# **Campaign Finance Report**

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

| Filer Identificati<br>Number :                  | ion 2018                         | 0071       |   |         | Repor<br>Filed |              | CANDI         | DATE      |                | СОМІ       | MITTEE               | ✓              | LOBE         | BYIST     |                |
|---|----------------------------------|------------|---|---------|----------------|--------------|---------------|-----------|----------------|------------|----------------------|----------------|--------------|-----------|----------------|
| Name of Filing C                                | Committee, Candid                | ate or Lo  | obbyist:  |         | GAYDC          | S FOI        | R PA          |           |                |            |                      |                |              |           |                |
| Street Address:                                 | 411 TRAILSIC                     | DE DR.     |   |         |                |              |               |           |                |            |                      |                |              |           |                |
| City:   | SEWICKLEY                        |            |   |         |                |              | State:        | PA        |                |            | Zip Co               | <b>de:</b> 15  | 143          |           |                |
| TYPE OF<br>REPORT                               | 6TH TUESDAY<br>PRE-PRIMARY       | 1.         | 2ND FRIDA<br>PRIMARY  | Y PRE-  | - 2.           | 30 D<br>PRIM |               | POST-     | T- 3. <b>X</b> |            | AMENDMENT<br>REPORT? |                | Yes          | No        | $\checkmark$   |
| (place X to<br>the right of                     | 6TH TUESDAY<br>PRE-ELECTION      | 4.         | 2ND FRIDA<br>ELECTION   | Y PRE   | - 5.           | 30 D<br>ELEC | AY I<br>CTION | POST-     | 6.             |            | TERMIN<br>REPORT     |                | Yes          | No        | $\checkmark$   |
| report type)                                    | ANNUAL REPORT                    | 7.         | <b>Year</b> 2020  |         |                |              | NG METH       |           |                |            | PAPER                |                | $\checkmark$ | DISKE     | TTE            |
| Name of Office S                                | L<br>Sought by Candida           | te:        |   |         |                |              | DATE O        | F ELE     | СТІО           | N          | District<br>Number   | Office<br>Code | Par          | ty Code   | County<br>Code |
|   |                                  |            |   |         |                |              | мо            | DAY       | YE             | AR         |                      |                | REP          |           |                |
|   |                                  |            |   |         |                |              | 11            |           | 3              | 2020       | ) (SEE INS           |                | STRUCTIO     | ONS FOR ( | CODES)         |
|   | Receipts and                     | мо         | DAY   | YEAR    |                |              | мо            | DAY       | YE             | AR         | FC                   | DR OFFIC       | E USE        | ONLY      |                |
| Expenditures                                    | s from:                          |            | 5 19  | 20      | 020 <b>1</b>   | Ю            | 6             |           | 22             | 2020       |                      |                |              |           |                |
| A. Amount Bro                                   | ught Forward Fror                | n Last Re  | eport   |         |                | \$           | 5             |           | 22,9           | 986.25     |                      |                |              |           |                |
| B. Total Monet                                  | ary Contributions                | And Rece   | eipts (From   | Schee   | dule I)        | \$           | 5             |           | 7,1            | 25.00      |                      |                |              |           |                |
| C. Total Funds Available (Sum Of Lines A and B) |                                  |            |   |         |                | \$           | 5             |           | 30,1           | 111.25     |                      |                |              |           |                |
| D. Total Expenditures (From Schedule III)       |                                  |            |   |         |                | \$           | 5             |           | 12,9           | 25.23      |                      |                |              |           |                |
| E. Ending Cash                                  | Balance (Subtrac                 | t Line D l | From Line (   | C)      |                | 4            | 5             |           | 17,1           | 86.02      |                      |                |              |           |                |
| F. Value Of In-                                 | Kind Contributions               | s Receive  | ed (From S  | chedul  | le II)         | 4            | 5             |           | 31,2           | 86.46      | 1                    |                |              |           |                |
| G. Unpaid Debt                                  | ts And Obligations               | (From S    | chedule IV  | ')      |                | 4            | 5             |           | 5,0            | 00.00      |                      |                |              |           |                |
|   |                                  |            |   | AFF     | IDAV           | it se        | ECTION        |           |                |            |                      |                |              |           |                |
|   | s a Committee rep                | •          | -   |         |                |              |               | • •       |                |            | -                    |                |              |           |                |
| I swear (or affirm)<br>correct and comple       | ) that this report, incl<br>ete. | uding the  | attached scl  | hedules | filed on       | paper        | or by elect   | ronic m   | edium          | , are to t | the best o           | of my knov     | vledge       | and beli  | ef , true      |
| Sworn to and subs                               | cribed before me this<br>day of  | 5          | 20  |         |                |              |               |           | s              | ignature   | e of Perso           | n Submitt      | ing Rep      | oort      |                |
|   |                                  | re         |   |         |                | _            |               |           |                |            | Prin                 | ted Name       |              |           |                |
| My Commission Ex                                | -                                | -          |   |         |                |              |               |           |                |            | Ema                  | il             |              |           |                |
|   | МО                               | DA         | Y   | YR      |                |              |               | Are       | ea Cod         | le         | Daytin               | ne Teleph      | one Nu       | mber      |                |
| Part II- If this is                             | a report of a can                | didate's a | authorized  | Comm    | nittee, G      | Candio       | date shall    | sign he   | ere.           |            |                      |                |              |           |                |
| No 320) as amend                                | ed.                              | ny knowle  | dge and beli  | ef this | political      | comn         | nittee has n  | iot viola | ted an         | y provis   | ions of th           | e act of Ju    | ine 3,19     | 937 (P.L  | . 1333,        |
| Sworn to and subso                              | ribed before me this<br>day of   |            | 20  |         |                |              |               |           |                | s          | ignature             | of Candida     | ite          |           |                |
|   |                                  |            |   |         |                |              |               |           |                |            | Printe               | ed Name        |              |           |                |
| My Commission Exp                               | Signature                        |            | DAY YR<br>s authorized Committee, Ca<br>ledge and belief this political c<br>20<br> |         |                | _            |               |           |                |            | Ema                  | il             |              |           |                |
|   |                                  |            |   |         |                | _            |               |           |                |            |                      |                |              |           |                |
|   | МО                               | DA         | NY .  | YR      |                |              |               | Area      | Code           |            | D                    | aytime Te      | elephon      | e Numb    | er             |

#### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** GAYDOS FOR PA From: <u>5/19/2020</u> To: 6/22/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 50.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 575.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 575.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 6,500.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 6,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 7,125.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 Candidat   | e     |                  | Reporting Period |           |     |        |    |            |
|--|-------|------------------|------------------|-----------|-----|--------|----|------------|
|  |       |                  | From             | From: To: |     |        |    |            |
|  |       | ·                | DATE             |           |     | AMOUNT |    |            |
| Full Name of Contributing Committee  |       |                  |                  | мо        | DAY | YEAR   |    |            |
| Mailing Address  |       |                  |                  |           |     |        | \$ | 0.00       |
| City   | State | Zip Code (Plus 4 | 4)               |           |     |        |    |            |
|  |       |                  |                  |           |     |        |    | PAGE TOTAL |
| Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. |       |                  |                  |           | \$  | 0.00   |    |            |

| Use this Part                                 | \$5<br>to itemize all ot<br>\$50.01 to \$2 | PART B<br>R CONTRII<br>0.01 TO \$250.00<br>ther contribution<br>50.00 in the repo<br>m political comm | s w<br>ortir | ith an<br>1g peri | aggrega<br>iod. |         |    | rom              |
|---|--|---|--------------|-------------------|-----------------|---------|----|------------------|
| Name of Filing Committee or Ca                | andidate                                   |   | Rep          | orting Po         | eriod           |         |    |                  |
| GAYDOS FOR PA                                 |  |   | Fro          | m:                | <u>5/19/2</u>   | 2020 To | ): | <u>6/22/2020</u> |
|   |  |   |              |                   | DATE            |         |    | AMOUNT           |
| Full Name of Contributor<br>THOMAS MCCONELL   |  |   |              | мо                | DAY             | YEAR    |    |                  |
| Mailing Address 2220 CHARD                    | ONNAY CTR.                                 |   |              |                   |                 |         | \$ | 100.00           |
| City GIBSONIA                                 | <b>State</b><br>PA                         | <b>Zip Code (Plus 4</b><br>15044  | )            | 6                 | 20              | 2020    |    |                  |
|   |  |   |              | мо                | DAY             | YEAR    |    |                  |
| SANDRA HUNDLEY Mailing Address 275 SOALTA     | RD   |   |              |                   |                 |         | \$ | 125.00           |
| City SEWICKLEY                                | State                                      | Zip Code (Plus 4  | ,            | 6                 | 20              | 2020    | Ŧ  | 125.00           |
|   | PA   | 15143   | _            |                   |                 |         |    |                  |
| Full Name of Contributor                      |  |   |              | мо                | DAY             | YEAR    |    |                  |
| LINDSEY SMITH                                 |  |   |              |                   |                 |         |    |                  |
| Mailing Address 520 SRAIFE City SEWICKLEY     | RD. State                                  | Zip Code (Plus 4  | 、            | 6                 | 16              | 2020    | \$ | 100.00           |
| City SEWICKLET                                | PA   | 15143   | ,            | 0                 | 10              | 2020    |    |                  |
| Full Name of Contributor                      |  |   |              | мо                | DAY             | YEAR    |    |                  |
| STACEY WEST                                   |  |   |              |                   |                 |         |    | 252.00           |
| Mailing Address 246 PINK HC<br>City SEWICKLEY | State                                      | Zip Code (Plus 4  |              | 6                 | 10              | 2020    | \$ | 250.00           |
| SLWICKLLI                                     | PA   | 15143   | ,            | Ŭ                 | 10              | 2020    |    |                  |
|   |  |   |              |                   |                 |         |    | PAGE TOTAL       |
| Enter Grand Total of Part                     | A on Schedule I, D                         | etailed Summary Pag   | je, So       | ection 2          |                 |         | \$ | 575.00           |

# 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  | g Period   |        |      |                    |
|--|-------|----------|------------|------------|--------|------|--------------------|
| GAYDOS FOR PA  |       |          | From:      | <u>5/1</u> | 9/2020 | То:  | <u>6/22/2020</u>   |
|  |       |          |            | DA         | TE     |      | AMOUNT             |
| Full Name of Contributing Committee                        |       |          |            | мо         | DAY    | YEAR |                    |
| PA MEDICAL PAC   |       |          |            | 110        | DAT    |      | <b>\$</b> 1,000.00 |
| Mailing Address PO BOX 8820                                |       |          |            | 6          | 20     | 2020 |                    |
| City HARRISBURG  | State | Zip Code | e (Plus 4) |            |        |      |                    |
|  | PA    | 17105    |            |            |        |      |                    |
| Full Name of Contributing Committee<br>BENNINGHOFF FOR REP |       |          |            | мо         | DAY    | YEAR | <b>\$</b> 1,000.00 |
| Mailing Address 328 E. LAMB ST.                            |       |          |            | 6          | 20     | 2020 | + 1,000.00         |
| City BELLEFONTE  | State | Zip Code | e (Plus 4) |            | 20     | 2020 |                    |
|  | PA    | 16823    |            |            |        |      |                    |
| Full Name of Contributing Committee                        |       |          |            | мо         | DAY    | YEAR |                    |
| EQT CORPORATION-STATE PAC                                  |       |          |            |            |        |      | <b>\$</b> 1,000.00 |
| Mailing Address 625 LIBERTY AVE.                           |       |          |            | 6          | 20     | 2020 |                    |
| City PITTSBURGH  | State | Zip Code | e (Plus 4) |            |        |      |                    |
|  | PA    | 15222    |            |            |        |      |                    |
| Full Name of Contributing Committee                        |       |          |            | мо         | DAY    | YEAR |                    |
| CALGON CARBON CORPORATION PAC I                            | NC.   |          |            |            |        |      | <b>\$</b> 1,000.00 |
| Mailing Address 3000 GSK DRIVE                             |       | •        |            | 6          | 20     | 2020 |                    |
| City CORAOPOLIS  | State |          | e (Plus 4) |            |        |      |                    |
|  | PA    | 15108    |            |            |        |      |                    |
| Full Name of Contributing Committee<br>RELIGHT AMERICA PAC |       |          |            | мо         | DAY    | YEAR | <b>\$</b> 500.00   |
| Mailing Address PO BOX 2485                                |       |          |            | 6          | 20     | 2020 |                    |
| City SPRINGFIELD   | State | Zip Code | e (Plus 4) |            | 20     | 2020 |                    |
|  | VA    | 22152    |            |            |        |      |                    |
| Full Name of Contributing Committee                        |       |          |            | мо         | DAY    | YEAR |                    |
| PA FUTURE FUND   |       |          |            | MO         |        |      | <b>\$</b> 500.00   |
| Mailing Address PO BOX 6128                                |       |          |            | 6          | 5      | 2020 |                    |
| City HARRISBURG  | State | Zip Code | e (Plus 4) |            |        |      |                    |
|  | PA    | 17112    |            |            |        |      |                    |

| Full Name of Contributing Committee  |       |                   | мо | DAY | YEAR  |          |            |
|--|-------|-------------------|----|-----|-------|----------|------------|
| FED EX   |       |                   |    |     | 12/11 | \$       | 1,000.00   |
| Mailing Address  |       |                   | 6  | 16  | 2020  |          | ,          |
| City   | State | Zip Code (Plus 4) |    | 10  | 2020  |          |            |
|  |       |                   |    |     |       |          |            |
| Full Name of Contributing Committee  |       |                   | мо | DAY | YEAR  |          |            |
| PFIZER PAC   |       |                   |    |     | 12/11 | \$       | 500.00     |
| Mailing Address 235 EAST 42ND ST.  |       |                   | 6  | 16  | 2020  | <u>ן</u> |            |
| City NEW YORK  | State | Zip Code (Plus 4) |    | 10  | 2020  |          |            |
|  | NY    | 10017             |    |     |       |          |            |
|  |       |                   |    |     |       |          | PAGE TOTAL |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. |       |                   |    |     |       | \$       | 6,500.00   |

# 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   |                     |               | Reporting Period |         |       |      |          |                          |
|---|---------------------|---------------|------------------|---------|-------|------|----------|--------------------------|
|   |                     |               | From             | n:      |       | Τά   | ):       |                          |
|   |                     |               |                  | D       | ATE   |      | AI       | MOUNT                    |
| Full Name of Contributor                |                     |               |                  | мо      | DAY   | YEAR | \$       | 0.00                     |
| Mailing Address                         |                     |               |                  |         |       |      |          |                          |
| City                                    | State               | Zip Code (Plu | s 4)             |         |       |      |          |                          |
| Employer Name                           |                     |               |                  | Occupat | tion  |      |          |                          |
| Employer Mailing Address/Principal Plac | e of Business       | City          |                  |         | State |      | Zip Cod  | e (Plus 4)               |
| Enter Grand Total of Part C on Sche     | dule I, Detailed Su | ummary Page,  | Sectio           | on 3.   |       |      | P.<br>\$ | <b>AGE TOTAL</b><br>0.00 |
|   |                     |               |                  |         |       |      |          |                          |

## 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 Candidat | e                    |             | Report  | ing Peric | d   |      |    |         |      |
|--------------------------------------|----------------------|-------------|---------|-----------|-----|------|----|---------|------|
|                                      |                      |             | From:   |           |     | То:  |    |         |      |
|                                      |                      |             |         | D         | ATE |      |    | AMOUNT  | ſ    |
| Full Name                            |                      |             |         | мо        | DAY | YEAR | \$ |         | 0.00 |
| Mailing Address                      |                      |             |         |           |     |      |    |         |      |
| City                                 | State                | Zip Code (  | Plus 4) |           |     |      |    |         |      |
| Receipt Description                  | •                    |             |         |           | •   |      | •  |         |      |
|                                      |                      | _           | o .:    |           |     |      |    | PAGE TO | TAL  |
| Enter Grand Total of Part E on Sche  | aule 1, Detailed Sum | imary Page, | Section | 4.        |     |      | \$ |         | 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 |                      |                  |
|---|------------------|----------------------|------------------|
| GAYDOS FOR PA   | From:            | <u>5/19/2020</u> то: | <u>6/22/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | ER CONTRIBUTOR   |                      |                  |
| TOTAL for the Reporting Pe  | riod (1)         | \$                   | 0.00             |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR  | TF)              |                      |                  |
| TOTAL for the Reporting Pe  | riod (2)         | \$                   | 0.00             |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)  |                  |                      |                  |
| TOTAL for the Reporting Pe  | riod (3)         | \$                   | 31,285.90        |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 3 |                  | \$                   | 31,285.90        |

# 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                           |                    |                   | 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 Sched<br>Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum  | mary Pag | ie,  |             | PAGE TOTA | L    |
|  |                    |                   |           |          |      | \$          |           | 0.00 |

#### PAGE 11

#### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate                 |                             |     |                  | Reporting Period |    |      |                 |               |          |                            |          |
|---|-----------------------------|-----|------------------|------------------|----|------|-----------------|---------------|----------|----------------------------|----------|
| GAYDOS FOR PA   |                             |     |                  | Fro              | m: |      | <u>5/19/202</u> | <u>:0</u> To: |          | <u>6/22/2020</u>           |          |
|   |                             |     |                  |                  |    |      | DATE            |               | AMOUNT   |                            |          |
| Full Name of Contributor<br>PA GOP                    |                             |     |                  |                  | M  | 0    | DAY             | YEAR          | <b>.</b> | 2 ((0.00                   |          |
| Mailing Address 112 STATE ST.                         |                             |     |                  |                  |    | 5    | 29              | 2020          | \$       | 3,668.90                   |          |
| City HARRISBURG                                       | State                       |     | Zip Code(Plus 4) |                  |    |      |                 |               |          |                            |          |
|   | PA                          |     | 17101            |                  |    |      |                 |               |          |                            |          |
| Employer of Contributor N/A                           |                             |     |                  |                  | 00 | cupa | tion N/         | 'A            |          |                            |          |
| Employer Mailing Address/Principal Plac               | e of Business               | Cit | ty               | State            | e  | Zip  | Code(Plus 4)    | -             |          | of Contribution<br>ERATURE |          |
| Full Name of Contributor<br>COMMONWEALTH LEADERS FUND |                             |     |                  |                  | м  | 0    | DAY             | YEAR          |          |                            |          |
| Mailing Address PO BOX 934                            |                             |     |                  |                  |    | 6    | 11              | 2020          | \$       | 21,636.00                  |          |
| City HARRISBURG                                       | State                       |     | Zip Code(Plus 4) |                  | 1  |      |                 |               |          |                            |          |
|   | PA                          |     | 17108            |                  |    |      |                 |               |          |                            |          |
| Employer of Contributor N/A                           | Employer of Contributor N/A |     |                  |                  |    | cupa | tion N/         | 'A            |          |                            |          |
| Employer Mailing Address/Principal Plac               | e of Business               | Cit | ty               | State            | е  | Zip  | Code(Plus 4)    | Descrip       | otion    | of Contribution            |          |
| N/A   |                             |     |                  |                  |    |      |                 | MAILEI<br>ADS | RS/DI    | GITAL ADS/TV               |          |
| Full Name of Contributor                              |                             |     |                  |                  | м  | 0    | DAY             | YEAR          |          |                            |          |
| COMMONWEALTH LEADERS FUND                             |                             |     |                  |                  | МО |      |                 |               | I LAN    | \$                         | 2,859.00 |
| Mailing Address PO BOX 934                            |                             |     |                  |                  |    | 6    | 11              | 2020          | Ψ        | 2,039.00                   |          |
| City HARRISBURG                                       | State                       |     | Zip Code(Plus 4) |                  |    |      |                 |               |          |                            |          |
|   | PA                          |     | 17108            |                  |    |      |                 |               |          |                            |          |
| Employer of Contributor N/A                           |                             |     |                  |                  |    | cupa | tion N/         | 'A            |          |                            |          |
| Employer Mailing Address/Principal Plac               | e of Business               | Cit | ty               | State            | e  | Zip  | Code(Plus 4)    | 1             |          |                            |          |
| N/A   |                             |     |                  |                  |    |      |                 | ADS           | KS/DI    | GITAL ADS/TV               |          |
| Full Name of Contributor                              |                             |     |                  |                  | м  | 0    | DAY             | YEAR          |          |                            |          |
| COMMONWEALTH LEADERS FUND                             |                             |     |                  |                  |    |      |                 |               | \$       | 3,122.00                   |          |
| Mailing Address PO BOX 934                            |                             |     |                  |                  |    | 6    | 11              | 2020          | •        | 0,111.00                   |          |
| City HARRISBURG                                       | State                       |     | Zip Code(Plus 4) |                  |    |      |                 |               |          |                            |          |
|   | PA                          |     | 17108            |                  |    |      |                 |               |          |                            |          |
| Employer of Contributor N/A                           |                             |     |                  | Occupation N/A   |    |      |                 |               |          |                            |          |
| Employer Mailing Address/Principal Plac               | e of Business               | Cit | ty               | State            | e  | Zip  | Code(Plus 4)    | -             |          |                            |          |
| N/A   |                             |     |                  |                  |    |      |                 | ADS           | <5/υΙ    | GITAL ADS/TV               |          |

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

31,285.90

PAGE TOTAL

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |                                |                   | Reporti        | ng Period        |          |        |                  |  |
|---------------------------------------|--------------------------------|-------------------|----------------|------------------|----------|--------|------------------|--|
| GAYDOS FOR PA                         |                                |                   | From           | <u>5/19</u>      | 9/2020   | То:    | <u>6/22/2020</u> |  |
|                                       |                                |                   |                | DATE             |          |        | AMOUNT           |  |
| To Whom Paid                          |                                |                   | мо             | DAY              | YEAR     |        |                  |  |
| PNC BANK                              |                                |                   |                |                  |          |        |                  |  |
| Mailing Address 401 BEAVER ST.        |                                |                   | 6              | 10               | 2020     | \$     | 39.00            |  |
| City SEWICKLEY                        | State                          | Zip Code (Plus 4) | Descrip        | tion of Exp      | enditure |        |                  |  |
|                                       | РА                             | 15143             | BANK F         | EES              |          |        |                  |  |
| To Whom Paid<br>SHEETZ                |                                |                   | мо             | DAY              | YEAR     |        |                  |  |
| Mailing Address 1910 MT NEBO RD       |                                |                   | 6              | 3                | 2020     | \$     | 44.28            |  |
| City SEWICKLEY                        | State                          | Zip Code (Plus 4) | Descrip        | tion of Exp      | enditure |        |                  |  |
|                                       | PA                             | 15143             | GAS FO         | R SIGN PI        | СКИР     |        |                  |  |
| To Whom Paid<br>VERIZON               |                                |                   | мо             | DAY              | YEAR     |        |                  |  |
| Mailing Address 539 BEAVER ST.        |                                | 6                 | 22             | 2020             | \$       | 101.29 |                  |  |
| City SEWICKLEY                        | State                          | Zip Code (Plus 4) | Descrip        | tion of Exp      | enditure | 1      |                  |  |
|                                       | PA                             | 15143             | CAMPAIGN PHONE |                  |          |        |                  |  |
| To Whom Paid<br>ANEDOT                |                                |                   | мо             | DAY              | YEAR     |        |                  |  |
| Mailing Address 1920 MCKINNEY AVI     | E 7TH FL                       |                   | 6              | 10               | 2020     | \$     | 10.30            |  |
| City DALLAS                           | State                          | Zip Code (Plus 4) | Descrip        | tion of Exp      | enditure | 1      |                  |  |
|                                       | тх                             | 75201             | PROCES         | SING FEE         |          |        |                  |  |
| To Whom Paid<br>MSP                   |                                |                   | мо             | DAY              | YEAR     |        |                  |  |
| Mailing Address 155 COMMERCE DR.      |                                |                   | 6              | 10               | 2020     | \$     | 115.56           |  |
| City FREEDOM                          | State                          | Zip Code (Plus 4) | Descrip        | tion of Exp      | enditure | 1      |                  |  |
|                                       | PA                             | 15042             | GRADU          | ATION SIG        | NS       |        |                  |  |
| To Whom Paid<br>PA GOP                |                                |                   | мо             | DAY              | YEAR     |        |                  |  |
| Mailing Address 112 STATE ST.         |                                |                   | 6              | 12               | 2020     | \$     | 84.00            |  |
| City HARRISBURG                       | State                          | Zip Code (Plus 4) | Descrip        | l<br>tion of Exp | enditure | I      |                  |  |
|                                       | G State Zip Code (<br>PA 17101 |                   |                | CONTRIBUTION     |          |        |                  |  |

|  |                    |   |                                   |                   |             |                  | FA | GL 14    |  |
|--|--------------------|---|-----------------------------------|-------------------|-------------|------------------|----|----------|--|
| To Whom Paid   |                    |   |                                   | мо                | DAY         | YEAR             |    |          |  |
| 1360 LLC   |                    |   |                                   | MO                |             | TEAK             |    |          |  |
| Mailing Addres   | s 29374 NETWORK I  | PLACE   |                                   | 6                 | 15          | 2020             | \$ | 358.00   |  |
| City CHICA   | GO                 | State   | Zip Code (Plus 4)                 | Descrip           | tion of Exp | enditure         |    |          |  |
|  |                    | IL  | 60673                             | DATA              |             |                  |    |          |  |
| To Whom Paid   |                    |   |                                   | мо                | DAY         | YEAR             |    |          |  |
| PA FUTURE FU   | ND                 |   |                                   | MO                |             |                  |    |          |  |
| Mailing Addres   | s PO BOX 6128      |   |                                   | 6                 | 16          | 2020             | \$ | 500.00   |  |
| City HARRI   | SBURG              | State   | Zip Code (Plus 4)                 | Descrip           | tion of Exp | enditure         |    |          |  |
|  |                    | PA  | 17112                             | CONTRI            | BUTION R    | ETURN            |    |          |  |
| To Whom Paid   |                    |   |                                   | мо                | DAY         | YEAR             |    |          |  |
| PATHFINDER (   | COMMUNICATIONS     |   |                                   | MO                |             | TLAK             |    |          |  |
| Mailing Addres   | s 857 NATHAN HALE  | RD  |                                   | 6                 | 16          | 2020             | \$ | 1,050.23 |  |
| City BERWY   | ſΝ                 | State   | Zip Code (Plus 4)                 | Descrip           | tion of Exp | enditure         |    |          |  |
|  |                    | РА  | 19312                             | MAILER            |             |                  |    |          |  |
| To Whom Paid   |                    |   |                                   | мо                | DAY         | YEAR             |    |          |  |
| WIX.COM  |                    |   |                                   | MO                |             | TEAK             |    |          |  |
| Mailing Addres   | s 500 TERRY A FRAM | ICOIS BOULEVARD S   | IXTH FLOOR                        | 6                 | 18          | 2020             | \$ | 12.84    |  |
| City         SAN FRANCISCO         State         Zip Code (Plus 4) |                    |   |                                   |                   | tion of Exp | enditure         | 1  |          |  |
|  |                    | СА  | 94158                             | WEBSIT            | E           |                  |    |          |  |
| To Whom Paid   |                    |   |                                   | мо                | DAY         | YEAR             |    |          |  |
| STAPLES  |                    |   |                                   | Pi0               |             | TEAR             |    |          |  |
| Mailing Addres   | s 1675 PA-228      |   |                                   | 6                 | 20          | 2020             | \$ | 13.77    |  |
| City CRANE   | ERRY TWP           | State   | Zip Code (Plus 4)                 | Descrip           | tion of Exp | enditure         |    |          |  |
|  |                    | PA  | 16066                             | SUPPLIES          |             |                  |    |          |  |
| To Whom Paid   |                    |   |                                   | мо                | DAY         | YEAR             |    |          |  |
| CAPITOL PROM   | IOTIONS            |   |                                   |                   |             | /                |    |          |  |
| Mailing Addres   | s 2382 OAKDALE AV  | Έ.  |                                   | 6                 | 19          | 2020             | \$ | 2,969.08 |  |
| City GLENA   | LDE                | State   | Zip Code (Plus 4)                 | Descrip           | tion of Exp | enditure         |    |          |  |
|  |                    | PA  | 19038                             | SIGNS             |             |                  |    |          |  |
| To Whom Paid   |                    |   |                                   | мо                | DAY         | YEAR             |    |          |  |
| HRCC   |                    |   |                                   |                   |             |                  |    |          |  |
| Mailing Addres   | s PO BOX 11787     |   |                                   | 5                 | 21          | 2020             | \$ | 6,500.00 |  |
| Maining Addres   |                    | City         HARRISBURG         State         Zip Code (Plus 4) |                                   |                   |             | ondituro         | •  |          |  |
| _  | SBURG              | State   | Zip Code (Plus 4)                 | Descrip           | tion of Exp | enulture         |    |          |  |
| _  | SBURG              | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>17108 |                   | BUTION      | enditure         |    |          |  |
| _  |                    |   |                                   | CONTRI            |             |                  |    |          |  |
| City HARRI   |                    |   |                                   |                   |             | YEAR             |    |          |  |
| City HARRI<br>To Whom Paid   |                    |   |                                   | CONTRI            |             |                  | \$ | 101.29   |  |
| City HARRI<br>To Whom Paid<br>VERIZON                              | s 539 BEAVER ST    |   |                                   | CONTRJ<br>MO<br>5 | DAY         | <b>YEAR</b> 2020 | \$ | 101.29   |  |

| To Wh   | nom Paid   |                     | мо                 | DAY               | YEAR                               |              |            |      |           |  |
|---|--|---------------------|--------------------|-------------------|------------------------------------|--------------|------------|------|-----------|--|
| ADOBE   |  |                     |                    |                   |                                    | DAT          | TLAK       |      |           |  |
| Mailing Address 345 PARK AVENUE   |  |                     |                    |                   | 5                                  | 28           | 2020       | \$   | 15.89     |  |
| City  | SAN JOSE   |                     | State              | Zip Code (Plus 4) | Descript                           | tion of Exp  | enditure   |      |           |  |
|   |  |                     | СА                 | 95110             | SOFTWA                             | ARE FEE      |            |      |           |  |
| To Wh   | nom Paid   |                     |                    |                   | мо                                 | DAY          | YEAR       |      |           |  |
| GIANT EAGLE   |  |                     |                    |                   |                                    |              |            |      |           |  |
| Mailing Address 5 QUAKER VILLAGE SHOPPING CENTER                        |  |                     |                    |                   | 6                                  | 1            | 2020       | \$   | 66.19     |  |
| City  | LEETSDAL   | Ξ                   | State              | Zip Code (Plus 4) | Descript                           | tion of Exp  | enditure   |      |           |  |
|   | PA 15056   |                     |                    | 15056             | SUPPLIES AND FOOD FOR POLL WORKERS |              |            |      |           |  |
| To Wh   | nom Paid   |                     |                    |                   | мо                                 | DAY          | YEAR       |      |           |  |
| GOOD  | OFELLAS RES  | TAURANT             |                    |                   | -                                  |              |            |      |           |  |
| Mailing Address 1518 MT NEBO RD   |  |                     |                    |                   |                                    | 3            | 2020       | \$   | 67.14     |  |
| City  | SEWICKLE   | Y                   | State              | Zip Code (Plus 4) | Description of Expenditure         |              |            |      |           |  |
|   | PA 15143 ELECTION VICTORY PART                       |                     |                    |                   |                                    |              | RY PARTY   | FOOD |           |  |
| To Whom Paid  |  |                     |                    |                   | мо                                 | DAY          | YEAR       |      |           |  |
| 1360  | LLC  |                     |                    |                   |                                    |              |            |      |           |  |
| Mailing Address 29374 NETWORK PLACE                                     |  |                     |                    |                   |                                    | 4            | 2020       | \$   | 362.20    |  |
| City  | y CHICAGO State Zip Code (Plus 4)                    |                     |                    | Zip Code (Plus 4) | Description of Expenditure         |              |            |      |           |  |
|   |  |                     | IL                 | 60673             | DATA                               |              |            |      |           |  |
| To Whom Paid  |  |                     |                    |                   | мо                                 | DAY          | YEAR       |      |           |  |
| MAILC   | CHIMP  |                     |                    |                   |                                    |              |            |      |           |  |
| Mailing Address 675 PONCE DE LEON AVE NE SUITE 5000                     |  |                     |                    |                   | 6                                  | 6            | 2020       | \$   | 84.19     |  |
| City  | ATLANTA  |                     | State              | Zip Code (Plus 4) | Descript                           | ion of Exp   | enditure   |      |           |  |
|   |  |                     | GA 30308 EMAILS    |                   |                                    |              |            |      |           |  |
| To Whom Paid  |  |                     |                    |                   | мо                                 | DAY          | YEAR       |      |           |  |
| BROCK MEANOR  |  |                     |                    |                   |                                    |              |            |      |           |  |
| Mailing Address 2280 CAMP MEETING RD.                                   |  |                     |                    |                   | 6                                  | 8            | 2020       | \$   | 450.00    |  |
| City  | SEWICKLEY State Zip Code (Plus 4) Description of Exp |                     |                    |                   | enditure                           |              |            |      |           |  |
| PA 15143 CAMPAIGN MANAGER PRIM  |  |                     |                    |                   |                                    | 1ARY PAYMENT |            |      |           |  |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |  |                     |                    |                   |                                    |              | PAGE TOTAL |      |           |  |
| Linter  |  | a of Expenditures 0 | m raye 1, Report C | over raye, item D | •                                  |              |            | \$   | 12,945.25 |  |

## SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

| Name of Filing Committee or Candidate  |       |                             |     | Reporting Period |               |           |                                |  |  |  |
|--|-------|-----------------------------|-----|------------------|---------------|-----------|--------------------------------|--|--|--|
| GAYDOS FOR PA  | From: | <u>5/19/2020</u> <b>To:</b> |     |                  |               | 5/22/2020 |                                |  |  |  |
| DATE   |       |                             |     |                  |               |           | Outstanding<br>Balance of Debt |  |  |  |
| Name of Creditor<br>VALERIE GAYDOS   |       | мо                          | DAY | YEAR             |               |           |                                |  |  |  |
| Mailing Address 411 TRAILSIDE DR.  |       | 3                           | 8   | 2018             | \$            | 5,000.00  |                                |  |  |  |
| City     SEWICKLEY     State     Zip Code (Plus 4)     Description of Del       PA     15143     PERSONAL LOAN |       |                             |     |                  | t             |           |                                |  |  |  |
|  |       |                             |     |                  | PERSONAL LOAN |           |                                |  |  |  |
|  |       | PAGE TOTAL                  |     |                  |               |           |                                |  |  |  |
| Enter Grand Total of Unpaid Debt   | \$    | 5,000.00                    |     |                  |               |           |                                |  |  |  |