

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. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3.	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No	
	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			
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		1	1	2020		3	9	2020				
A. Amount Brought Forward From Last Report						\$ 502,190.89						
B. Total Monetary Contributions And Receipts (From Schedule I)						\$ 48,975.73						
C. Total Funds Available (Sum Of Lines A and B)						\$ 551,166.62						
D. Total Expenditures (From Schedule III)						\$ 69,072.20						
E. Ending Cash Balance (Subtract Line D From Line C)						\$ 482,094.42						
F. Value Of In-Kind Contributions Received (From Schedule II)						\$ 22.46						
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>1/1/2020</u> To: <u>3/9/2020</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)	\$ 42,250.00
All Other Contributions (Part D)	\$ 6,000.00
TOTAL for the Reporting Period (3)	\$ 48,250.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 725.73

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.)	\$ 48,975.73
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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 From: To:
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DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	<div style="text-align: right;">\$ 0.00</div>
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>1/1/2020</u> To: <u>3/9/2020</u>
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				DATE		AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$1,500.00
Chamber PAC				1	21	2020	
Mailing Address							
City	Harrisburg	State	PA	Zip Code (Plus 4)		17101	
Full Name of Contributing Committee				MO	DAY	YEAR	\$2,500.00
FoodPac of PA				2	19	2020	
Mailing Address							
City	Camp Hill	State	PA	Zip Code (Plus 4)		17001	
Full Name of Contributing Committee				MO	DAY	YEAR	\$5,000.00
First Energy PAC				2	19	2020	
Mailing Address							
City	Akron	State	OH	Zip Code (Plus 4)		44308	
Full Name of Contributing Committee				MO	DAY	YEAR	\$1,000.00
NiSource Inc. PAC				2	19	2020	
Mailing Address							
City	Columbus	State	OH	Zip Code (Plus 4)		43215	
Full Name of Contributing Committee				MO	DAY	YEAR	\$5,000.00
Greenlee Partners State PAC				3	9	2020	
Mailing Address							
City	Harrisburg	State	PA	Zip Code (Plus 4)		17108	
Full Name of Contributing Committee				MO	DAY	YEAR	\$1,000.00
Roche Diagnostics Corp. (DxPAC)				1	21	2020	
Mailing Address							
City	Little Falls	State	NJ	Zip Code (Plus 4)		07424	

Full Name of Contributing Committee			MO	DAY	YEAR	\$750.00
Geisinger Health PAC Inc.			1	21	2020	
Mailing Address						
City	Harrisburg	State PA	Zip Code (Plus 4) 17101			

Full Name of Contributing Committee			MO	DAY	YEAR	\$7,500.00
PA HBPA PAC			1	21	2020	
Mailing Address						
City	Grantville	State PA	Zip Code (Plus 4) 17028			

Full Name of Contributing Committee			MO	DAY	YEAR	\$1,000.00
Selective Insurance Co of America PAC			3	9	2020	
Mailing Address						
City	Branchville	State NJ	Zip Code (Plus 4) 07890			

Full Name of Contributing Committee			MO	DAY	YEAR	\$1,000.00
Chubb Group Holdings Inc. PAC			3	9	2020	
Mailing Address						
City	Philadelphia	State PA	Zip Code (Plus 4) 19106			

Full Name of Contributing Committee			MO	DAY	YEAR	\$10,000.00
Mid-Atlantic Laborers' Political League (MALPL)			2	19	2020	
Mailing Address						
City	Reston	State VA	Zip Code (Plus 4) 20190			

Full Name of Contributing Committee			MO	DAY	YEAR	\$1,000.00
Calpine Corporation PAC			1	21	2020	
Mailing Address						
City	Houston	State TX	Zip Code (Plus 4) 77002			

Full Name of Contributing Committee			MO	DAY	YEAR	\$5,000.00
Calpine Corporation PAC			2	19	2020	
Mailing Address						
City	Houston	State TX	Zip Code (Plus 4) 77002			

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

PAGE TOTAL

\$ 42,250.00

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 Build PA PAC	Reporting Period From: <u>1/1/2020</u> To: <u>3/9/2020</u>
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				DATE	AMOUNT	
Full Name of Contributor				MO	DAY	YEAR
Albert Ceccoli						
Mailing Address				2	19	2020
City	Moscow	State	Zip Code (Plus 4)			
		PA	18444			
Employer Name				Occupation		
Pennsylvania Coin LLC				Owner		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			Scranton	PA	18509	
Full Name of Contributor				MO	DAY	YEAR
Flowers and Flowers, LLC						
Mailing Address				1	21	2020
City	Harrisburg	State	Zip Code (Plus 4)			
		PA	17112			
Employer Name				Occupation		
Flowers and Flowers				Public Accountants		
Employer Mailing Address/Principal Place of Business			City	State	Zip Code (Plus 4)	
			Harrisburg	PA	17112	

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

PAGE TOTAL
\$ 6,000.00

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>1/1/2020</u> To: <u>3/9/2020</u>
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				DATE		AMOUNT	
Full Name First National Bank				MO 1	DAY 31	YEAR 2020	\$ 390.14
Mailing Address							
City Hermitage	State PA	Zip Code (Plus 4) 16148					
Receipt Description interest earned							
Full Name First National Bank				MO 2	DAY 28	YEAR 2020	\$ 335.59
Mailing Address							
City Hermitage	State PA	Zip Code (Plus 4) 16148					
Receipt Description interest earned							

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

PAGE TOTAL	
\$	725.73

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>1/1/2020</u> To: <u>3/9/2020</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period		(1)	\$ 22.46
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 RECIEVED - 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.)			\$ 22.46

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>1/1/2020</u> To: <u>3/9/2020</u>

				DATE		AMOUNT	
To Whom Paid				MO	DAY	YEAR	\$
American Express							
Mailing Address				1	10	2020	
City Newark		State NJ	Zip Code (Plus 4) 07101	Description of Expenditure credit card payment			
To Whom Paid				MO	DAY	YEAR	\$
Mindy Houser							
Mailing Address				1	21	2020	
City Coraopolis		State PA	Zip Code (Plus 4) 15108	Description of Expenditure reimbursement			
To Whom Paid				MO	DAY	YEAR	\$
Maverick Finance							
Mailing Address				1	28	2020	
City Harrisburg		State PA	Zip Code (Plus 4) 17102	Description of Expenditure event deposit			
To Whom Paid				MO	DAY	YEAR	\$
KC Tomlinson for State Representative							
Mailing Address				1	31	2020	
City Trevose		State PA	Zip Code (Plus 4) 19053	Description of Expenditure contribution			
To Whom Paid				MO	DAY	YEAR	\$
Maverick Finance							
Mailing Address				1	31	2020	
City Harrisburg		State PA	Zip Code (Plus 4) 17102	Description of Expenditure consulting			
To Whom Paid				MO	DAY	YEAR	\$
Mr. Steven Miller							
Mailing Address				2	6	2020	
City Bellefonte		State PA	Zip Code (Plus 4) 16823	Description of Expenditure reimbursement			

To Whom Paid American Express			MO	DAY	YEAR	\$ 2,592.28
Mailing Address			2	6	2020	
City Newark	State NJ	Zip Code (Plus 4) 07101	Description of Expenditure credit card payment			
To Whom Paid Maverick Finance			MO	DAY	YEAR	\$ 1,347.00
Mailing Address			2	19	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure invitations			
To Whom Paid Friends of Nicole Ziccarelli			MO	DAY	YEAR	\$ 25,000.00
Mailing Address			2	19	2020	
City New Kensington	State PA	Zip Code (Plus 4) 15068	Description of Expenditure contribution			
To Whom Paid Jacob D Corman, III			MO	DAY	YEAR	\$ 213.39
Mailing Address			2	20	2020	
City Bellefonte	State PA	Zip Code (Plus 4) 16823	Description of Expenditure reimbursement			
To Whom Paid Maverick Finance			MO	DAY	YEAR	\$ 8,000.00
Mailing Address			3	3	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure consulting			
To Whom Paid Friends of Stephanie Borowicz			MO	DAY	YEAR	\$ 1,000.00
Mailing Address			3	4	2020	
City McElhattan	State PA	Zip Code (Plus 4) 17748	Description of Expenditure contribution			
To Whom Paid Mr. Steven Miller			MO	DAY	YEAR	\$ 1,143.07
Mailing Address			3	4	2020	
City Bellefonte	State PA	Zip Code (Plus 4) 16823	Description of Expenditure reimbursement			
To Whom Paid Maverick Finance			MO	DAY	YEAR	\$ 2,013.00
Mailing Address			3	9	2020	
City Harrisburg	State PA	Zip Code (Plus 4) 17102	Description of Expenditure event expense			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 69,072.20

