

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 :		20180183		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: COMMITTEE TO ELECT SHARON GUIDI PA HOUSE 40												
Street Address: 221 OLD OAK RD.												
City: MCMURRAY						State: PA			Zip Code: 15317			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>	
	ANNUAL REPORT	7. X	Year 2019	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	DEM			
						11	5	2019	(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	31	2019		
A. Amount Brought Forward From Last Report						\$ 4,355.73						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 2,650.00						
C. Total Funds Available (Sum Of Lines A and B)						\$ 7,005.73						
D. Total Expenditures (From Schedule III)						\$ 588.49						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 6,417.24						
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
COMMITTEE TO ELECT SHARON GUIDI PA HOUSE 40	From: <u>11/26/2019</u> To: <u>12/31/2019</u>

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

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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 2,500.00
TOTAL for the Reporting Period (3)	\$ 2,500.00

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

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.)	\$ 2,650.00
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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)**

Name of Filing Committee or Candidate	Reporting Period
COMMITTEE TO ELECT SHARON GUIDI PA HOUSE 40	From: <u>11/26/2019</u> To: <u>12/31/2019</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 100.00
BETH ANN CIOCCO				
Mailing Address 106 LOUISIANA LN				
City VENETIA	State PA	Zip Code (Plus 4) 15367	11 19 2019	

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

PAGE TOTAL
\$ 100.00

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	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 C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

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 COMMITTEE TO ELECT SHARON GUIDI PA HOUSE 40	Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u>
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				DATE	AMOUNT		
Full Name of Contributor				MO	DAY	YEAR	
TOM VAN KIRK							
Mailing Address 1010 OSAGE RD				11	19	2019	\$ 2,500.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15243					
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
\$ 2,500.00

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: To:

DATE				AMOUNT
Full Name				
Mailing Address				
City				
State				
Zip Code (Plus 4)				
Receipt Description				

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

PAGE TOTAL
\$ 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

Name of Filing Committee or Candidate		Reporting Period	
COMMITTEE TO ELECT SHARON GUIDI PA HOUSE 40		From: <u>11/26/2019</u> To: <u>12/31/2019</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 III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
COMMITTEE TO ELECT SHARON GUIDI PA HOUSE 40	From <u>11/26/2019</u> To: <u>12/31/2019</u>

DATE				AMOUNT
To Whom Paid ACT BLUE	MO	DAY	YEAR	
Mailing Address 366 SUMMER ST.	1	9	2019	\$ 0.50
City SOMERVILLE	State MA	Zip Code (Plus 4) 02144	Description of Expenditure SERVICE FEE	
To Whom Paid FRIENDS OF TRACI MCDONALD KEMP	MO	DAY	YEAR	
Mailing Address 100 CASTLE ST.	2	1	2019	\$ 100.00
City MCDONALD	State PA	Zip Code (Plus 4) 15057	Description of Expenditure POLITICAL EVENT-DINNER	
To Whom Paid US POST OFFICE	MO	DAY	YEAR	
Mailing Address	4	10	2019	\$ 53.00
City MCMURRAY	State	Zip Code (Plus 4)	Description of Expenditure POST OFFICE BOX RENTAL FEE	
To Whom Paid AMY FAZIO AND ASSOC.	MO	DAY	YEAR	
Mailing Address 974 TULIP DR	6	4	2019	\$ 49.00
City NEW BRIGHTON	State PA	Zip Code (Plus 4) 15066	Description of Expenditure TRAINING	
To Whom Paid SHARON GUIDI	MO	DAY	YEAR	
Mailing Address 221 OLD OAK RD	9	24	2019	\$ 75.00
City MCMURRAY	State PA	Zip Code (Plus 4) 15317	Description of Expenditure REIMBUREMENT WAS CO DEM EVENT AND SEMINAR	

To Whom Paid PNC BANK			MO	DAY	YEAR	
Mailing Address			10	3	2019	
City MCMURRAY	State PA	Zip Code (Plus 4) 15317	Description of Expenditure CHECK PRINTING			

To Whom Paid US POST OFFICE			MO	DAY	YEAR	
Mailing Address			10	4	2019	
City MCMURRAY	State PA	Zip Code (Plus 4) 15317	Description of Expenditure POST OFFICE BOX RENTAL FEE			

To Whom Paid SHARON GUIDI			MO	DAY	YEAR	
Mailing Address 221 OLD OAK RD			10	31	2019	
City MCMURRAY	State PA	Zip Code (Plus 4) 15317	Description of Expenditure REIMBURSE FOR INDEPENDENCE DINNER			

To Whom Paid WOMEN OF THE FUTURE			MO	DAY	YEAR	
Mailing Address PO BOX 3347			11	7	2019	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15230	Description of Expenditure CAMPAIGN EVENT			

To Whom Paid EMERGE PENNSYLVANIA			MO	DAY	YEAR	
Mailing Address PO BOX 60078			11	12	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 19102	Description of Expenditure TRAINING			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 588.49

