

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 : 8100206		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: CONSTRUCTORS ASSN PAC (CAPAC)										
Street Address: 800 CRANBERRY WOODS DR, STE 110										
City: CRANBERRY TWP				State: PA		Zip Code: 16066-5210				
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1. <input checked="" type="checkbox"/>	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No <input checked="" type="checkbox"/>	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No <input checked="" type="checkbox"/>	
	ANNUAL REPORT	7.	Year 2021	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/>		DISKETTE		
Name of Office Sought by Candidate:				DATE OF ELECTION			District Number	Office Code	Party Code	County Code
				MO	DAY	YEAR				
				11	2	2021	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		1	1	2021		3	29	2021		
A. Amount Brought Forward From Last Report				\$ 31,340.32						
B. Total Monetary Contributions And Receipts (From Schedule I)				\$ 5,750.52						
C. Total Funds Available (Sum Of Lines A and B)				\$ 37,090.84						
D. Total Expenditures (From Schedule III)				\$ 0.00						
E. Ending Cash Balance (Subtract Line D From Line C)				\$ 37,090.84						
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
CONSTRUCTORS ASSN PAC (CAPAC)	From: <u>1/1/2021</u> To: <u>3/29/2021</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 250.00
TOTAL for the Reporting Period (2)	\$ 250.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 1,000.00
All Other Contributions (Part D)	\$ 4,500.00
TOTAL for the Reporting Period (3)	\$ 5,500.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.52

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.)	\$ 5,750.52
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Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

PAGE TOTAL	
\$	0.00

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate	Reporting Period
CONSTRUCTORS ASSN PAC (CAPAC)	From: <u>1/1/2021</u> To: <u>3/29/2021</u>

DATE				AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 250.00
Jacob Damico				
Mailing Address 832 Crescent Ave.				
City Ellwood City	State PA	Zip Code (Plus 4) 16117	1 19 2021	

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

PAGE TOTAL
\$ 250.00

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
CONSTRUCTORS ASSN PAC (CAPAC)	From: <u>1/1/2021</u> To: <u>3/29/2021</u>

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$	1,000.00
TC PAC (TRUMBULL CORP)								
Mailing Address								
225 NORTH SHORE DR				2	12	2021		
City	PITTSBURGH	State	Zip Code (Plus 4)					
		PA	15212					

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

PAGE TOTAL
\$ 1,000.00

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 CONSTRUCTORS ASSN PAC (CAPAC)	Reporting Period From: <u>1/1/2021</u> To: <u>3/29/2021</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Jay E. Black				1	18	2021	\$ 500.00
Mailing Address 266 Kenforest Drive							
City Pittsburgh	State PA	Zip Code (Plus 4) 15216					
Employer Name Seubert & Associates				Occupation Insurance			
Employer Mailing Address/Principal Place of Business 225 North Shore Drive			City Pittsburgh		State PA	Zip Code (Plus 4) 15212	
Ali Mills				1	18	2021	\$ 1,000.00
Mailing Address 5042 Impala Drive							
City Murrysville	State PA	Zip Code (Plus 4) 15668					
Employer Name Plum Contracting Inc				Occupation Contractor			
Employer Mailing Address/Principal Place of Business 864 Croft Road			City Greensburg		State PA	Zip Code (Plus 4) 15601	
Jay Cleveland				3	10	2021	\$ 1,000.00
Mailing Address 4565 William Penn Highway							
City Murrysville	State PA	Zip Code (Plus 4) 15668					
Employer Name Cleveland Brothers Equipment Co.				Occupation Supplier			
Employer Mailing Address/Principal Place of Business 4565 William Penn Highway			City Murrysville		State PA	Zip Code (Plus 4) 15668	

Full Name of Contributor Robert Miner			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 403 Balsam Ct			2	12	2021	
City Greensburg	State PA	Zip Code (Plus 4) 15601				
Employer Name Donegal Construction Corporation			Occupation Contractor			
Employer Mailing Address/Principal Place of Business PO Box 450		City New Stanton	State PA	Zip Code (Plus 4) 15672		

Full Name of Contributor David G. Matesic			MO	DAY	YEAR	\$ 1,000.00
Mailing Address 3447 East Carson St.			2	12	2021	
City Pittsburgh	State PA	Zip Code (Plus 4) 15203				
Employer Name Matcon Diamond, Inc.			Occupation Contractor			
Employer Mailing Address/Principal Place of Business 3447 E. Carson St		City Pittsburgh	State PA	Zip Code (Plus 4) 15203		

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

PAGE TOTAL
\$ 4,500.00

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 CONSTRUCTORS ASSN PAC (CAPAC)	Reporting Period From: <u>1/1/2021</u> To: <u>3/29/2021</u>
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				DATE		AMOUNT	
Full Name PNC Bank				MO	DAY	YEAR	\$ 0.19
Mailing Address PO Box 609				3	29	2021	
City Pittsburgh	State PA	Zip Code (Plus 4) 15230					
Receipt Description Interest Payment							
Full Name PNC Bank				MO	DAY	YEAR	\$ 0.16
Mailing Address PO Box 609				2	26	2021	
City Pittsburgh	State PA	Zip Code (Plus 4) 15230					
Receipt Description Interest Payment							
Full Name PNC Bank				MO	DAY	YEAR	\$ 0.17
Mailing Address PO Box 609				1	29	2021	
City Pittsburgh	State PA	Zip Code (Plus 4) 15230					
Receipt Description Interest Payment							

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

PAGE TOTAL	
\$	0.52

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	
CONSTRUCTORS ASSN PAC (CAPAC)		From: <u>1/1/2021</u> To: <u>3/29/2021</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 RECEIVED - 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:
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			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

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

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description of Contribution	
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.						PAGE TOTAL 0.00	

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
	From To:

			DATE			AMOUNT	
To Whom Paid			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
						\$ 0.00	

