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 8100	206			Report CANDID Filed By :			IDATE		СОМ	4ITTEE	✓	LOB	BYIST				
Name of Filing C	Committee, Candid	ate or Lo	obbyist:		CONS	STR	RUCTO	ORS ASS	N PAC	(CAP	AC)							
Street Address:	800 CRANBER	RY WO	ODS DR, ST	E 11	0													
City:	CRANBERRY T	WP						State:	PA	PA			Zip Code: 16066-5210					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	/ PRE	- 2.		30 DA		POST- 3.			AMENDM REPORT		Yes	No			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY	/ PRE	- 5.	.Х	30 DA		POST-	POST- 6.			ATION ?	Yes	No	~		
report type)	ANNUAL REPORT	7.	Year 2021					NG METH CHECK C				PAPER		V	DISKE	TTE		
Name of Office S	Sought by Candida	te:	-		•			DATE (OF ELE	CTIC)N	District Number	Office Code	Par	ty Code	County Code		
								МО	DAY	YI	EAR	Number	code			coue		
								11	L	2	2021		(SEE IN	STRUCTI	ONS FOR (ODES)		
	Receipts and	МО	DAY	YEAR	l l			МО	DAY	Y	EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	from:		9 14	2	021	T	0	10)	18	2021							
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			37,	776.46							
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule 1	I)	\$	\$ 310.09										
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			38,	086.55							
D. Total Expen	ditures (From Sch	edule II	I)				\$				0.00							
E. Ending Cash Balance (Subtract Line D From Line C)							\$			38,0	86.55]						
F. Value Of In-	Kind Contributions	Receiv	ed (From So	hedu	le II)		\$				0.00							
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)			\$				0.00							
				AFF	'IDA'	VI	ΓSE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign h	nere. I	If this	s is	a Car	ndidate r	eport,	candi	date sig	ın here.						
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sch	edules	s filed	on	paper	or by elec	tronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true		
Sworn to and subs	cribed before me this	•	20							5	Signature	of Perso	n Submit	ting Re	oort			
			-				-					Prin	ted Name	e				
My Commission Ex	Signatu opires	re										Ema	il					
	мо	D	AY	YR			-		Ar	ea Co	le		e Teleph	none Nu	mber			
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nittee	, Ca	andid	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belie	ef this	politic	cal	comm	ittee has	not viola	ited ar	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,	1	
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate				
	day of		_ 20				_											
	Ci-matur-						-					Printe	d Name					
My Commission Exp	Signature ires											Ema	il					
	МО	D	AY	YR			•		Area	Code		Da	aytime T	elephor	ne Numb	er		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

-				
Name of Filing Committee or Candidate	Reporting	g Period		
CONSTRUCTORS ASSN PAC (CAPAC)	From:	<u>9/14/202</u>	<u>1</u> To:	10/18/2021
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)			\$	310.00
TOTAL for the Reporting	Period	(2)	\$	310.00
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	Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting) Period	(4)	\$	0.09
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			\$	310.09

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			•			
Name of Filing Committee or Candidate				porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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

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				eporting Period						
CONSTRUCTORS ASSN PAC (CAPAC)			From:	:	9/14/2	2 <u>021</u> To	<u>10/18/2021</u>			
				ı	DATE		AMOUNT			
Full Name of Contributor Richard J. Scott				мо	DAY	YEAR				
Mailing Address 641 Chilliwack Lane	2				20	2024	\$ 60.00			
City Mars	State	Zip Code (Plus 4)		9	29	2021				
	PA	16046								
Full Name of Contributor Stephen M. Muck				мо	DAY	YEAR				
Mailing Address 1000 John Roebling	ı Way						\$ 250.00			
City Saxonburg	State	Zip Code (Plus 4)		9	29	2021				
	PA	16056								

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

PAGE TOTAL\$ 310.00

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				ng 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.)

ame of Filing Committee or Candidate				Reporting Period						
					From: To:					
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	Code (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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				Reporting Period							
CONSTRUCTORS ASSN PAC (CAPAC) From:					9/14/202	<u>1</u> To:	10/18/2021				
				D	ATE		AMOUNT				
Full Name PNC Bank				МО	DAY	YEAR					
Mailing Address PO Box 609				_			\$ 0.09				
City Pittsburgh	State PA	Zip Code (I	Plus 4)	9	30	2021					

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

Interest Payment

Receipt Description

PAGE TOTAL \$0.09

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	
CONSTRUCTORS ASSN PAC (CAPAC)	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 Candidate Re				Reporting Period					
	From:								
				DATE			AMOUNT		
Full Name of Contributor				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					Re	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	ption	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Det Summary Page, Section 3.				etaile	ed				PAGE TOTAL 0.00	

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or (Reporting Period						
	From			То:			
				DATE			AMOUNT
To Whom Paid	МО	DAY	YEAR				
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)	Descri	ption of Ex	penditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item [PAGE TOTAL
Enter Grand Total of Expen	laitures on Page 1, Re	port Cover Page, Item D).			\$	0.00