#### **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			Rep File			CAND	IDA <sup>-</sup>	TE	C	СОММ	ITTEE	<b>✓</b>	LOB	BYIST		
Name of Filing Committee, Candidate or Lobbyist: CONSTRUCTORS ASSN PAC (CAPAC)																		
Street Address:	800 CRANBER	RY WO	ODS DR, S	ΓΕ 11	0													
City:	CRANBERRY T	WP						State:	PA	١			Zip Cod	le: 16	066-5	210		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA' PRIMARY	Y PRE	- 2	2.	30 DA PRIMA		POS	T- 3			AMENDM REPORT?		Yes	No		
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA' ELECTION	y pre	≣- 5	5.	30 DA		POS	T- 6			TERMINA REPORT?		Yes	No		<b>\</b>
report type)	ANNUAL REPORT	7. <b>X</b>	<b>Year</b> 2022					NG METH CHECK (					PAPER DISKETTI				TTE	
Name of Office S	- Sought by Candida	te:	-					DATE	OF E	LECT	TION		District Number	Office Code	Par	ty Code	Coun	
								МО	DA	¥Υ	YEAR	R	Number	10000			couc	
								1	1	8	2	2022		(SEE IN	STRUCTI	ONS FOR (	ODES	)
	Receipts and	МО	DAY	YEAR	2			МО	DA	ΑY	YEAR	R	FO	R OFFI	CE USE	ONLY		
Expenditures	rom:	1	11 29	2	022	T	0	1	2	31	. 2	2022						
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			5	1,957	7.82						
B. Total Monet	ary Contributions	And Rec	eipts (From	Sche	dule	I)	\$				1,000	0.09						
C. Total Funds Available (Sum Of Lines A and B)							\$			5	2,957	7.91						
D. Total Expenditures (From Schedule III) \$ 0.00																		
E. Ending Cash	Balance (Subtract	Line D	From Line (	C)			\$			5	2,957	7.91						
F. Value Of In-	Kind Contributions	Receive	ed (From Se	chedu	le II)	)	\$				0	0.00						
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	)			\$				0	0.00						
				AFF	IDA	VI	T SE	CTION										
	a Committee rep	•	_						-	•		_						
I swear (or affirm) correct and comple	) that this report, incl ete.	uding the	attached scl	nedule	s filed	l on	paper	or by elec	troni	c med	ium, ar	re to t	he best o	f my kno	wledge	and beli	ef , tru	ue
Sworn to and subs	cribed before me this	:	20								Sign	nature	of Perso	n Submit	ting Re	ort		-
	- ——		_				- -						Prin	ted Name	<u> </u>			-
My Commission Ex	Signatu pires	re							_				Ema	il				-
	мо	D/	AY	YR			-			Area	Code		Daytim	e Teleph	one Nu	mber		-
Part II- If this is	a report of a cand	lidate's	authorized	Comn	nitte	e, C	andid	ate shal	l sigi	n her	е.							
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and beli	ef this	politi	ical	comm	ittee has	not v	iolate	d any p	rovisi	ons of the	e act of J	une 3,1	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this								_			Si	gnature o	of Candid	ate			-
	day of						_		_				Drint-	d Nama				_
	Signature						-						Printe	d Name				
My Commission Exp	<del>-</del>												Ema	il				_
	МО	D/	AY	YR	!		-		A	rea Co	de		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:	11/29/202	<u> 22</u> To:	12/31/2022
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g 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	g 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)			\$	1,000.00
TOTAL for the Reporting	g Period	(3)	\$	1,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.09
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			\$	1,000.09

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

	this Part to itemize only with an aggregate valu								
Name of Filing Comm	nittee or Candidate		Reporting Period						
			Fre	om:		То	:		
		<u> </u>			DATE			AMOUNT	
Full Name of Contributi	ing Committee			МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus 4	)						
	•	·			•	•	$\overline{}$	DACE TOTAL	

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

**PAGE TOTAL**\$ 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 Fining Committee of Candidate				Reporting Period From: To:				
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)	1					

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

**PAGE TOTAL \$**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	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.)

Name of Filing Committee or Candidate	ame of Filing Committee or Candidate				riod				
CONSTRUCTORS ASSN PAC (CAPAC)			Fron	n:	11/29/2	<u>022</u> To	To: <u>12/31/2022</u>		
				D/	ATE		AMC	DUNT	
Full Name of Contributor Anthony Bertolino				МО	DAY	YEAR			
Mailing Address 3950 W. Washington Street				12	22	2022	\$	1,000.00	
City New Castle	<b>State</b> PA	Zip Code (Plus	4)	12	22	2022			
Employer Name Mekis Construction Co	orp.			<b>Occupation</b> Contractor					
Employer Mailing Address/Principal Plac Business	e of	City		•	State		Zip Code (Plus 4)		
1595 Route 422 East		Fenelton			PA		16034		
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			<b>PA</b> 6	1,000.00	

## 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 Pe	eriod	
CONSTRUCTORS ASSN PAC (CAPAC)	From:	11/29/2022 <b>To:</b>	12/31/2022

			D	ATE		AMOUNT	
Full Name PNC Bank				DAY	YEAR		
Mailing Address PO Box 609			12	30	2022	<b>\$</b> C	0.09
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15230	12	30	2022		
Receipt Description Interest Pay	ment						

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

**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 Per	od	
CONSTRUCTORS ASSN PAC (CAPAC)	From:	<u>11/29/2022</u> <b>To:</b>	12/31/2022
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	र	
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			Reporting	Period				
			From:			То:		
				DATE			AMOUNT	
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 Sche	dule II. In-Kind C	Contributions Deta	iled Sum	marv Pac	ıe.		PAGE TOTAL	
Section 2.	,			, , ,		\$	0.00	

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate				Re	eporting F	Period				
				Fr	From:			To:		
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State		Zip Code(Plus 4	)						
Employer of Contributor					Occupa	tion				
Employer Mailing Address/Principal Plac Business	ee of Ci	ity	State	•	Zip 4)	Code(Plus	Descri	ption o	of Contribution	
Enter Grand Total of Part G on Scho Summary Page, Section 3.	edule II, In-l	Kind (	Contributions [	etail	led				PAGE TOTAL 0.00	

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or	lame of Filing Committee or Candidate					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					
							PAGE TOTAL			
Enter Grand Total of Expe	naitures on Page 1, Re	port Cover Page, Item L	).			<b>\$</b>	0.00			