Campaign Finance Report

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

Filer Identificat Number :	ion 2021	0107			Repo Filed		:	CANDI	DATE		СОМ	4ITTEE	✓	LOB	BYIST			
	Committee, Candid	ate or Lo	obbyist:			-		L TIFFANY	SIZEM	ORE								
Street Address:	1054 OSAGE	DRIVE																
City:	PITTSBURGH						State: PA					Zip Code: 15235						
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE	- 2.		0 DA RIMA		POST-	3.		AMENDM REPORT		Yes	No	\checkmark		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.					0 DA LECT		POST- 6.			TERMIN/ REPORT		Yes	V No			
report type)	ANNUAL REPORT	7. X	Year 2021					IG METHO CHECK O				PAPER		\checkmark	DISKE	TTE		
Name of Office Sought by Candidate:								DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code		
								мо	DAY	YE	AR			DEI	1			
								11		2	2021		(SEE INS	TRUCTI	ONS FOR	CODES)		
	Receipts and	мо	DAY	YEAR	2			мо	DAY	YE	AR	FC	R OFFIC	E USE	ONLY			
Expenditures	s from:	:	11 23	2	021	то)	12	3	1	2021							
A. Amount Bro	ught Forward From	n Last R	eport				\$		(1	13,45	59.40)							
B. Total Monet	ary Contributions	And Rec	eipts (Fron	1 Sche	dule I)	\$			2	76.27							
C. Total Funds	Available (Sum Of	Lines A	and B)				\$		(1	13,18	33.13)							
D. Total Expen	ditures (From Sch	edule II	I)				\$			1,7	33.05							
E. Ending Cash	Balance (Subtrac	t Line D	From Line	C)			\$		(1	4,91	6.18)							
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedu	le II)		\$				0.00	-						
G. Unpaid Deb	ts And Obligations	(From S	Schedule IV	()			\$			19,9	00.00							
				AFF	IDAV	/IT	SE	CTION										
PART I - If this i	s a Committee rep	ort, trea	surer sign	here.	If this	is a	Can	didate re	eport, ca	andid	late sig	yn here.						
I swear (or affirm correct and compl) that this report, incl ete.	uding the	e attached sc	hedule	s filed o	n pa	per o	or by elect	ronic me	dium,	are to t	the best o	f my knov	vledge	and beli	ef , true		
Sworn to and subs	scribed before me this day of	5	20							Si	ignature	e of Perso	n Submitt	ing Rej	oort			
	Signatu	re				_						Prin	ted Name					
My Commission E	-											Ema	il					
	МО	D	AY	YR					Are	a Cod	e	Daytim	e Teleph	one Nu	mber			
Part II- If this is	a report of a cano	lidate's	authorized	Comn	nittee,	Car	ndida	ate shall	sign he	re.								
I swear (or affirm) No 320) as amend) that to the best of n ed.	ny knowle	edge and beli	ef this	politica	al co	ommi	ittee has n	ot violat	ed any	y provis	ions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,		
Sworn to and subso	cribed before me this day of		20								s	ignature o	of Candida	ite				
												Printe	d Name					
My Commission Exp	Signature											Ema	il					
	мо	D	AY	YR	2				Area C	Code		D	aytime Te	elephor	ne Numb	er		

SCHEDULE I **CONTRIBUTIONS AND RECEIPTS**

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF TIFFANY SIZEMORE	From:	<u>11/23/202</u>	2 <u>1</u> To:	<u>12/31/2021</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	26.27
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	26.27
All Other Contributions (Part B)			\$	250.00
TOTAL for the Reporting	\$	276.27		
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	g 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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	302.54

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 Candidate Rep				Reporting Period					
FRIENDS OF TIFFANY SIZEN	From:	<u>11/23/20</u>	: <u>12/31/2021</u>						
				DATE		AMOUNT			
Full Name of Contributing Com FRIEND OF TIFFANY SIZEMOR			мо	DAY	YEAR				
Mailing Address 1054 OS	AGE DRIVE					\$ 26.27			
City PITTSBURGH	State PA	Zip Code (Plus 4) 15235	12	27	2021				
	ł	÷	•			PAGE TOTAL			

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

AGE IOTAL

26.27

\$

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 Candidat	e		Rep	orting Pe	eriod			
FRIENDS OF TIFFANY SIZEMORE			Fro	m:	<u>11/23/2</u>	2 <u>021</u> To	:	<u>12/31/2021</u>
		AMOUNT						
Full Name of Contributor WILSON HUHN				мо	DAY	YEAR		
Mailing Address 5427 HOBART ST				10	22	2024	\$	100.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15217		12	22	2021		
Full Name of Contributor OLA JACKSON				мо	DAY	YEAR		
Mailing Address 1038 OSAGE DR				10	20	2024	\$	150.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15235		12	28	2021		
Enter Grand Total of Part A on S	\$	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	J Period	d			
			From:			То:		
				DA	TE		А	MOUNT
Full Name of Contributing Committe	ee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						ſ		PAGE TOTAL
Enter Grand Total of Part C on S	chedule I, Detail	led Summary Pa	age, Sectio	n 3.			\$	0.00

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 I		
	From:		То:
		DATE	AMOUNT

				D	ATE			AMOUNT	г
Full Name of Contributor				мо	DAY	YEA	R		
Mailing Address								\$	0.00
City	State	Zi	p Code (Plus 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Pla Business	ce of		City		State			Zip Code (Plus	5 4)
Enter Grand Total of Part C on Sch	edule I, Detailed S	umn	narv Page, Sectio	on 3.		ĺ		PAGE TO	DTAL
	······	-	, , , , , , , , , , , , , , , , , , , ,				\$		0.00

I

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			Reporting Period						
			From:			То:			
			I	D	ATE			AMOUNT	
Full Name				мо	DAY	YEAR			
Mailing Address							\$	i	0.00
City	State	Zip Code (Plus 4)						
Receipt Description	I				1				
Enter Grand Total of Part E o	- Schadula I. Datailac	l Summary Page	Section	4				PAGE TOT	AL
	i Schedule 1, Detailet	summary raye,	Section	7.			\$		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 TIFFANY SIZEMORE	From:	<u>11/23/2021</u> то:	<u>12/31/2021</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PI	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART	「 F)		
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)	\$	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, I		\$	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:			То:			
				DATE		АМС	DUNT
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 Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	je,	PAGE	TOTAL
					4	5	0.00

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

Name of Filing Committee or Candidate					Reporting Period					
						From: To:				
					I		DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(P	Plus 4)						
Employer of Contributor						Occupation				
Employer Mailing Address/Principal Plac Business	e of	City		State		Zip 4)	Code(Plus	Descri	otion of	Contribution

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed	PAGE TOTAL
Summary Page, Section 3.	0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period					
FRIENDS OF TIFFANY SIZEMORE			From	From <u>11/23/2021</u>			<u>12/31/2021</u>	
			DATE				AMOUNT	
To Whom Paid MONROEVILLE MESSENGER SERVICE			мо	DAY	YEAR			
Mailing Address 2704 MOSSIDE BLVD				26	2021	\$	20.00	
City MONROEVILLE	State PA	Zip Code (Plus 4) 15146	Description of Expenditure NOTARY					
To Whom Paid KAREEM KHANDIL				DAY	YEAR			
Mailing Address 550 NORMANDY CT				29	2021	\$	1,700.00	
City PITTSBURGH	State PA	Zip Code (Plus 4) 15218	Description of Expenditure CAMPAIGN MANAGEMENT					
To Whom Paid STRIPE				DAY	YEAR			
Mailing Address			12	28	2021	\$	13.05	
City	State	Zip Code (Plus 4)	Description of Expenditure DONOR BOX ONLINE PAYMENT PROCESSING					
						PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						\$	1,733.05	

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						
FRIENDS OF TIFFANY SIZEMORE			From:	<u>11/23/2021</u> To:			<u>12/31/2021</u>		
					DATE			Outstanding Balance of Debt	
Name of Creditor KAREEM KHANDIL				мо	DAY	YEAR			
Mailing Address 550 NORMANDY CT				11	1	2021	\$	19,900.00	
City PITTSBURGH	State	Zip Code (Pl	us 4)	Description of Debt					
	РА	15218	15218 CA			CAMPAIGN MANAGEMENT			
		•						PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.						\$	19,900.00		
1									