#### **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 2018	80183				port ed B		CAND	IDATE		COMN	4ITTEE	<b>✓</b>	LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:		GUI	IDI, S	SHAR	ON THE	СОММ	ITTE	TO EL	ECT PA I	HOUSE	40			
Street Address:	221 OLD OAK	( RD															
City:	MCMURRAY							State:	PA			Zip Cod	le: 15	317-2	710		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRII PRIMARY	DAY PRE	-	2.		0 DAY POST- 3. <b>X</b> RIMARY				AMENDM REPORT?		Yes	N	0	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIE ELECTION		E-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	N	0	<b>/</b>
report type)	ANNUAL REPORT	7.	Year 202	.0				IG METH CHECK C				PAPER		<b>\</b>	DISK	ETTE	
Name of Office S	Sought by Candida	te:			-			DATE (	)F ELE	CTIC	N	District Number	Office Code	Par	ty Code	Cour	
DEDDECENITATI	VE IN THE GENE	201 000	EMDLV					МО	DAY	YI	EAR	40	STH	DEN	1		
REPRESENTATI	VE IN THE GENER	VAL ASS	LIMIDLI					11		3	2020		(SEE IN	STRUCTI	ONS FOR	CODES	5)
	Receipts and	МО	DAY	YEAI	₹			МО	DAY	Y	EAR	FO	R OFFI	E USE	ONLY		
Expenditures	s trom:		5 1	.9 2	2020	T	0	6	5	22	2020						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			12,	197.65						
B. Total Moneta	ary Contributions	And Rec	eipts (Fro	m Sche	dule	e I)	\$			3,	795.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			15,9	992.65						
D. Total Expend	ditures (From Sch	edule II	I)				\$			1	168.31						
E. Ending Cash	Balance (Subtrac	t Line D	From Lin	e C)			\$			15,8	324.34						
F. Value Of In-	Kind Contribution	s Receiv	ed (From	Schedu	ile II	I)	\$				0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule	IV)			\$				0.00			•			
				AFF	FIDA	AVI	ΓSE	CTION									
	s a Committee rep	-	_								_						
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached	schedule	s file	d on	paper (	or by elec	tronic m	edium	, are to t	he best of	f my knov	wledge	and bel	ief , tr	ue
Sworn to and subs	cribed before me thi day of	s	20							5	Signature	of Persor	1 Submitt	ing Rep	ort		
	Signatu	ıre	_				-					Print	ted Name	•			-
My Commission Ex	cpires						_					Emai	il				
	МО	D	AY	YR					Ar	ea Coo	de	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorize	d Comi	nitte	ee, Ca	andida	ate shall	sign h	ere.							
I swear (or affirm) No 320) as amende	that to the best of i	ny knowle	edge and b	elief this	s poli	itical	commi	ittee has ı	not viola	ited ar	ıy provisi	ions of the	e act of J	une 3,1	937 (P.	L. 133	з,
Sworn to and subsc	ribed before me this day of		20								Si	ignature o	f Candida	ate			_
							-					Printe	d Name				- $ $
My Commission Exp	Signature						-					Emai	il				-
, ээлинээн схр																	_
	МО	D	AY	YF	2				Area	Code		Da	ytime T	elephor	e Num	ber	

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40	From:	5/19/202	<u>:0</u> To:	6/22/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	Period	(1)	\$	95.00
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)			\$	200.00
TOTAL for the Reporting	Period	(2)	\$	200.00
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)			\$	3,500.00
TOTAL for the Reporting	Period	(3)	\$	3,500.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	3,795.00

#### **PART A**

### CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Comm	Reporti	ng Period					
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contribut	ing Committee		МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

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

PAGE TOTAL	
\$ 0.00	

### 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** 

GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40

From: 5/19/2020 To:

6/22/2020

				DATE		AMOUNT
Full Name of Contributor carolee ketelaar			МО	DAY	YEAR	
Mailing Address 103 betha	ny drive					<b>\$</b> 100.00
<b>City</b> mcmurray	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15317	5	20	2020	
Full Name of Contributor mary cecilia mcnulty			мо	DAY	YEAR	
Full Name of Contributor mary cecilia mcnulty  Mailing Address 5563 clare	ene dr		<b>MO</b>	<b>DAY</b> 22	<b>YEAR</b> 2020	\$ 100.00

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

**PAGE TOTAL \$** 200.00

#### **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:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
								PAGE TOTAL
Enter Grand Total of Part C on Scho	edule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$	0.00

## 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 Co	ame of Filing Committee or Candidate Rep				Rep	orting Pe	riod	oorting Period				
GUIDI, SHARON	N THE COMMITTEE TO E	ELECT PA HOUSE 40			Fror	n:	<u>5/19/2</u>	<u>020</u> To	<b>:</b>	6/22/2020		
						D/	ATE		AN	MOUNT		
Full Name of Concarole ortenzo	ntributor					МО	DAY	YEAR				
Mailing Address	218 julrich dr								<b>\$</b>	500.00		
City mcmurra	ау	State PA	-	Code (Plus	i 4)	5	20	2020				
Employer Name	not employed					Occupat	i <b>ion</b> n	ot emp	loyed			
Employer Mailing Business	Address/Principal Plac	e of		City		•	State		Zip Cod	e (Plus 4)		
not employed				not empl	oyed		PA		15317			
Full Name of Consteven nance	ntributor					МО	DAY	YEAR				
Mailing Address	319 brookside blvd								\$	1,000.00		
City upper st	clair	State PA		Code (Plus	s <b>4</b> )	6	10	2020				
Employer Name	retired					Occupation retired			•			
Employer Mailing Business	Address/Principal Plac	e of		City		1	State		Zip Cod	e (Plus 4)		
retired				retired			PA		15241			
Full Name of Con tom van kirk	ntributor					МО	DAY	YEAR				
Mailing Address	1010 osage rd								\$	2,000.00		
<b>City</b> pittsburg	jh	<b>State</b> PA	-	Code (Plus	: 4)	5	27	2020				
Employer Name	highmark health					Occupat	i <b>on</b>	xecutiv	e vp			
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip Cod	e (Plus 4)		
120 5th ave				pittsburg	h		PA		15222			

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

PAGE TOTAL

3,500.00

\$

# 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 Cand	idate		Report	ing Perio	od			
			From:			To:		
				D	ATE		,	AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (	Plus 4)					
Receipt Description		•			•	•	•	
Enter Grand Total of Part E on So	hedule T. Detailed	ł Summary Page	Section	4			ı	PAGE TOTAL
Lines Grand Total of Fair E on Se	incuare 1, Detailet	z cammary r age,	Section	-T.			\$	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 Pe	riod	
GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40	From:	<u>5/19/2020</u> <b>To</b> :	6/22/2020
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 Candid	ate		Reporting	g Period			
			From:			То:	
				DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						<b>\$</b>	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:							
Enter Grand Total of Part F on S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	, ,		PAGE TOTAL
						\$	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candida	te				Re	porting	Period				
					Fro	m:		То	:		
							DATE				AMOUNT
Full Name of Contributor						мо	DAY	YEAR	1		
Mailing Address										\$	0.00
City	State		Zip Code(F	Plus 4)							
Employer of Contributor	•		•			Occupa	ation				
Employer Mailing Address/Principal P Business	lace of	City		State		Zip 4)	Code(Plus	Desc	ripti	on of C	ontribution
Enter Grand Total of Part G on S	chedule II, I	In-Kind	Contributi	ons De	taile	ed					PAGE TOTAL
Summary Page, Section 3.											0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Re	Reporting Peri	od		
GUIDI, SHARON THE COMMITTEE TO ELECT PA HOUSE 40	rom	<u>5/19/2020</u>	То:	6/22/2020

				DATE		AMOUNT	
To Whom Paid act blue			мо	DAY	YEAR		
Mailing Address po box 441146			6	3	2020	<b>\$</b>	22.43
<b>City</b> sommerville	State MA	<b>Zip Code (Plus 4)</b> 02144	Description of Expenditure transaction fee				
To Whom Paid vantiv commerce			МО	DAY	YEAR		
Mailing Address 8500 governor hill dr			6	9	2020	\$	42.88
<b>City</b> cincinnati	State OH	<b>Zip Code (Plus 4)</b> 45249	Description of Expenditure transaction fee				
To Whom Paid pnc bank			МО	DAY	YEAR		
Mailing Address 3850 mcmurray rd			6	1	2020	\$	3.00
<b>City</b> mcmurray	State PA	<b>Zip Code (Plus 4)</b> 15317	Description of Expenditure bank fee				
To Whom Paid stonewall steel city democrats			МО	DAY	YEAR		
Mailing Address po box 99382			6	4	2020	<b>\$</b>	100.00
<b>City</b> pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15233	Description of Expenditure endorsement fee				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL
The stand rotal of Expend	intai es on i age 1, ite	post cores i age, Item D	-			\$	168.31