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 810	00206			Repo			CANI	DIE	DATE		СОМ	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	obbyist:	•	CONS	STR	UCTO	DRS AS	SN	I PAC	(CAP	AC)						
Street Address:	800 CRANBI	ERRY WO	ODS DR, S	TE 110)													
City:	CRANBERRY	TWP						State:		PA			Zip Cod	le: 16	066-5	210		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDA PRIMARY	Y PRE-	- 2		30 DAY F PRIMARY			OST-			AMENDMENT REPORT?		Yes] [⁻	No	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5		30 DA		P	OST-	6.		TERMINA REPORT?		Yes	1 [No	\
report type)	ANNUAL REPOR	T 7.	Year 2024					NG MET		_			PAPER		√	DISI	ETTE	
Name of Office S	ought by Candid	late:			•	-		DATE	OF	F ELE	CTIO	N	District Number	Office Code	Pai	rty Coo	le Cou	
								МО		DAY	YE	AR						
				_				1	1		5	2024		(SEE INS	TRUCTI	ONS FO	R CODES	6)
Summary of Expenditures		МО	DAY	YEAR		_	_	МО		DAY	YI	EAR	FO	R OFFIC	E USE	ONL	Y	
			1 1	. 20	024	T	U		3		4	2024						
A. Amount Bro	ught Forward Fr	om Last R	Report				\$				77,3	383.99						
B. Total Moneta	ary Contributions	s And Rec	eipts (Fron	n Sche	dule 1	I)	\$				23,6	505.18						
C. Total Funds	Available (Sum (Of Lines A	and B)				\$				100,9	989.17						
D. Total Expend	ditures (From Sc	hedule II	Ί)				\$					0.00						
E. Ending Cash	Balance (Subtra	ct Line D	From Line	C)			\$			1	.00,9	89.17						
	Kind Contributio				le II)		\$					0.00						
G. Unpaid Debt	s And Obligation	ıs (From S	Schedule IV	/)			\$					0.00						
				AFF	IDA'	VI	ΓSE	CTIO	V									
PART I - If this is			_									_						
I swear (or affirm) correct and comple		cluding the	e attached sc	hedules	filed	on I	paper	or by ele	ctr	onic me	edium	, are to t	he best of	f my knov	vledge	and b	elief , tr	rue
Sworn to and subs	cribed before me tl day of	nis	20						-		S	Signature	of Perso	n Submitt	ing Re	port		_
	Signa	ture	_				- -		-				Prin	ted Name				
My Commission Ex	pires						_		-				Emai	i				
	МО	D	AY	YR						Are	a Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorized	Comm	ittee	, Ca	andid	ate sha	ll s	ign he	ere.							
I swear (or affirm) No 320) as amende		my knowl	edge and beli	ief this	politio	cal	comm	ittee has	s no	t violat	ed an	y provis	ions of the	e act of Ju	ine 3,1	937 (F	.L. 133	з,
Sworn to and subsc		S	20									s	ignature o	of Candida	ite			_
	day of		_ 20				-						Printe	d Name				-
	Signature						-		_									_
My Commission Exp	ires												Ema	iI				
	мо	D	AY	YR			•		•	Area	Code		Da	ytime Te	elephor	ne Nur	nber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
CONSTRUCTORS ASSN PAC (CAPAC)	From:	<u>1/1/202</u>	<u>4</u> To:	<u>3/4/2024</u>
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	7,305.00
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)			\$	350.00
TOTAL for the Reporting	g Period	(2)	\$	350.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	2,500.00
All Other Contributions (Part D)			\$	13,450.00
TOTAL for the Reporting	g Period	(3)	\$	15,950.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.18
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			\$	23,605.18

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		Re	porting	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 Filing Committee or Candida	ate	Reporting P	Reporting Period							
CONSTRUCTORS ASSN PAC (CAPAC	C)		From:	1/1/2	<u>3/4/2024</u>					
		I		DATE		AMOUNT				
Full Name of Contributor Robert C. Breisinger			МО	DAY	YEAR					
Mailing Address 469 Pearson Road	I				2024	\$ 250.00				
City Jefferson Hills	State PA	Zip Code (Plus 4) 15025	1	8	2024					
Full Name of Contributor Russell E Hathaway			МО	DAY	YEAR					
Mailing Address 108 Peartree Driv	e			10	2024	\$ 100.00				
City Canonsburg	State PA	Zip Code (Plus 4) 15317	1	18	2024					

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

PAGE TOTAL \$ 350.00

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 Per	iod		
CONSTRUCTORS ASSN PAC (CAPAC)	From:	1/1/2024	То:	<u>3/4/2024</u>

DATE AMOUNT

Full Name of Contributing Committee TC PAC (TRUMBULL CORP)			МО	DAY	YEAR	
Mailing Address 225 NORTH SHORE DR						\$ 2,500.00
City PITTSBURGH	State PA	Zip Code (Plus 4) 15212	1	10	2024	

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

PAGE TOTAL 2,500.00

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				
CONSTRUCTORS ASSN PAC (CAPAC)				Fror	n:	<u>1/1/2</u>	<u>024</u> To	o:	3/4/2024	
					DA	ATE		АМ	OUNT	
Full Name of Contributor David Matesic					мо	DAY	YEAR			
Mailing 3447 East Carson Str Address	eet							\$	2,500.00	
City Pittsburgh	State	Zip	Code (Plus	4)	1	31	2024	1		
	PA	15	203							
Employer Name Matcon Diamond, Inc					Occupat					
Employer Mailing Address/Principal Place of Business City					l	State		Zip Code (Plus 4)		
3447 East Carson Street Pittsburg				h	PA 15					
Full Name of Contributor Ryan Cramer					МО	DAY	YEAR			
Mailing 336 Town Country Ro	ad							\$	400.00	
City Vanderbilt	State	Zip	Code (Plus	4)	1	31	2024	1		
	PA	15	486							
Employer Name Penn Line Service					Occupation Contractor					
Employer Mailing Address/Principal Plac Business	e of		City		I	State		Zip Code	(Plus 4)	
300 Scottdale Ave			Scottdale	:		PA		15486		
Full Name of Contributor										
Belinda Bucci					МО	DAY	YEAR			
Mailing 2500 Country Club La	ne							\$	2,500.00	
City Pittsburgh	State	Zip	Code (Plus	4)	1	31	2024	·		
, and the second	PA	15	205							
Employer Name Golden Triangle Construction					Occupat	ion (Contract	tor		
Employer Mailing Address/Principal Plac Business	e of		City		State			Zip Code (Plus 4)		
8555 Old Steubenville Pike			Imperial		PA			15126		

									•
Full Name of Control Joshua Restauri	ributor				мо	DAY	YEAR		
Mailing	147 39th Street Apt 3	56						4	400.00
Address					1	18	2024	\$	400.00
City Pittsburgh		State		Code (Plus 4)	•	10	2024		
		PA	15	201					
Employer Name	Seubert & Associates				Occupat	ion I	nsuranc	e	
Employer Mailing <i>E</i> Business	Address/Principal Place	e of		City		State		Zip Code (Plu	s 4)
225 North Shore I	Drive			Pittsburgh		PA		15212	
Full Name of Cont	ributor				мо	DAY	YEAR		
Fred Neumeyer									
Mailing Address	209 Country Club Lan	e						\$	1,000.00
City Pittsburgh		State	Zij	Code (Plus 4)	1	18	2024		
		PA	15	215					
Employer Name Neumeyer Environmental Service					Occupation Contractor				
Employer Mailing <i>E</i> Business	Address/Principal Place	e of		City	<u> </u>	State		Zip Code (Plu	s 4)
3527 Smallman S	treet			pittsburgh		PA		15201	
Full Name of Cont	ributor								
Ali Mills					МО	DAY	YEAR		
Mailing Address	5042 Impala Drive							\$	2,500.00
City Murrysville	e	State	Zij	Code (Plus 4)	1	18	2024		
,		PA	15	668					
Employer Name	Plum Contracting Inc				Occupat	ion	Contract	or	
Employer Mailing <i>E</i> Business	Address/Principal Place	e of		City		State		Zip Code (Plu	s 4)
864 Croft Road				Greensburg		PA		15601	
Full Name of Cont					мо	DAY	YEAR		
Meyer Unkovic &	Scott LLC							Ц	
Mailing Address	535 Smithfield Street,	Suite 1300						\$	400.00
City Pittsburgh		State	Zij	Code (Plus 4)	1	10	2024		
		PA	15	222					
Employer Name	Employer Name Meyer Unkovic & Scott LLC					ion a	ttorney	1	
	Address/Principal Place	e of		City	1	State		Zip Code (Plu	s 4)
Business	isiness 35 Smithfield Street, Suite 1300 Pittsburgh					PA 15222			
535 Smithfield St	reet. Suite 1300			Pittshurah		PA	ı	15222	

Full Name of Con	tributor				МО	DAY	YEAR		
Mitchell D. Rumb	oaugh				MO	אלו	ILAK		
Mailing Address	109 Westwood Manor							\$ 500.00	
City Butler		State	Zi	p Code (Plus 4)	1	10	2024		
		PA	16	5001					
Employer Name	Mekis Construction Co	orp			Occupat	c ion	Contract	or	
Employer Mailing Business	Address/Principal Plac	e of		City		State		Zip Code (Plus 4)	
1595 Route 422	East			Fenelton		PA		16034	
Full Name of Con	tributor						'		
Steven J. Reed					МО	DAY	YEAR		
Mailing Address	240 Vogel Road							\$ 500.00	
City Butler		State	Zi	p Code (Plus 4)	1	10	2024		
Batici		PA	16	5002					
Employer Name Mekis Construction Corp					Occupation Contractor				
Employer Mailing Address/Principal Place of City						State	I	Zip Code (Plus 4)	
	Business 1595 Route 422 East Fenelton					PA		16034	
Full Name of Con	tributor				МО	DAY	YEAR		
Tony Ghioldi					МО	DAI	ILAK		
Mailing Address	6820 Langston Run							\$ 750.00	
City Canfield		State	Zi	p Code (Plus 4)	1	10	2024		
		ОН	44	1406					
Employer Name	Quality Bridge & Fab				Occupat	i on	Supplier	1	
Employer Mailing Business	Address/Principal Plac	e of		City		State		Zip Code (Plus 4)	
	Road, PO Box 420			West Middlesex		PA		16159	
Full Name of Con Joseph F. Casilli	tributor				мо	DAY	YEAR		
Mailing Address	100 Simmons Road							\$ 1,000.00	
City McMurra	v	State	Zi	p Code (Plus 4)	1	10	2024		
	,	PA	15	5317					
Employer Name Casper Colosimo & Son, Inc.				Occupat	i on	Contract	or		
	Address/Principal Plac	e of		City	I .	State		Zip Code (Plus 4)	
Business 5170 Campbells Run Road Pittsburgh				PA 15205			15205		
				<u> </u>		•	ı		

Full Name of Contributor					DAY	YEAR		
Tyler L. Caldwel				МО	DAY	YEAR		
Mailing 108 Red Br Address	ush Trail						\$	500.00
City Harmony	State	Zi	p Code (Plus 4)	1	10	2024		
,	PA	16	6037					
Employer Name Mekis Cons		Occupat	tion	Contract	or			
Employer Mailing Address/Pri	•	State		Zip Code (Plus 4)			
1595 Route 422 East Fenelton					PA		16034	
Full Name of Contributor Michael Odasso				МО	DAY	YEAR		
Mailing 1109 Hyde	Park Road						\$	500.00
City Leechburg	State	Zi	p Code (Plus 4)	1	8	2024		
,	PA	15	6656					
Employer Name Allegheny N	lineral Corporation	I		Occupat	tion A	ıggrega	tes	
Employer Mailing Address/Pri Business	ncipal Place of		City	1	State		Zip Code (Plus 4)
PO Box 1022	Kittanning		PA		16201			
Enter Grand Total of Part (nary Page. Secti	on 3.			PAG	E TOTAL		
Lines Stalla Total of Fait (on schedule 1, betail	ca Saiiii	iiai y i age, secti	J., J.			\$	13,450.00

13,450.00

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	2		Report	ing Perio	od			
CONSTRUCTORS ASSN PAC (CAPAC)			From:		1/1/202	<u>4</u> To:	3/4/20	<u>24</u>
				D	ATE		AMOUNT	
Full Name					DAY	VEAD		
PNC Bank				МО	DAY	YEAR		
Mailing Address PO Box 609							\$	0.10
City Pittsburgh	State	Zip Code (Plus 4)	1	31	2024		
-	PA	15230						
Receipt Description Interest Paym	nent	•						
Full Name						\		
PNC Bank				МО	DAY	YEAR		
Mailing Address PO Box 609							\$	0.08
City Pittsburgh	State	Zip Code (Plus 4)	2	29	2024		
-	PA	15230						
Receipt Description Interest Paym	nent	·					•	
<u> </u>							•	

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

PAGE TOTAL 90.18

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	I	
CONSTRUCTORS ASSN PAC (CAPAC)	From:	<u>1/1/2024</u> To:	<u>3/4/2024</u>
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,		\$	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 Schedule II, In-Kind Contributions Detailed Summary Page,						PAGE TOTAL		
Section 2.						\$	0.00	

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting Period							
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$	0.00	
City	State	Zip Code(Plus 4)		Plus 4)						
Employer of Contributor Occupation										
Employer Mailing Address/Principal Place of Business		City		State	Zip 4)		Zip Code(Plus 4)		iption 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						
			From			То:			
				DATE			AMOUNT		
To Whom Paid				DAY	YEAR				
Mailing Address				\$	0.00				
City	State	Zip Code (Plus 4)	Description of Expenditure						
							PAGE TOTAL		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.					\$	0.00			