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	20210	0070			Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, C	Candida	te or Lo	obbyist:		FRIE	ND:	S OF I	RICK HO	SKING								
Street Address:	2225 CC	OUNTR	Y CLUB	DRIVE														
City:	PITTSBU	JRGH							State:	PA			Zip Cod	ie: 15	5241			
TYPE OF REPORT	6TH TUESDA' PRE-PRIMAR		1.	2ND FRIDA PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No	•	
(place X to the right of	6TH TUESDA' PRE-ELECTIO		4.	2ND FRIDA ELECTION	y pre	Ē- 5	5. X	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No	`	
report type)	ANNUAL RE	PORT	7.	Year 2021					IG METHO							DISKE	TTE	
Name of Office S	Sought by Ca	ndidat	e:						DATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	у
	,								МО	DAY	YE	AR	Ivamber	code	REP		couc	
									11		2	2021		(SEE IN	STRUCTI	ONS FOR (ODES)	
Summary of		ınd	МО	DAY	YEAR	2			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	irom:			9 14	2	021	Т	0	10	:	18	2021						
A. Amount Bro	ught Forward	d From	Last R	eport				\$				0.00						
B. Total Monet	ary Contribu	itions A	nd Rec	eipts (From	Sche	dule	I)	\$				0.00						
C. Total Funds	Available (S	um Of	Lines A	and B)				\$				0.00						
D. Total Expen	ditures (Fror	m Sche	dule II	[)				\$				0.00						
E. Ending Cash Balance (Subtract Line D From Line C) \$ 316.88																		
F. Value Of In-	Kind Contrib	utions	Receive	ed (From S	chedu	le II)	\$				0.00						
G. Unpaid Debt	ts And Obliga	ations ((From S	chedule IV)			\$			2,2	43.00			1			
					AFF	IDA	۱V	ΓSE	CTION									
PART I - If this is	s a Committe	ee repo	rt, trea	surer sign	here. :	If thi	is is	a Can	ididate re	eport, c	andi	date sig	jn here.					
I swear (or affirm) correct and comple		ort, inclu	ıding the	attached sc	hedule	s filed	d on	paper o	or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	e.
Sworn to and subs	cribed before i	me this		20							s	ignature	of Perso	n Submit	ting Rep	ort		-
								- -					Prin	ted Name	e			-
My Commission Ex		Signatur	е										Ema	il				-
	мо	ı	DA	ΛΥ	YR			-		Are	ea Cod	le		e Telepi	none Nu	mber		-
Part II- If this is	a report of	a cand	idate's	authorized	Comn	nitte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende		est of m	y knowle	dge and beli	ef this	polit	ical	commi	ittee has n	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	,
Sworn to and subso	ribed before m	ne this										s	ignature o	of Candid	ate			-
	day of							_										-
	c:							-					Printe	d Name				
My Commission Exp	_	nature											Ema	il				-
		мо	D/	ΛΥ	YR	l		•		Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF RICK HOSKING	From:	9/14/202	<u>1</u> To:	10/18/2021
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	J 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	y Period	(2)	\$	0.00
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)			\$	0.00
TOTAL for the Reporting	J Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g 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 Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting	Period			
			From:		То	:	
		I		DATE			AMOUNT
Full Name of Contributing C	ommittee		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 Fining Committee of Camulate					Reporting Period From: To:				
			l		DATE			AMOUNT	
Full Name of Contributor				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

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 Scheo	dule I, Detailed Sum	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 Committee or Candidate	me of Filing Committee or Candidate					Reporting Period					
			Fror	n:		To					
				D	ATE		А	MOUNT			
Full Name of Contributor				мо	DAY	YEAR					
Mailing Address							\$	0.00			
City	State	Zip Code (Plu	s 4)								
Employer Name		•		Occupa	tion		•				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Coo	de (Plus 4)			
Enter Grand Total of Part C on Sche	dule I, Detailed S	ummary Page	Section .	on 3.			\$	PAGE TOTAL 0.00			

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	Candidate		Report	ting Perio	bd			
			From:			To:		
				D	ATE		AM	OUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	•	•		•	•	•	_	
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			PAG	GE TOTAL
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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 Perio	d	
FRIENDS OF RICK HOSKING	From:	<u>9/14/2021</u> To:	<u>10/18/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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 Candidat	:e		Reporting	g Period				
			From:			То:): 	
				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 Sch	andula II. In-Kir	nd Contributions Data	ilad Sum	mary Pag			DACE TOTAL	
Section 2.	iedule II, III-KII	ia contributions Deta	iiieu Suiii	iliai y Pag	, je,		PAGE TOTAL	
						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Reporting Period				
	From			То:						
				DATE			AMOUNT			
To Whom Paid			мо	DAY	YEAR					
Mailing Address						\$	0.00			
City	State	Zip Code (Plus 4)	Descrip	otion of Ex	penditure					
Forting Council Table 1 of Francis distance	P 1 P1 C						PAGE TOTAL			
Enter Grand Total of Expenditures	on Page 1, Report C	Lover Page, Item L).			\$	0.00			