailing Address 20 2019 City Harrisburg State Zip Code (Plus 4) PA 17101	Full Name of Contributing Committe	ee	-			DAY	VEAD			
Mailing Address City Harrisburg State PA 17101 20 2019	PALA PAC				МО	DAY	YEAR		2 500 00	
City Harrisburg State Zip Code (Plus 4) PA 17101	Mailing Address				12	20	2010	7	2,300.00	
	City Harrisburg	State	Zip Cod	e (Plus 4)	12	20	2019			
		PA	17101							
I DACE TOTAL		•	•				ſ		PAGE TOTAL	

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

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		AMO	DUNT
Full Name			мо	DAY	VEAD		205.00
First National Bank			МО	DAY	YEAR	\$	296.90
Mailing Address			11	29	2019		
City Hermitage	State	Zip Code (Plus 4)			2015		
	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	od	
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 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 Candidate			Reporting	g 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 Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
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

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			AMOUNT			
To Whom Paid					DAY	YEAR				
Maverio	ck Finance			МО						
Mailing Address					6	2019	\$	8,000.00		
City	Harrisburg	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
	PA 17102				consulting					
To Whom Paid					DAY	YEAR				
Ms. Kelly Koppenhaver						ILAK				
Mailing Address					6	2019	\$	125.00		
City	Harrisburg	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
	PA 17111			reimbursement						
To Whom Paid					DAY	YEAR				
Americ	can Express			МО		ILAK				
Mailing Address					13	2019	\$	50.12		
City	Newark	Newark State Zip Code (Plus 4) NJ 07101			Description of Expenditure					
					credit card payment					
To Whom Paid					DAY	YEAR				
Mr. Maı	rk Meyer			МО	DAY	YEAK				
Mailing	Address			12	13	2019	\$	1,129.08		
				Description of Expenditure						
City	Lewisberry	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure				
City	Lewisberry	State PA	Zip Code (Plus 4) 17339	Descript reimbur		enditure				
	Lewisberry pm Paid			reimbur	sement					
To Who						YEAR				
To Who Friends	om Paid			reimbur	sement		\$	10,000.00		
To Who Friends Mailing	om Paid s of Dave Arnold g Address		17339	MO 12	DAY	YEAR 2019	\$	10,000.00		
To Who Friends Mailing	om Paid s of Dave Arnold	PA		MO 12	DAY 19	YEAR 2019	\$	10,000.00		
To Who Friends Mailing City	om Paid s of Dave Arnold g Address	PA State	17339 Zip Code (Plus 4)	MO 12 Descript Contribu	DAY 19 tion of Exp	YEAR 2019 enditure	\$	10,000.00		
To Who Friends Mailing City To Who	om Paid s of Dave Arnold g Address Lebanon	PA State	17339 Zip Code (Plus 4)	MO 12 Descript	DAY 19	YEAR 2019	\$	10,000.00		
To Who Friends Mailing City To Who	om Paid s of Dave Arnold g Address Lebanon om Paid	PA State	17339 Zip Code (Plus 4)	MO 12 Descript Contribu	DAY 19 tion of Exp	YEAR 2019 enditure	\$			
To Who Friends Mailing City To Who Maverice Mailing	om Paid s of Dave Arnold g Address Lebanon om Paid ck Finance	PA State	17339 Zip Code (Plus 4)	MO 12 Descript Contribu MO 12	DAY 19 tion of Exp	YEAR 2019 enditure YEAR 2019		10,000.00		

To Whom Paid	МО	DAY	YEAR								
Vogel for Senate											
Mailing Address	12	20	2019	\$	10,000.00						
City Zelienople	Zelienople State Zip Code (Plus 4)					Description of Expenditure					
	PA	16063	contribution								
To Whom Paid	мо	DAY	YEAR								
Maverick Finance	140		ILAK								
Mailing Address	12	30	2019	\$	8,000.00						
City Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure								
	PA	17102	consulti	ng							
To Whom Paid	мо	DAY	YEAR								
Mr. Steven Miller	140		ILAK								
Mailing Address				30	2019	\$	550.01				
City Bellefonte	State	Zip Code (Plus 4)	Description of Expenditure reimbursement								
	PA	16823									
							PAGE TOTAL				
Enter Grand Total of Exp	\$	37,954.21									