

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: 816 Highfield Court | | | | | | | | | | | |
| 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 PRIMARY | POST- | 3. X | AMENDMENT REPORT? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY ELECTION | POST- | 6. | TERMINATION REPORT? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| | ANNUAL REPORT | 7. | Year 2020 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | DISKETTE <input type="checkbox"/> | | | |
| 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 | | |
| | | 5 | 19 | 2020 | | 6 | 22 | 2020 | | | |
| A. Amount Brought Forward From Last Report | | | | | \$ 549,936.62 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | \$ 22,199.27 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | \$ 572,135.89 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ 18,000.00 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | \$ 554,135.89 | | | | | | |
| 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>5/19/2020</u> To: <u>6/22/2020</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) | \$ 500.00 |
| All Other Contributions (Part B) | \$ 0.00 |
| TOTAL for the Reporting Period (2) | \$ 500.00 |

| | |
|---|--------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 19,500.00 |
| All Other Contributions (Part D) | \$ 2,000.00 |
| TOTAL for the Reporting Period (3) | \$ 21,500.00 |

| | |
|--|-----------|
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | |
| TOTAL for the Reporting Period (4) | \$ 199.27 |

| | |
|---|--------------|
| 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.) | \$ 22,199.27 |
|---|--------------|

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 Build PA PAC | Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u> |
| DATE | |
| AMOUNT | |

| | | | | | | |
|--|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee School Nurse PAC | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address c/o Susan Dalton 3343 Stonehouse Court | | | 6 | 14 | 2020 | |
| City Bethlehem | State PA | Zip Code (Plus 4) 18017 | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------|------------|-------------|-----------|
| Full Name of Contributing Committee Penn HY-PAC (PA Dental Hygenists) | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address Post Office Box 606 | | | 6 | 14 | 2020 | |
| City Mechanicsburg | State PA | Zip Code (Plus 4) 17055 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 500.00 |

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>5/19/2020</u> To: <u>6/22/2020</u> |
|--|--|

| | | | | DATE | | AMOUNT | |
|--|----------|-------------------------|--|------|-----|--------|-------------|
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Blue PAC | | | | 6 | 14 | 2020 | |
| Mailing Address Post Office Box 60710 | | | | | | | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17106 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Pennsylvania Optometric PAC | | | | 6 | 14 | 2020 | |
| Mailing Address 218 North Street | | | | | | | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17101 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 2,500.00 |
| Value Drug Company Value PAC | | | | 6 | 15 | 2020 | |
| Mailing Address 195 Theater Drive | | | | | | | |
| City Duncansville | State PA | Zip Code (Plus 4) 16635 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 500.00 |
| Pennsylvania Cemetary, Cremation, and Funeral Assoc. | | | | 6 | 14 | 2020 | |
| Mailing Address PCCFA/PAC 3051 Green Pond Road | | | | | | | |
| City Easton | State PA | Zip Code (Plus 4) 18045 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 2,500.00 |
| UnitedHealth Group, Inc. PAC | | | | 6 | 14 | 2020 | |
| Mailing Address 701 Pennsylvania Avenue NW Suite 200 | | | | | | | |
| City Washington | State DC | Zip Code (Plus 4) 20004 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 5,000.00 |
| Federal Express Political Action Committee | | | | 6 | 14 | 2020 | |
| Mailing Address 942 S. Shady Grove Road, 1st Floor | | | | | | | |
| City Memphis | State TN | Zip Code (Plus 4) 38120 | | | | | |

| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 1,000.00 |
|---------------------------------------|----------|-------------------------|----|-----|------|-------------|
| Selective Insurance Co of America PAC | | | 6 | 15 | 2020 | |
| Mailing Address 40 Wantage Avenue | | | | | | |
| City Branchville | State NJ | Zip Code (Plus 4) 07890 | | | | |

| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 5,000.00 |
|-------------------------------------|----------|-------------------------|----|-----|------|-------------|
| Operators for Skill PAC | | | | | | |
| Mailing Address Post Office Box 343 | | | 6 | 14 | 2020 | |
| City Harrisburg | State PA | Zip Code (Plus 4) 17108 | | | | |

| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 1,000.00 |
|--|----------|-------------------------|----|-----|------|-------------|
| Insuring America PAC | | | | | | |
| Mailing Address 8700 West Bryn Mawr Avenue Suite 1200S | | | 6 | 14 | 2020 | |
| City Chicago | State IL | Zip Code (Plus 4) 60631 | | | | |

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

| |
|--|
| <p>PAGE TOTAL</p> <p>\$ 19,500.00</p> |
|--|

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>5/19/2020</u> To: <u>6/22/2020</u> |
|--|--|

| | | | | DATE | AMOUNT | | |
|--|--------------------|-----------------------------------|----------------------------|-----------------------------|--------------------|-----------------------------------|-------------|
| Full Name of Contributor Sean M. Reilly | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 826 Kerper Street | | | | 6 | 14 | 2020 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19111 | | | | | |
| Employer Name Roscommon International | | | | Occupation President | | | |
| Employer Mailing Address/Principal Place of Business 2 Bala Plaza, Suite 300 | | | City Bala Cynwyd | | State PA | Zip Code (Plus 4) 19004 | |
| Full Name of Contributor Sean M. Reilly | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 826 Kerper Street | | | | 6 | 22 | 2020 | |
| City Philadelphia | State PA | Zip Code (Plus 4) 19111 | | | | | |
| Employer Name Roscommon International | | | | Occupation President | | | |
| Employer Mailing Address/Principal Place of Business 2 Bala Plaza, Suite 300 | | | City Bala Cynwyd | | State PA | Zip Code (Plus 4) 19004 | |

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

| |
|--------------------------------------|
| PAGE TOTAL \$ 2,000.00 |
|--------------------------------------|

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>5/19/2020</u> To: <u>6/22/2020</u> |
|--|--|

| | | | | DATE | | | AMOUNT | |
|--|--|----------|-------------------------|------|-----|------|--------|--------|
| Full Name | | | | MO | DAY | YEAR | \$ | 199.27 |
| First National Bank | | | | | | | | |
| Mailing Address 4140 East State Street | | | | | | | | |
| 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 |
| \$ 199.27 |

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>5/19/2020</u> To: <u>6/22/2020</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 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.) | | | \$ 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: |
|---------------------------------------|--|

| | | | | 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>5/19/2020</u> To: <u>6/22/2020</u> |

| DATE | | | | AMOUNT |
|--|-----------------|--------------------------------|--|-----------------------------------|
| To Whom Paid | MO | DAY | YEAR | |
| Maverick Finance | | | | |
| Mailing Address 1426 North 3rd Street Suite 310 | 6 | 3 | 2020 | \$ 8,000.00 |
| City Harrisburg | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure consulting | |
| To Whom Paid | MO | DAY | YEAR | |
| Kerry Benninghoff for Rep. Committee | | | | |
| Mailing Address 704 West Lamb Street | 6 | 10 | 2020 | \$ 10,000.00 |
| City Bellefonte | State PA | Zip Code (Plus 4) 16823 | Description of Expenditure contribution | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | PAGE TOTAL \$ 18,000.00 |

