

Commonwealth of Pennsylvania

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 : 20220380		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST					
Name of Filing Committee, Candidate or Lobbyist: ROSS SYLVESTER FOR PA										
Street Address:										
City: PITTSBURGH			State: PA	Zip Code: 15210-3844						
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	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.X	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>
	ANNUAL REPORT	7.	Year 2024	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	
REPRESENTATIVE IN THE GENERAL ASSEMBLY				MO	DAY	YEAR	36	STH	LIB	02
				11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY	
		9	17	2024	TO	10	21	2024		
A. Amount Brought Forward From Last Report				\$		0.00				
B. Total Monetary Contributions And Receipts (From Schedule I)				\$		150.00				
C. Total Funds Available (Sum Of Lines A and B)				\$		150.00				
D. Total Expenditures (From Schedule III)				\$		1,283.66				
E. Ending Cash Balance (Subtract Line D From Line C)				\$		(1,133.66)				
F. Value Of In-Kind Contributions Received (From Schedule II)				\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)				\$		1,500.00				

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
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 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
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
ROSS SYLVESTER FOR PA	From: <u>9/17/2024</u> To: <u>10/21/2024</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)	\$ 100.00
TOTAL for the Reporting Period (2)	\$ 100.00

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)	\$ 0.00

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.)	\$ 100.00
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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
	From: _____ To: _____
DATE AMOUNT	

Full Name of Contributing Committee	MO	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 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
ROSS SYLVESTER FOR PA	From: <u>9/17/2024</u> To: <u>10/21/2024</u>

				DATE	AMOUNT	
Full Name of Contributor			MO	DAY	YEAR	\$
Clarice Angelo			8	18	2022	
Mailing Address						
City	Jackson Drive	State	PA	Zip Code (Plus 4)	15025	

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

PAGE TOTAL
\$ 100.00

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: To:

	DATE			AMOUNT
Full Name of Contributing Committee	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 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: To:

	DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR	\$ 0.00
Mailing Address				
City	State	Zip Code (Plus 4)		
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code (Plus 4)	

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

PAGE TOTAL
\$ 0.00

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	Reporting Period
	From: _____ To: _____

			DATE	AMOUNT
Full Name	MO	DAY	YEAR	\$
				0.00
Mailing Address				
City	State	Zip Code (Plus 4)		
Receipt Description				

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

PAGE TOTAL
\$ 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 ROSS SYLVESTER FOR PA	Reporting Period From: <u>9/17/2024</u> To: <u>10/21/2024</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: _____

			DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR	
Mailing Address				\$ 0.00
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: _____
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				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor					
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
ROSS SYLVESTER FOR PA	From <u>9/17/2024</u> To: <u>10/21/2024</u>

				DATE	AMOUNT	
To Whom Paid			MO	DAY	YEAR	
Wix.com LTD						
Mailing Address			5	9	2022	\$ 9.00
City San Francisco	State CA	Zip Code (Plus 4) 94158	Description of Expenditure Web Domain			
To Whom Paid			MO	DAY	YEAR	
Wix.com LTD						
Mailing Address			5	9	2022	\$ 141.24
City San Francisco	State CA	Zip Code (Plus 4) 94158	Description of Expenditure Website			
To Whom Paid			MO	DAY	YEAR	
Vista Print						
Mailing Address			5	14	2022	\$ 211.35
City Vista	State CA	Zip Code (Plus 4) 92083	Description of Expenditure Rack Cards			
To Whom Paid			MO	DAY	YEAR	
Vista Print						
Mailing Address			9	7	2022	\$ 223.09
City Vista	State CA	Zip Code (Plus 4) 92083	Description of Expenditure Door Hangers			
To Whom Paid			MO	DAY	YEAR	
Imprint						
Mailing Address			6	13	2022	\$ 191.00
City Houston	State TX	Zip Code (Plus 4) 77083	Description of Expenditure Beverage Coasters			
To Whom Paid			MO	DAY	YEAR	
Super Cheap Signs						
Mailing Address			10	28	2022	\$ 393.73
City Austin	State TX	Zip Code (Plus 4) 78758	Description of Expenditure Yard Signs			

To Whom Paid USPS			MO	DAY	YEAR	\$ 101.65
Mailing Address			7	22	2022	
City Glenshaw	State PA	Zip Code (Plus 4) 15116	Description of Expenditure MO for candidate filling			
To Whom Paid Jack Maggs			MO	DAY	YEAR	\$ 6.00
Mailing Address			7	23	2022	
City Pittsburgh	State PA	Zip Code (Plus 4) 15210	Description of Expenditure Notary Service			
To Whom Paid Anedot			MO	DAY	YEAR	\$ 4.30
Mailing Address			9	2	2022	
City New Orleans	State LA	Zip Code (Plus 4) 70112	Description of Expenditure Processing fee			
To Whom Paid Anedot			MO	DAY	YEAR	\$ 2.30
Mailing Address			10	4	2022	
City New Orleans	State LA	Zip Code (Plus 4) 70112	Description of Expenditure Processing fee			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL \$ 1,283.66

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 ROSS SYLVESTER FOR PA	Reporting Period From: <u>9/17/2024</u> To: <u>10/21/2024</u>
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	DATE			Outstanding Balance of Debt
Name of Creditor	MO	DAY	YEAR	
Ross Sylvester	4	15	2022	\$ 500.00
Mailing Address				
City Pittsburgh	State PA	Zip Code (Plus 4) 15210	Description of Debt Loan	
Name of Creditor	MO	DAY	YEAR	
Ross Sylvester				
Mailing Address	5	7	2022	\$ 500.00
City Pittsburgh	State PA	Zip Code (Plus 4) 15210	Description of Debt Loan	
Name of Creditor	MO	DAY	YEAR	
Ross Sylvester				
Mailing Address	6	24	2022	\$ 500.00
City Pittsburgh	State PA	Zip Code (Plus 4) 15210	Description of Debt Loan	

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.	PAGE TOTAL \$ 1,500.00
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