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 :	ion	2017	0242			Rep File			CANDI	DATE		СОМ	ITTEE	✓	LOBE	SYIST	
Name of Filing C	Committee	, Candida	ate or Lo	bbyist:		FRIE	NDS	S OF	SARA INI	NAMOF	RATO						
Street Address:	РО ВО	OX 40393	3														
City:	PITTS	BURGH							State:	PA			Zip Cod	de: 15	5201		
TYPE OF REPORT	6TH TUES		1.	2ND FRIDAY PRIMARY									AMENDM REPORT		Yes	No	~
(place X to the right of	6TH TUES		4.	2ND FRIDAY ELECTION	/ PRE	- 5		30 DA ELECT		POST-	6.		TERMIN/ REPORT		Yes	No	\
report type)	ANNUAL	REPORT	7. X	Year 2020					IG METHO				PAPER		\	DISKE	TTE
Name of Office S	Sought by	Candidat	e:			-	-		DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
REPRESENTATI	VF IN THI	F GENER	AI ASSI	FMBI Y					МО	DAY	YE	AR	21	STH	DEM	1	02
									11		3	2020		(SEE IN	STRUCTIO	ONS FOR (ODES)
Summary of Expenditures		and	МО	.1 24	YEAR	020	T	n	MO	DAY		AR		R OFFI	CE USE	ONLY	
					2	020		1	12	,	31	2020	ļ				
A. Amount Bro B. Total Monet				-	Sche	dule '	T)	\$				784.51 145.70					
C. Total Funds							-,	\$				230.21					
D. Total Expenditures (From Schedule III) \$ 1,634.64																	
E. Ending Cash	Balance (Subtract	Line D	From Line (\$				95.57	1				
F. Value Of In-	Kind Cont	ributions	Receive	ed (From So	hedu	le II))	\$				0.00					
G. Unpaid Debt	ts And Obl	igations	(From S	chedule IV)			\$				0.00			•		
					AFF	IDA'	VI٦	ΓSE	CTION								
PART I - If this is	s a Commi	ttee repo	ort, trea	surer sign l	nere. I	[f this	s is	a Can	ndidate re	port, c	andi	date sig	jn here.				
I swear (or affirm) correct and comple		eport, incl	uding the	attached sch	edules	filed	on p	paper (or by elect	ronic m	edium	, are to t	the best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	scribed befo day of	re me this		20							s	ignature	of Perso	n Submit	ting Rep	ort	
		Signatur	·e					-					Prin	ted Name	e		
My Commission Ex	xpires	0.9	_										Ema	il			
	N	чо	DA	·Υ	YR			-		Are	ea Cod	le	Daytim	e Telepi	none Nui	mber	
Part II- If this is	a report	of a cand	lidate's a	authorized	Comn	nittee	e, Ca	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende		best of m	y knowle	dge and belie	ef this	politi	cal	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	1333,
Sworn to and subsc		e me this										S	ignature (of Candid	ate		
	day of —— -												Printe	ed Name			
		ignature						-						==			
My Commission Exp	oires												Ema				
		МО	DA	ΛΥ	YR			•		Area	Code		D	aytime T	elephon	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

, -				
Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF SARA INNAMORATO	From:	11/24/202	<u>0</u> To:	12/31/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting) Period	(1)	\$	195.70
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)			\$	250.00
TOTAL for the Reporting	Period	(2)	\$	250.00
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			\$	445.70

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-			
Name of Filing Comm	ittee or Candidate		Re	porting	Period			
			Fre	om:		То	:	
		1			DATE			AMOUNT
Full Name of Contribution	ng Committee			МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
	•	•			•	•		PAGE TOTAL

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	Reporting F	Period		
FRIENDS OF SARA INNAMORATO	From:	11/24/202	<u>20</u> To:	12/31/2020
		DATE		AMOUNT
Full Name of Contributor	МО	DAY Y	EAR	
DAY (TO TURNED	МО	DAI I	CAR	

Full Name of Contributor DAVID TURNER	мо	DAY	YEAR			
Mailing Address 5117 CARNE				\$ 150.00		
City PITTSBURGH	State PA	Zip Code (Plus 4) 152012533	12	7	2020	
Full Name of Contributor RAYMOND L. SCHUTZMAN			МО	DAY	YEAR	

RAYMOND L. SCHUTZMAN	МО	DAY	YEAR			
Mailing Address 111 BARWYN RD						\$ 100.00
City PITTSBURGH	State	Zip Code (Plus 4)	12	18	2020	
	PA	152372803				

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

PAGE TOTAL \$ 250.00

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 Candid	me of Filing Committee or Candidate			Reporting Period						
			From:			То:				
				DA	TE		Α	MOUNT		
Full Name of Contributing Committee	ee			мо	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Cod	e (Plus 4)							
								PAGE TOTAL		
Enter Grand Total of Part C on S	chedule I, Detail	ed Summary 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			Reporting Period					
			Fron	n:		To) :		
				D	ATE		ı	AMOUNT	
Full Name of Contributor				МО	DAY	YEAR			
Mailing Address							\$	0.00	
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac Business	e of	City			State		Zip Co	de (Plus 4)	
Enter Grand Total of Part C on Sche	dule I, Detailed Su	ımmary Page,	Section	on 3.			l	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	ting Perio	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-	•		•	•			
Enter Grand Total of Part E o	on Schedule I. Detaile	d Summary Page	Section	4			,	PAGE TOTAL
	m Schedule 1, Betailet	<i>z</i> 50a. y 1 dgc,	Section				\$	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 Per	iod	
FRIENDS OF SARA INNAMORATO	From:	<u>11/24/2020</u> To:	12/31/2020
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	R	
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 Candid	ate		Reportin	g Period			
			From:			To:	
				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 S	chedule II, In-Kir	nd Contributions Deta	iled Sun	nmary Pag	je,		PAGE TOTAL
Section 2.						\$	0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	me of Filing Committee or Candidate				Re	porting P	Period			
					Fro	m:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	•		•			Occupa	tion		•	
Employer Mailing Address/Principal Pla Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on Sc Summary Page, Section 3.	hedule II, I	In-Kind	Contributi	ons De	taile	ed				PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
FRIENDS OF SARA INNAMORATO	From	11/24/2020	То:	12/31/2020	

	L						
			DATE	AMOUNT			
		мо	DAY	YEAR			
RE PARKWAY		12	7	2020	\$	19.26	
State CA	Zip Code (Plus 4) 940431351	Description of Expenditure G-SUITE					
		МО	DAY	YEAR			
HILL DR		12	8	2020	\$	19.04	
State OH	Zip Code (Plus 4) 452491384	Description of Expenditure CREDIT CARD FEES					
		МО	DAY	YEAR			
		12	3	2020	\$	6.34	
State MA	Zip Code (Plus 4) 021443132	Description of Expenditure CREDIT CARD FEES					
	•	МО	DAY	YEAR			
		12	29	2020	\$	90.00	
State PA	Zip Code (Plus 4) 152013156	Description of Expenditure PO BOX RENTAL					
		мо	DAY	YEAR			
\VE		12	31	2020	\$	750.00	
State PA	Zip Code (Plus 4) 152101010	Description of Expenditure FUNDRAISING CONSULTING					
	CA HILL DR State OH State MA State MA State AVE State	State Zip Code (Plus 4) 940431351	State	MO DAY	MO	MO	

To Whom Paid TARA JERRY			МО	DAY	YEAR		
Mailing Address 42 BALTZHOOVER AVE		11	30	2020	\$	750.00	
City PITTSBURGH	State PA	Zip Code (Plus 4) 152101010	Description of Expenditure FUNDRAISING CONSULTING				
Enter Grand Total of Expenditures	on Page 1, R	eport Cover Page, Item D.	1			\$	PAGE TOTAL 1,634.64