### **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 2015	0033			Repoi		CA	NDI	DATE		COM	AITTEE	<b>Y</b>	LUBI	51151	
Name of Filing C	Committee, Candid	ate or L	obbyist:		Build P	PA PAC			•							
Street Address:																
City:	Coraopolis						State	e:	PA			Zip Co	de: 15	108		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	2.	30 DA		F	POST-	3.		AMENDN REPORT		Yes	No	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 D/ ELEC		F	POST-	6. <b>X</b>		TERMIN/ REPORT		Yes	No	<b>✓</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2022				NG MI					PAPER		$  \checkmark  $	DISKE	TTE
Name of Office S	Sought by Candida	te:	•		•		DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
							МО		DAY	YE	AR			·		02
				_				11		8	2022		(SEE IN	STRUCTI	ONS FOR C	ODES)
Summary of Expenditures	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
			10 25	20	022	то		11	2	28	2022					
A. Amount Brought Forward From Last Report						\$			-	178,7	'81.56					
B. Total Monetary Contributions And Receipts (From Schedule I)							i				0.00					
C. Total Funds Available (Sum Of Lines A and B)						\$	;		-	178,7	81.56					
D. Total Expenditures (From Schedule III)						\$	1			44,3	70.40					
E. Ending Cash Balance (Subtract Line D From Line C)						\$			1	34,4	11.16					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	e II)	\$	i				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$	1				0.00					
				AFF	IDAV	IT SE	CTI	NC								
I swear (or affirm)	s a Committee report, incl	-	_						-		_		f my knov	wledge	and belie	ef , true
correct and comple	ete. scribed before me this															
	day of	•	20			_				s	ignature	of Perso	n Submit	ting Rep	oort	
	Signatu	re				_						Prin	ted Name	•		
My Commission Ex	·					_						Ema				
	МО		AY	YR	•					a Cod	e	Daytin	e Teleph	one Nu	mber	
	a report of a cand				•						v provis	ions of th	e act of l	une 3 1	037 (D I	1222
No 320) as amende	ed.	iy kilowi	suge and ben	ici tilis	politica	Comm	incree i	103 11		cu an	y provis	10113 01 111	e act of 5	une 3,1	337 (F.E.	
Sworn to and subsc	ribed before me this day of		20								S	ignature (	of Candida	ate		
						_						Printe	d Name			<del></del>
My Commission Exp	Signature pires					_						Ema	il			—
	МО	D	AY	YR		_			Area	Code		D	aytime T	elephor	e Numbe	 er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
Build PA PAC	From:	10/25/202	<u>2</u> To:	11/28/2022
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)			\$	0.00
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
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 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

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 Candida	te		Reporting	Period			
			From:		То	•	
		•		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

### **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.

Name of Filing Commit	tee or Candidate		Repo	orting P	eriod			
			Fron	n:		To	o:	
		I			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)			ĺ	Ī		

#### **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		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							<b>-</b>   \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTA	AL
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary P	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			Rep	orting Pe	riod			
			Fron	n:		To	):	
				D	ATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plus	s 4)					
Employer Name				Occupa	tion			
Employer Mailing Address/Principal Plac	ce of Business	City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary 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	ing Peri	od			
			From:			To:		
		<b>'</b>			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	<b>'</b>	1					<u> </u>	
	- C		<b>.</b> .:	_				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, S	Section	4.			\$	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 Peri	od							
Build PA PAC	From:	<u>10/25/2022</u> <b>To:</b>	11/28/2022						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR									
TOTAL for the Reporting Pe	eriod (1)	\$	0.00						
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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			Reporting Period					
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	<b>-</b>	•	•	•			
Enter Grand Total of Part F on Sche	dule II, In-Kind	d Contributions Deta	iled Sum	mary Pag	ge,		PAGE TOTA	L
Section 2.						\$		0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUN	т
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								1	\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zi	p Code(Plus 4)	Descr	ipti	ion of Contribu	tion
Enter Grand Total of Part G on Sch	edule II, In-K	ind	Contributions D	etaile	ed				PAGE T	OTAL
Summary Page, Section 3.										0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period					
Build PA PAC	From	10/25/2022	То:	11/28/2022		

				DATE			AMOUNT				
To Whom Paid			мо	DAY	YEAR						
American Express			MO		ILAK						
Mailing Address			11	10	2022	\$	416.22				
<b>City</b> Newark	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
	NJ	07101	flowers								
To Whom Paid			мо	DAY	YEAR						
American Express			1-10		1 Z/ux						
Mailing Address			11	10	2022	\$	1,466.29				
City Newark	State	Zip Code (Plus 4)	Descrip								
	NJ	07101	campaig	gn travel a	nd lodgin	g					
To Whom Paid			мо	DAY	YEAR						
American Express											
Mailing Address				10	2022	\$	901.56				
City Newark	State Zip Code (Plus 4)			tion of Exp	enditure						
	NJ	07101	golf out	ing expens	ses						
To Whom Paid			мо	DAY	YEAR						
American Express											
Mailing Address			11	10	2022	\$	199.47				
City Newark	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
	NJ	07101	cellphor	ne							
To Whom Paid			мо	DAY	YEAR						
American Express											
Mailing Address			11	10	2022	\$	1,197.74				
<b>City</b> Newark	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
	NJ	07101	campaig	gn food an	d beverag	ge					
To Whom Paid			мо	DAY	YEAR						
Mr. Steve Miller											
Mailing Address			10	28	2022	\$	512.50				
City Hesston	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure						
	PA	16647	reimbur	sement m	ileage						

								FAGL 12	
To Whom Paid					DAY	YEAR			
Information Network Associates, Inc.									
Mailing Address					28	2022	\$	364.02	
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA 171060515			security services					
To Whom Paid					DAY	YEAR			
Information Network Associates, Inc.									
Mailing Address				10	28	2022	\$	339.10	
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	171060515	security	services				
To Whom Paid				МО	DAY	YEAR			
Senate Republican Campaign Committee									
Mailing Address				11	1	2022	\$	20,000.00	
City	Harrisburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17108	contribu	ıtion				
To Whom Paid				мо	DAY	YEAR			
CoxyClean									
Mailing Address				11	18	2022	\$	1,041.60	
City	Bellefonte State Zip Code (Plus 4)			Description of Expenditure					
		PA 16823				event catering			
To Whom Paid				МО	DAY	YEAR			
Senate Republican Campaign Committee									
Mailing Address				11	18	2022	\$	17,205.64	
City	Harrisburg	State	Zip Code (Plus 4)	Description of Expendit					
		PA	17108	salary r	salary reimbursement				
To Whom Paid				МО	DAY	YEAR			
Mindy Houser									
Mailing Address				11	18	2022	\$	200.63	
City	Coraopolis	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	15108	mileage	reimburse	ement			
To Whom Paid				мо	DAY	YEAR			
Mr. Steve Miller									
Mailing Address				11	28	2022	\$	525.63	
City	Hesston	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
•			16647	reimbursement mileage					
		PA	16647	reimbur	sement m	ileage			
	. C	PA Paditures on Page 1, Re	•	•	sement m	lleage		PAGE TOTAL	