

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20190270		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> ROBINSON, DEVLIN FRIENDS OF												
<b>Street Address:</b> 2767 LOCUST DR												
<b>City:</b> PITTSBURGH						<b>State:</b> PA			<b>Zip Code:</b> 15241-1922			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	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	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
SENATOR IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	37	STS	REP	
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>					
				1	2	2020	<b>TO</b>	3	9	2020		
<b>A. Amount Brought Forward From Last Report</b>						\$ 61,939.64						
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$ 26,202.80						
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$ 88,142.44						
<b>D. Total Expenditures (From Schedule III)</b>						\$ 36,407.86						
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$ 51,734.58						
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$ 0.00						
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$ 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
ROBINSON, DEVLIN FRIENDS OF	From: <u>1/2/2020</u> To: <u>3/9/2020</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 302.80

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 400.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 400.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 14,000.00
<b>All Other Contributions (Part D)</b>	\$ 11,500.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 25,500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 26,202.80
---	--------------

<b>PART A</b> <b>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</b> <b>\$50.01 TO \$250.00</b> <b>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.</b>							
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.**

<b>PAGE TOTAL</b>	
\$	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.  
(Exclude contributions from political committees reported in Part A)**

<b>Name of Filing Committee or Candidate</b> ROBINSON, DEVLIN FRIENDS OF	<b>Reporting Period</b> <b>From:</b> <u>1/2/2020</u> <b>To:</b> <u>3/9/2020</u>
---	--

DATE					AMOUNT		
Full Name of Contributor Kimberly Pontarelli				MO	DAY	YEAR	\$ 100.00
Mailing Address 1644 Farmington Court				1	24	2020	
City Pittsburgh	State PA	Zip Code (Plus 4) 15237					
Full Name of Contributor Susan Lucot				MO	DAY	YEAR	\$ 200.00
Mailing Address 10 Rosemary Ln				2	16	2020	
City South Park	State PA	Zip Code (Plus 4) 15129					
Full Name of Contributor Fred Cardillo				MO	DAY	YEAR	\$ 100.00
Mailing Address 3128 Robinson Run Road				1	27	2020	
City McDonald	State PA	Zip Code (Plus 4) 15057					

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

<b>PAGE TOTAL</b>
\$ 400.00

# 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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
ROBINSON, DEVLIN FRIENDS OF	<b>From:</b> <u>1/2/2020</u> <b>To:</b> <u>3/9/2020</u>

				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
PAA PAC				1	21	2020	
Mailing Address1925 N. Front St- PO Box 2955							
CityHarrisburg	StatePA	Zip Code (Plus 4)17105					
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
GREENLEE PARTNERS STATE PAC				1	28	2020	
Mailing Address1400 N PROVIDENCE RD BLDGE 2 SUITE 1040							
CityMEDIA	StatePA	Zip Code (Plus 4)19063					
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
Friends of Dave Arnold				1	27	2020	
Mailing Address931 Cumberland St, Suite1A							
CityLebanon	StatePA	Zip Code (Plus 4)17042					
Full Name of Contributing Committee				MO	DAY	YEAR	\$1,000.00
ARGALL, DAVID VOLUNTEERS FOR				1	26	2020	
Mailing AddressPO BOX 241							
CityTAMAQUA	StatePA	Zip Code (Plus 4)18252-0000					
Full Name of Contributing Committee				MO	DAY	YEAR	\$500.00
The Pennsylvania Insurance Political Action Committee				1	22	2020	
Mailing Address1600 Market St. Ste 1720							
CityPhiladelphia	StatePA	Zip Code (Plus 4)19103					
Full Name of Contributing Committee				MO	DAY	YEAR	\$1,000.00
Friends of Kim Ward				1	28	2020	
Mailing AddressPO Box 83							
CityHarrisburg	StatePA	Zip Code (Plus 4)17108					

Full Name of Contributing Committee				MO	DAY	YEAR	\$ 10,000.00
Friends of Joe Scarnati				1	24	2020	
Mailing Address							
PO Box 177							
City	Brockway	State	PA	Zip Code (Plus 4)	15824		

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

PAGE TOTAL	
\$	14,000.00

**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.)**

<b>Name of Filing Committee or Candidate</b>  ROBINSON, DEVLIN FRIENDS OF	<b>Reporting Period</b>  <b>From:</b> <u>1/2/2020</u> <b>To:</b> <u>3/9/2020</u>
---	--

				DATE	AMOUNT		
<b>Full Name of Contributor</b> Yuriko Antolik				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 111 Brinton St				1	27	2020	
<b>City</b> Monroeville	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15146					
<b>Employer Name</b> PNC Bank				<b>Occupation</b> Customer Service Rep			
<b>Employer Mailing Address/Principal Place of Business</b> 300, Fifth Avenue The Tower at PNC Plaza			<b>City</b> Pittsburgh		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15222	
<b>Full Name of Contributor</b> John A. Kosky				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> PO Box 42				1	27	2020	
<b>City</b> Cuddy	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15031					
<b>Employer Name</b> Self Employed				<b>Occupation</b> Construction			
<b>Employer Mailing Address/Principal Place of Business</b> PO Box 42			<b>City</b> Cuddy		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15031	
<b>Full Name of Contributor</b> Richard G. Jewell				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> One Campus Dr				1	28	2020	
<b>City</b> Grove City	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16127					
<b>Employer Name</b> Berkeley Research Group				<b>Occupation</b> IC Director			
<b>Employer Mailing Address/Principal Place of Business</b> Four PPG Place, 4th Flr			<b>City</b> Pittsburgh		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15222	
<b>Full Name of Contributor</b> Roger W. Richards				<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 10,000.00
<b>Mailing Address</b> 230 West Sixth Street				2	14	2020	
<b>City</b> Erie	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16507					
<b>Employer Name</b> Self- Employed				<b>Occupation</b> Attorney At Law			
<b>Employer Mailing Address/Principal Place of Business</b> 230 West Sixth Street			<b>City</b> Erie		<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16507	

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

<b>PAGE TOTAL</b>
\$ 11,500.00

## 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	Reporting Period  From: <span style="float: right;">To:</span>
---------------------------------------	--

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

<b>PAGE TOTAL</b>
\$ 0.00



## 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
ROBINSON, DEVLIN FRIENDS OF		From: <u>1/2/2020</u> To: <u>3/9/2020</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
---------------------------------------	--

			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.						<b>PAGE TOTAL</b>  \$ 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

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
ROBINSON, DEVLIN FRIENDS OF	From <u>1/2/2020</u> To: <u>3/9/2020</u>

DATE				AMOUNT
To Whom Paid				
Coldspark				
Mailing Address 307 Fourth Avenue 14th Floor				
City Pittsburgh	State PA	Zip Code (Plus 4) 15222		
Description of Expenditure				
Palm Cards				
MO DAY YEAR				
1 30 2020				\$ 1,309.15
To Whom Paid				
Duquesne Club				
Mailing Address 325 Sixth Ave				
City Pittsburgh	State PA	Zip Code (Plus 4) 15222		
Description of Expenditure				
12/16/19 Fundraiser Room Rental				
MO DAY YEAR				
1 14 2020				\$ 1,934.97
To Whom Paid				
Ream Printing				
Mailing Address 515 Farmbrook In				
City York	State PA	Zip Code (Plus 4) 15222		
Description of Expenditure				
12/16/19 Fundraiser Invites				
MO DAY YEAR				
1 14 2020				\$ 436.19
To Whom Paid				
Findley Republican Committee				
Mailing Address 100 Fleet St				
City Pittsburgh	State PA	Zip Code (Plus 4) 15220		
Description of Expenditure				
Donation				
MO DAY YEAR				
2 5 2020				\$ 250.00
To Whom Paid				
Carrie Dunn Siriani				
Mailing Address PO Box 186				
City Sewickley	State PA	Zip Code (Plus 4) 15143		
Description of Expenditure				
Consulting/ Fundraising				
MO DAY YEAR				
3 3 2020				\$ 8,318.20
To Whom Paid				
Ream Printing				
Mailing Address 515 Farmbrook In				
City York	State PA	Zip Code (Plus 4) 15222		
Description of Expenditure				
March 10 Fundraiser				
MO DAY YEAR				
3 3 2020				\$ 207.19

To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
Coldspark						
Mailing Address 307 Fourth Avenue 14th Floor			3	3	2020	
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Description of Expenditure Consulting Retainer			

To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
Coldspark						
Mailing Address 307 Fourth Avenue 14th Floor			3	3	2020	
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Description of Expenditure Consulting Retainer			

To Whom Paid			MO	DAY	YEAR	\$ 1,000.00
Coldspark						
Mailing Address 307 Fourth Avenue 14th Floor			3	3	2020	
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Description of Expenditure Consulting Retainer			

To Whom Paid			MO	DAY	YEAR	\$ 181.10
Doyle Young						
Mailing Address 2767 Locust Dr			3	9	2020	
City Pittsburgh	State PA	Zip Code (Plus 4) 15241	Description of Expenditure Reimbursment for Postage			

To Whom Paid			MO	DAY	YEAR	\$ 330.00
Doyle Young						
Mailing Address 2767 Locust Dr			3	9	2020	
City Pittsburgh	State PA	Zip Code (Plus 4) 15241	Description of Expenditure Reimbursement for Postage			

To Whom Paid			MO	DAY	YEAR	\$ 500.00
Coldspark						
Mailing Address 307 Fourth Avenue 14th Floor			3	6	2020	
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Description of Expenditure Digital media			

To Whom Paid			MO	DAY	YEAR	\$ 8,165.53
Coldspark						
Mailing Address 307 Fourth Avenue 14th Floor			3	6	2020	
City Pittsburgh	State PA	Zip Code (Plus 4) 15222	Description of Expenditure Mailers			

To Whom Paid			MO	DAY	YEAR	\$ 3,000.00
Carrie Dunn Siriani						
Mailing Address PO Box 186			3	6	2020	
City Sewickley	State PA	Zip Code (Plus 4) 15143	Description of Expenditure Consulting/ Fundraising			

<b>To Whom Paid</b> Ireland Institute of Pittsburgh			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 500.00
<b>Mailing Address</b> 1601 Marys Ave			3	3	2020	
<b>City</b> Sharpsburg	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15215	<b>Description of Expenditure</b> Donation for Donnybrook event			

<b>To Whom Paid</b> Coldspark			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 8,165.53
<b>Mailing Address</b> 307 Fourth Avenue 14th Floor			2	20	2020	
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15222	<b>Description of Expenditure</b> Mailer			

<b>To Whom Paid</b> PA Dept of State			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>\$</b> 110.00
<b>Mailing Address</b> 401 North Street			3	3	2020	
<b>City</b> Harrisburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17120	<b>Description of Expenditure</b> Petition filing fee			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						<b>\$</b> 36,407.86

