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 201	50033				port ed B		CAND	DATE		СОМ	ITTEE	✓	LOBI	BYIST	
Name of Filing C	Committee, Candi	date or L	obbyist:		Bui	ild PA	PAC									
Street Address:																
City:	Coraopolis							State:	PA			Zip Cod	le: 15	5108		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	/ PRE	≣-	5.	30 DA		POST-	6.		TERMINA REPORT?		Yes	No	~
report type)	ANNUAL REPOR	7. X	Year 2020					NG METH CHECK O				PAPER		/	DISKE	ГТЕ
Name of Office S	Sought by Candid	ate:	•					DATE C	F ELE	CTIC	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YI	AR		10000	 	'	02
								11		3	2020		(SEE IN	STRUCTI	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR	ł			МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY	
Expenditures	s trom:		11 24	2	020	T	0	12	:	31	2020					
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			91,4	438.12					
B. Total Moneta	ary Contributions	And Rec	eipts (From	Sche	dule	e I)	\$			274,	500.14					
C. Total Funds	Available (Sum C	f Lines A	and B)				\$			365,9	938.26					
D. Total Expend	ditures (From Sc	nedule II	I)				\$:	236,4	122.35					
E. Ending Cash	Balance (Subtra	ct Line D	From Line C	C)			\$			129,5	15.91					
F. Value Of In-	Kind Contribution	s Receiv	ed (From So	hedu	le I	Ί)	\$				0.00					
G. Unpaid Debt	ts And Obligation	s (From S	Schedule IV)			\$				0.00			•		
				AFF	ΙD	AVI	ΓSE	CTION								
PART I - If this is	s a Committee re	port, trea	surer sign h	nere.	If th	his is	a Car	ndidate r	eport, d	candi	date sig	jn here.				
I swear (or affirm) correct and comple) that this report, in ete.	cluding the	e attached sch	edule	s file	ed on p	paper	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	f , true
Sworn to and subs	cribed before me th day of	is	20							S	Signature	of Perso	n Submit	ting Rep	ort	
	— Signat	ure					-					Prin	ted Name	e		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Are	ea Coc	le	Daytim	e Teleph	none Nu	mber	
Part II- If this is	a report of a car	ididate's	authorized	Comn	nitte	ee, Ca	andid	ate shall	sign h	ere.						
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belie	ef this	poli	itical	comm	ittee has r	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L.	1333,
Sworn to and subsc		5	20								S	ignature o	of Candid	ate		
	day of						-					Printe	d Name			
	Signature						-					Ema	ii			
My Commission Exp	ires											Ema				
	МО	D	AY	YR	1		-		Area	Code		Da	ytime T	elephon	e Numbe	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		_
Build PA PAC	From:	11/24/202	<u>!0</u> To:	12/31/2020
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)			\$	41,000.00
All Other Contributions (Part D)			\$	233,500.00
TOTAL for the Reporting	Period	(3)	\$	274,500.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	Period	(4)	\$	0.14
Total Monetary Contributions and Receipts During this Reporting Period (Add and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page			\$	274,500.14

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	R	Reporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL\$ 0.00

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

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 Candida	Reporting Period							
	m:		o:					
				DATE			AMOUNT	
					_			
Full Name of Contributor			мо	DAY	YEAR			
Full Name of Contributor Mailing Address			МО	DAY	YEAR	\$		0.00

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

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				
Build PA PAC			From:	11/2	24/2020	То:	12/	<u>/31/2020</u>
				DA	TE		AN	MOUNT
Full Name of Contributing Committee				МО	DAY	YEAR		
UGI Utilities Inc/UGI Energy SVC LLC	PAC						\$	10,000.00
Mailing Address		_		12	3	2020		·
City Reading	State	Zip Code	e (Plus 4)]		2020		
	PA	19612						
Full Name of Contributing Committee				МО	DAY	YEAR		
Roche Diagnostics Corp. (DxPAC)							\$	5,000.00
Mailing Address				12	29	2020		·
City Little Falls	State	Zip Code	e (Plus 4)			2020		
	NJ	07424						
Full Name of Contributing Committee				МО	DAY	YEAR		
Steamfitters Local 449 PAC							\$	10,000.00
Mailing Address				12	3	2020		
City Pittsburgh	State	Zip Code	e (Plus 4)					
	PA	15220						
Full Name of Contributing Committee				МО	DAY	YEAR		
PLP PAC							\$	1,000.00
Mailing Address				12	3	2020		
City Bala Cynwyd	State	Zip Code	e (Plus 4)					
	PA	19004						
Full Name of Contributing Committee				МО	DAY	YEAR		
Maxim Healthcare Services PAC							\$	2,000.00
Mailing Address				12	3	2020		
City Columbia	State	Zip Code	e (Plus 4)					
	MD	21046						
Full Name of Contributing Committee				МО	DAY	YEAR		
CVS Health PAC						12,110	 	1,500.00
Mailing Address				12	30	2020		,
City Washington	State	Zip Code	e (Plus 4)] **		2020		
	100	20004			1		l	

Full Name of Contribu	iting Committee			мо	DAY	YEAR		
Magellan Health Inc.	Employee Comm f	or Good Governmen	t				\$	1,000.00
Mailing Address				12	3	2020		,
City Columbia		State	Zip Code (Plus 4)] '-		2020		
		MD	21046					
Full Name of Contribu	iting Committee			мо	DAY	YEAR		
Wojdak for the Commonwealth PAC			140	DAI	ILAK	\$	2,500.00	
Mailing Address				12	3	2020	·	2,000.00
City Harrisburg		State	Zip Code (Plus 4)	1 12		2020		
		PA	17101					
Full Name of Contribu	iting Committee			мо	DAY	YEAR		
l						1/		
Prime Therapeutics L	LC Employee State	PAC					\$	500.00
Prime Therapeutics L Mailing Address	LC Employee State	PAC		12	2	2020	\$	500.00
	LC Employee State	State	Zip Code (Plus 4)	. 12	3	2020	\$	500.00
Mailing Address	LC Employee State	T	Zip Code (Plus 4) 55121	. 12	3	2020	\$	500.00
Mailing Address		State	, ,				\$	500.00
Mailing Address City Eagan	iting Committee	State	, ,	12 MO	3 DAY	2020 YEAR		
Mailing Address City Eagan Full Name of Contribu	iting Committee	State	, ,	мо	DAY	YEAR	\$	7,500.00
Mailing Address City Eagan Full Name of Contribute Be True to Yourself Page 1	iting Committee	State	, ,					

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

PAGE TOTAL\$ 41,000.00

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 Committee or Candidate				Repo	orting Pe	riod			
Build PA PAC				Fron	1:	11/24/2	<u>020</u> To	:	12/31/2020
					DA	ATE		,	AMOUNT
Full Name of Contributor					мо	DAY	YEAR		
Kevin L. Johnson					МО	DAT	ILAK	\$	2,500.00
Mailing Address					12	3	2020		
City Phoenixville	State	Zij	Code (Plus	4)	12	5	2020		
	PA	19	460						
Employer Name Traffic Planning and D	esign, Inc.				Occupat	ion	Transpo	rtation	Engineer
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	de (Plus 4)
			Pottstown			PA		19464	ŀ
Full Name of Contributor									
Sean M. Reilly					МО	DAY	YEAR	\$	1,000.00
Mailing Address					12		2020	1	
City Philadelphia	State	Zij	Code (Plus	: 4)	12	3	2020		
_	PA	19	111						
Employer Name Roscommon Internation	onal				Occupat	ion	Presider	ıt	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	de (Plus 4)
			Bala Cynw	/yd		PA		19004	1
Full Name of Contributor			•	,					
University City Housing Co.					МО	DAY	YEAR	\$	125,000.00
Mailing Address								1	
City Bryn Mawr	State	Zij	Code (Plus	: 4)	12	30	2020		
· ,	PA	19	010						
Employer Name University City Housin					Occupat	ion	Real Est	ate	
Employer Mailing Address/Principal Place			City		<u> </u>	State	100. 200		de (Plus 4)
			Rosemont			PA		19010)
Full Name of Contributor									
University City Housing Co.					МО	DAY	YEAR	\$	77,500.00
Mailing Address					12	30	2020	1	
City Bryn Mawr	State	Zij	Code (Plus	4)	12	30	2020		
	PA	19	010						
Employer Name University City Housin	g				Occupat	ion	Real Est	ate	
Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Co	de (Plus 4)
			Rosemont			PA		19010)
						-			

						_	_		
Full Name of Contributor				мо	DAY	YEAR	 \$	1,000.00	
Kristine Werley							」	1,000.00	
Mailing Address	т т			12	3	2020			
City Harrisburg	State	Zij	Code (Plus 4)						
	l PA I	17	110				l		
Employer Name WCI Partners				Occupat	ion	Self Em	ployed De	esigner	
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Code	(Plus 4)	
			Harrisburg		PA		17110		
Full Name of Contributor				МО	DAY	VEAD			
Academia Suites, L.P.				МО	DAY	YEAR	\$	5,000.00	
Mailing Address				12	3	2020	1		
City Jenkintown	State	Zij	Code (Plus 4)	12		2020	Ī		
	l _{PA}	19	046						
Employer Name Academia Suites, L.P.				Occupat	ion	Rental (Company		
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Code	(Plus 4)	
			Jenkinstown		PA		19046		
Full Name of Contributor									
Steven J Zuckerman				МО	DAY	YEAR	\$	2,500.00	
Mailing Address							1		
City Lancaster	State	Zij	o Code (Plus 4)	12	3	2020			
,	l _{PA}		603						
Employer Name Oak Tree Developmer				Occupat	ion	Principa	 I		
Employer Mailing Address/Principal Plac	•		City	Coupu	State	типстра		(Plus 4)	
Limployer Flaming Address, Frincipal Flac	e or business		Lancaster	PA			17603		
			Lancaster		IFA		17003		
Full Name of Contributor				мо	DAY	YEAR	 	2,500.00	
Thomas W. Ponessa								,	
Mailing Address	Charles	7:.	- Codo (Blue 4)	12	3	2020			
City Lancaster	State		Code (Plus 4)						
			601				<u>.</u>		
Employer Name T.W. Ponessa and Ass		ces		Occupat	1	Presider			
Employer Mailing Address/Principal Plac	e of Business		City		State		-	(Plus 4)	
			Lancaster		PA		17601		
Full Name of Contributor				мо	DAY	YEAR	 \$	500.00	
Mark C. Fitzgerald							_	300.00	
Mailing Address	г			12	3	2020	1		
City Lititz	State	Zij	Code (Plus 4)						
	l PA l	17	543			l	I		
Employer Name High Real Estate Grou	p LLC			Occupat	tion	Presider	nt &	CEO	
Employer Mailing Address/Principal Plac	e of Business		City		State		Zip Code	(Plus 4)	
			Lancaster		PA		17601		
Full Name of Contributor				P40	DAY	VECT			
Michael F. Shirk				МО	DAY	YEAR	\$	1,000.00	
Mailing Address				12	3	2020	7		
City Lititz	State	Zij	Code (Plus 4)	12	3	2020			
	_{PA}	17	543						
Employer Name High Companies				Occupat	tion	COO			
Employer Mailing Address/Principal Place	e of Business		City		State		Zip Code	(Plus 4)	
_ · · ·			Lancaster		PA		17601	-	
					1				

Full Name of Contributor								
Franklin Greiner, Jr.				МО	DAY	YEAR	\$	2,500.00
Mailing Address				4.0		2020	1	
City Lititz	State	Zi	p Code (Plus 4)	12	3	2020		
	l _{PA}	17	7543					
Employer Name Greiner Indu	ıstries			Occupation Owner				
Employer Mailing Address/Prin			City	-	State		Zip Code	(Plus 4)
			Mount Joy		PA		17562	
Full Name of Contributor Guntram Weissenberger, Jr.				МО	DAY	YEAR	\$	10,000.00
Mailing Address				12	20	2020	1	
City Villanova	State	Zi	p Code (Plus 4)	12	30	2020		
	l _{PA}	19	9085					
Employer Name The Westove	er Companies			Occupat	ion	Presiden	t	
Employer Mailing Address/Prin	•		City	-	State		Zip Code	(Plus 4)
			King of Prussia		PA		19406	
Full Name of Contributor				мо	DAY	YEAR		
Connor Woodward				MO	DAT	TEAK	\$	2,500.00
Mailing Address				12	30	2020	1	
City Havertown	State	Zi	p Code (Plus 4)	12	50	2020		
	l _{PA}	19	9083					
Employer Name Woodward Properties				Occupation Owner				
Employer Mailing Address/Principal Place of Business City				State Zip Code		(Plus 4)		
Employer Mailing Address/Principal Place of Business City Haverstown							•	` '

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

PAGE TOTAL
\$ 233,500.00

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 Comm	nittee or Candidate			Report	ing Perio	d			
Build PA PAC				From:		<u>11/24/202</u>	<u>0</u> To:	<u>13</u>	2/31/2020
					D	ATE		AI	MOUNT
Full Name						DAY	VEAD		
First National Bank					МО	DAY	YEAR	\$	0.08
Mailing Address					11	30	2020		
City Hermitage		State	Zip Code (Plus 4)					
		PA	16148						
Receipt Description	interest earned								
Full Name									
First National Bank					МО	DAY	YEAR	\$	0.06
Mailing Address					12	31	2020		
City Hermitage		State	Zip Code (Plus 4)			2020		
		PA	16148						
Receipt Description	interest earned								
								D/	GE TOTAL

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

PAGE TOTAL \$0.14

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 P	eriod	
Build PA PAC	From:	<u>11/24/2020</u> To:	12/31/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUT	TOR	
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 Candidate			Reportin				
			From:			To:	
		-		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						 \$	0.00
City	State	Zip Code (Plus 4)					
Description of Contribution:	•	•	-			_	
					-		
Enter Grand Total of Part F on Section 2.	Schedule II, In-Kii	nd Contributions Detai	led Sun	nmary Pa	ge,		PAGE TOTAL
						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period							
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	у	State	e Zip	Code(Plus 4)	Desci	ript	tion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	Contributions De	etaile	ed				PAGE TOT	FAL
Summary Page, Section 3.	,									0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
Build PA PAC	From	11/24/2020	То:	<u>12/31/2020</u>			

				DATE	AMOUNT					
To Whom Paid			МО	DAY	YEAR					
First National Bank			МО	DAI	ILAK					
Mailing Address			11	30	2020	\$	10.00			
City Hermitage	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
PA 16148				service fee						
To Whom Paid				DAY	YEAR					
First National Bank			МО		ILAK					
Mailing Address			12	31	2020	\$	10.00			
City Hermitage	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA 16148				service fee					
To Whom Paid			МО	DAY	YEAR					
American Express			1-10		ILAK					
Mailing Address			11	30	2020	\$	1,613.72			
City Newark	State	Zip Code (Plus 4)	Description of Expenditure							
	NJ	07101	credit card payment							
To Whom Paid			МО	DAY	YEAR					
Friends of Jake Corman			1-10		ILAK					
Mailing Address			12	9	2020	\$	20,000.00			
City Bellefonte	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA 16823			contribution						
To Whom Paid			МО	DAY	YEAR					
Maverick Finance			1-10		ILAK					
Mailing Address			12	29	2020	\$	4,586.24			
City Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure					
	PA	17102	reimbursement							
To Whom Paid			MO	DAY	YEAR					
Maverick Finance			МО	DAT	TEAK					
Mailing Address			12	29	2020	\$	8,000.00			
City Harrisburg State Zip Code (Plus 4) PA 17102			Descrip	tion of Exp	enditure	ı				
			consulti	ing						

To Whom Paid				DAY	VEAR			
Friends of Jake Corman			МО	DAY	YEAR			
Mailing Address			12	29	2020	\$	50,000.00	
City Bellefonte State Zip Code (Plus 4)			Description of Expenditure					
	PA	16823	contribution					
To Whom Paid			мо	DAY	YEAR			
Mr. Giovanni DiSanto			М		ILAK			
Mailing Address			12	31	2020	\$	150,000.00	
City Harrisburg	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17112	loan repayment					
To Whom Paid			МО	DAY	YEAR			
The Duquesne Club			М		ILAK			
Mailing Address			12	9	2020	\$	2,202.39	
City Pittsburgh	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	152300387	event catering					
					_	PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	236,422.35		