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 Filed B		CANDI	DATE	COM	IMITTEE	✓	LOBI	BYIST	
Name of Filing C	Committee, Candid	ate or Lo	obbyist:			-	DRS ASSI	N PAC (CAPAC)					
Street Address:	800 CRANBER	RY WOO	DDS DR, S	TE 110										
City:	CRANBERRY T	WP					State:	PA		Zip Co	de: 16	066-5	210	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA PRIM		POST- 3	3.	AMENDI REPORT		Yes	No	\checkmark
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE-	- 5. X	30 DA ELEC		POST- 6	5.	TERMIN REPORT		Yes	No	\checkmark
report type)	ANNUAL REPORT	7.	Year 2022			FILING METHOD () CHECK ONE				PAPER		\checkmark	DISKE	TTE
Name of Office S	bought by Candidat	te:					DATE O	F ELEC	TION	District Number		Par	ty Code	County Code
							мо	DAY	YEAR					
							11	٤	8 202	2	(SEE INS	STRUCTI	ONS FOR	CODES)
	Receipts and	мо	DAY	YEAR			мо	DAY	YEAR	F	OR OFFIC	E USE	ONLY	
Expenditures	from:		9 20	20	22 T	0	10	24	4 202	2				
A. Amount Bro	ught Forward Fron	n Last Ro	eport			\$			49,957.5	5				
B. Total Monet	ary Contributions /	And Rece	eipts (Fron	n Sched	lule I)	\$			0.0	3				
C. Total Funds	Available (Sum Of	Lines A	and B)			\$			49,957.6	3				
D. Total Expen	ditures (From Sche	edule III	[)			\$			500.00)				
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$		2	49,457.63	3				
F. Value Of In-	Kind Contributions	Receive	ed (From S	chedule	e II)	\$			0.00)				
G. Unpaid Debt	s And Obligations	(From S	chedule IV	')		\$			0.00)	·			
				AFFI	DAVI	r se	CTION							
	s a Committee repo		-					• •		-				
correct and comple) that this report, incl ete.	uaing the	attached sc	nedules	filed on p	paper	or by elect	ronic mee	dium, are to	o the best (от ту кпоч	viedge	and bell	ef , true
Sworn to and subs	cribed before me this day of 	5	20						Signatu	re of Perso	on Submitt	ing Rep	oort	
	Signatu	re				-				Prir	nted Name			
My Commission Ex	cpires					_				Ema	ail			
	МО	DA	NY	YR				Area	a Code	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report of a cand	lidate's a	authorized	Comm	ittee, Ca	andid	ate shall	sign hei	re.					
No 320) as amende		ıy knowle	dge and beli	ef this p	political	comm	ittee has n	ot violate	ed any prov	isions of th	e act of Ju	ine 3,1	937 (P.L	. 1333,
Sworn to and subso	ribed before me this day of		20							Signature	of Candida	ite		
						•				Print	ed Name			
My Commission Exp	Signature ires					•				Ema	ail			
	мо	DA	λ Υ	YR				Area C	ode	D	aytime Te	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** CONSTRUCTORS ASSN PAC (CAPAC) From: <u>9/20/2022</u> To: 10/24/2022 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) 0.08 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.08 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

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 Candidate					Reporting Period					
Fro						:				
					DATE			AMOUNT		
Full Name of Contributing Committee				мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus	4)							
							Γ	PAGE TOTAL		

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

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 Candidat	e			orting P	eriod	_			
			From: To:						
					DATE			AMOUNT	
Full Name of Contributor				мо	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4)							
								PAGE TOTAL	
Enter Grand Total of Part A on S	Schedule I, Detail	ed Summary Pag	je, Se	ection 2	<u>.</u>		\$	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 Comm	ittee			мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Cod	e (Plus 4)					
						Γ		PAGE TOTAL
Enter Grand Total of Part C or	n Schedule I, Detaile	ed 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 Period	
	From:	То:

				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zi	p Code (Plus 4)					
Employer Name				Occupation				
Employer Mailing Address/Principal P Business	lace of		City		State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sc	hedule I, Deta	iled Sumr	narv Page, Secti	on 3.		Γ	PA	GE TOTAL
	,		, . <u>.</u>	-			\$	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 Candi	date		Report	ing Perio	d			
CONSTRUCTORS ASSN PAC (CAPAC)			From:	From: <u>9/20/2022</u> To			10/24/2022	
				D	ATE			AMOUNT
Full Name PNC Bank				мо	DAY	YEAR		
Mailing Address PO Box 609							\$	0.08
City Pittsburgh	State PA	Zip Code (15230	Plus 4)	9	30	202	2	
Receipt Description Interest p	ayment	·						
Enter Grand Total of Part E on Sc	hedule T. Detailed	Summary Page	Section	4				PAGE TOTAL
	ileaule 1, Detailea	ounnary ruge,					\$	0.08

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>9/20/2022</u> то:	<u>10/24/2022</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
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, 1		\$	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		АМО	UNT		
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	6	0.00		

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						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State	Zip Code(Plus 4)								
Employer of Contributor					Occupation					
Employer Mailing Address/Principal Place of City State				State		Zip Code(Plus 4) Description of Cont			of Contribution	
Enter Grand Total of Part G on Sch	edule II, 1	In-Kind	Contributio	ons De	taile	d				PAGE TOTAL

Summary Page, Section 3.

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period						
CONSTRUCTORS ASSN PAC (CAPAC)	From	<u>10/24/2022</u>					
		AMOUNT					
To Whom Paid Citizens for Seth Grove	мо	DAY	YEAR				
Mailing Address 1854 Ashcombe Driv	ve		9	30	2022	\$	500.00
City Dover	State PA	Zip Code (Plus 4) 17315	Descrip contrib	otion of Exp ution	penditure	1	
Enter Crend Total of Ermanditures		Sever Dama Them I					PAGE TOTAL
Enter Grand Total of Expenditures of	on Page 1, Report C	over Page, Item I				\$	500.00