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 202	20380				port ed B		CANDI	DATE		СОМ	ITTEE	✓	LOB	BYIST			
Name of Filing C	Committee, Candi	date or L	obbyist:		ROS	SS S	YLVES	STER FO	R PA									
Street Address:																		
City:	PITTSBURGH							State:	PA			Zip Cod	ie: 15	5210-3	844			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT?		Yes	No			
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMINA REPORT?		Yes	No		/	
report type)	ANNUAL REPORT	7. X	Year 2023					IG METH				PAPER		/	DISKE	TTE		
Name of Office S	Sought by Candida	nte:	•					DATE C	F ELE	CTIC	N	District Number	Office Code	Pai	ty Code	Coun		
	,							МО	DAY	YI	EAR	Number	code			code		
								11		7	2023		(SEE IN	STRUCTI	ONS FOR C	ODES))	
	Receipts and	МО	DAY Y	EAR	1			МО	DAY	ΥI	EAR	FO	R OFFI	CE USE	ONLY			
Expenditures	s trom:		1 1	2	023	Т	0	12	2	31	2023							
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			(1,1	33.66)							
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule	e I)	\$				0.00							
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				355.44							
D. Total Expend	ditures (From Sch	edule II	I)				\$			3	308.33							
E. Ending Cash	Balance (Subtra	t Line D	From Line C)				\$				47.11							
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	le II	I)	\$				0.00							
G. Unpaid Debt	ts And Obligation	(From S	Schedule IV)				\$				0.00			•				
			A	٩FF	IDA	AVI	T SE	CTION										
PART I - If this is	s a Committee rep	ort, trea	surer sign he	re. I	[f th	nis is	a Can	didate r	eport, d	candi	date sig	jn here.						
I swear (or affirm) correct and comple) that this report, inc ete.	cluding the	e attached sche	dules	file	d on	paper o	or by elect	tronic m	edium	, are to t	the best o	f my kno	wledge	and belie	ef , tru	ue,	
Sworn to and subs	cribed before me th day of	is	20							S	Signature	of Perso	n Submit	ting Re	oort		_	
	Signat	ıre					-					Prin	ted Name	9			_	
My Commission Ex	cpires											Ema	il					
	мо	D	AY	YR					Ar	ea Cod	le	Daytim	e Telepl	one Nu	mber			
Part II- If this is	a report of a can	didate's	authorized Co	omn	nitte	ee, C	andida	ate shall	sign h	ere.								
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	polit	tical	commi	ittee has r	ot viola	ted an	y provis	ions of the	e act of J	une 3,1	937 (P.L	. 1333	3,	
Sworn to and subsc	ribed before me this	;							-		S	ignature o	of Candid	ate			-	
	day of						-					Printe	d Name				-	
My Commission 5	Signature						-					Ema	il				-	
My Commission Exp							_										_	
	МО	D	AY	YR					Area	Code		Da	aytime T	elephor	ne Numb	er	-	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
ROSS SYLVESTER FOR PA	From:	1/1/202	<u>3</u> To:	12/31/2023
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
			1	
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 Candidat	e		Reporting	Period			
		1	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.

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 Filing Committee	or Candidate		Rep	orting P	eriod			
			Fron	m:		To) :	
					DATE			AMOUNT
Full Name of Contributor			\Box	мо	DAY	YEAR		
l							1	
Mailing Address							\$	0.00
Mailing Address City	State	Zip Code (Plus 4))				\$	0.00

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

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 Committee				мо	DAY	YEAR	\$		0.00
Mailing Address							7		0.00
City	State	Zip Cod	e (Plus 4)						
							-	PAGE TO	TAL
Enter Grand Total of Part C on Scheo	lule 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				Repo	orting Pe	riod					
				Fron	n:		1	Го:			
					D	ATE			AN	MOUNT	
Full Name of Contributor					МО	DAY	YEAR	2	\$		0.00
Mailing Address											
City	State	Zip	Code (Plus	4)							
Employer Name					Occupa	tion					
Employer Mailing Address/Principal Plac	e of Business		City			State		Zi	ip Cod	e (Plus 4))
Enter Grand Total of Part C on Sche	dule I, Detailed Sເ	umm	ary Page,	Section	on 3.				P	AGE TOTA	\L
								\$		C	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:		
		'			ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (P	Plus 4)					
Receipt Description	'						<u> </u>	
	- C		. .:	_				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 Period		
ROSS SYLVESTER FOR PA	From:	<u>1/1/2023</u> To:	12/31/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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, 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:			To:		
				DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						7 \$		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:	-	-	•	•	•			
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 _l	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

\$

308.33

STATEMENT OF EXPENDITURES

Name of Filing Committee or C	Candidate		Reporti	ng Period			
ROSS SYLVESTER FOR PA			From	<u>1/</u>	1/2023	То:	12/31/2023
		·		DATE			AMOUNT
To Whom Paid Wix.com LTD			МО	DAY	YEAR		
Mailing Address				8	2023	\$	25.85
City San Francisco	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	CA	94158	Web Do	omain			
To Whom Paid			мо	DAY	YEAR		
Wix.com LTD							
Mailing Address			4	26	2023	\$	282.48
City San Francisco	City San Francisco State Zip Code (Plus 4				enditure		
	CA	94158	Website	е			
							PAGE TOTAL

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.