

Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :		20170242		Report Filed By :		CANDIDATE		COMMITTEE <input checked="" type="checkbox"/>		LOBBYIST		
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF SARA INNAMORATO												
Street Address: PO BOX 40393												
City: PITTSBURGH						State: PA			Zip Code: 15201			
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY PRIMARY	POST-	3. X	AMENDMENT REPORT?	Yes	<input checked="" type="checkbox"/>	No	
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY ELECTION	POST-	6.	TERMINATION REPORT?	Yes		No	
	ANNUAL REPORT	7.	Year 2020	FILING METHOD () CHECK ONE				PAPER	<input checked="" type="checkbox"/>	DISKETTE		
Name of Office Sought by Candidate:						DATE OF ELECTION			District Number	Office Code	Party Code	County Code
REPRESENTATIVE IN THE GENERAL ASSEMBLY						MO	DAY	YEAR	21	STH	DEM	02
						11	3	2020	(SEE INSTRUCTIONS FOR CODES)			
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO	MO	DAY	YEAR	FOR OFFICE USE ONLY			
		5	19	2020		6	22	2020				
A. Amount Brought Forward From Last Report						\$		31,846.58				
B. Total Monetary Contributions And Receipts (From Schedule I)						\$		3,343.60				
C. Total Funds Available (Sum Of Lines A and B)						\$		35,190.18				
D. Total Expenditures (From Schedule III)						\$		1,281.54				
E. Ending Cash Balance (Subtract Line D From Line C)						\$		33,908.64				
F. Value Of In-Kind Contributions Received (From Schedule II)						\$		0.00				
G. Unpaid Debts And Obligations (From Schedule IV)						\$		0.00				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF SARA INNAMORATO	From: <u>5/19/2020</u> To: <u>6/22/2020</u>

1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 393.60

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)	\$ 950.00
TOTAL for the Reporting Period (2)	\$ 950.00

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)	\$ 2,000.00
TOTAL for the Reporting Period (3)	\$ 2,000.00

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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 3,343.60
---	-------------

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 Candidate	Reporting Period
	From: To:
<div style="display: flex; justify-content: space-between;"> DATE AMOUNT </div>	

Full Name of Contributing Committee			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				

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

PAGE TOTAL
\$ 0.00

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.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate FRIENDS OF SARA INNAMORATO	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>
--	--

DATE	AMOUNT
-------------	---------------

Full Name of Contributor GRETCHEN BETH CHAPMAN			MO	DAY	YEAR	\$ 250.00
Mailing Address 336 S ATLANTIC AVE			6	17	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 152242311				

Full Name of Contributor			MO	DAY	YEAR	\$ 100.00
LEYVOY JOENSEN						
Mailing Address			6	7	2020	
771 PINETREE RD						
City	State	Zip Code (Plus 4)				
PITTSBURGH	PA	152431043				

Full Name of Contributor MARK MANGINI				MO	DAY	YEAR	\$ 100.00
Mailing Address 1703 TRINITY ST				6	7	2020	
City	PITTSBURGH	State	Zip Code (Plus 4)				
		PA	152061175				

Full Name of Contributor CASEY P MULLEN				MO	DAY	YEAR	\$ 150.00
Mailing Address 7205 WITHERSPOON ST				5	19	2020	
City	PITTSBURGH	State	Zip Code (Plus 4)				
		PA	152061045				

Full Name of Contributor RAYMOND L SCHUTZMAN			MO	DAY	YEAR	\$ 100.00
Mailing Address 111 BERWYN RD			5	31	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 152372803				

Full Name of Contributor RAYMOND L SCHUTZMAN			MO	DAY	YEAR	\$ 100.00
Mailing Address 111 BERWYN RD			6	14	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 152372803				

Full Name of Contributor				MO	DAY	YEAR	\$ 150.00
DAVID TURNER							
Mailing Address				6	7	2020	
5117 CARNEGIE ST							
City	PITTSBURGH	State	Zip Code (Plus 4)				
		PA	152012533				

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

PAGE TOTAL
\$ 950.00

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 Period
	From: To:

DATE				AMOUNT
Full Name of Contributing Committee				
Mailing Address				
MO	DAY	YEAR		
				\$ 0.00
City	State	Zip Code (Plus 4)		

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

PAGE TOTAL
\$ 0.00

PART D
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 FRIENDS OF SARA INNAMORATO	Reporting Period From: <u>5/19/2020</u> To: <u>6/22/2020</u>
--	--

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
JOHN BETKOWSKI					
Mailing Address 113 AMBLESIDE DR	6	5	2020	\$	1,000.00
City PITTSBURGH State PA Zip Code (Plus 4) 152374001					
Employer Name RETIRED	Occupation RETIRED				
Employer Mailing Address/Principal Place of Business	City		State	Zip Code (Plus 4)	

Full Name of Contributor	MO	DAY	YEAR		
EVAN J. SEGAL					
Mailing Address 14 PHILIPS LN	5	23	2020	\$	1,000.00
City RYE State NY Zip Code (Plus 4) 105803230					
Employer Name SELF	Occupation PRESIDENT				
Employer Mailing Address/Principal Place of Business	City		State	Zip Code (Plus 4)	
14 PHILIPS LN	RYE		NY	105803230	

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

PAGE TOTAL
\$ 2,000.00

PART E 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 Period From: To:
---------------------------------------	--

			DATE			AMOUNT
Full Name			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Receipt Description						

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

PAGE TOTAL
\$ 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	
FRIENDS OF SARA INNAMORATO		From: <u>5/19/2020</u> To: <u>6/22/2020</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	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			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
Description of Contribution:						
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.						PAGE TOTAL \$ 0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
<div> <div>DATE</div> <div>AMOUNT</div> </div>							
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business		City	State	Zip Code(Plus 4)		Description 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
FRIENDS OF SARA INNAMORATO	From <u>5/19/2020</u> To: <u>6/22/2020</u>

DATE				AMOUNT		
To Whom Paid ACTBLUE			MO	DAY	YEAR	\$ 2.45
Mailing Address 366 SUMMER ST			6	3	2020	
City SOMERVILLE	State MA	Zip Code (Plus 4) 021443132	Description of Expenditure CREDIT CARD FEES			
To Whom Paid GOOGLE			MO	DAY	YEAR	\$ 19.26
Mailing Address 1600 AMPHITHEATRE PARKWAY			6	9	2020	
City MOUNTAIN VIEW	State CA	Zip Code (Plus 4) 940431351	Description of Expenditure G-SUITE			
To Whom Paid TARA JERRY			MO	DAY	YEAR	\$ 750.00
Mailing Address 42 BELTZHOOVER AVE			5	31	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 152101010	Description of Expenditure CONSULTING			
To Whom Paid TUE PRINTING			MO	DAY	YEAR	\$ 410.00
Mailing Address 841 CALIFORNIA AVE			6	9	2020	
City AVALON	State PA	Zip Code (Plus 4) 152022728	Description of Expenditure PRINTING			
To Whom Paid USPS			MO	DAY	YEAR	\$ 27.00
Mailing Address 186 42ND STREET			6	16	2020	
City PITTSBURGH	State PA	Zip Code (Plus 4) 152013156	Description of Expenditure PO BOX RENTAL			

To Whom Paid VANTIV ECOMMERCE			MO	DAY	YEAR	
Mailing Address 8500 GOVERNORS HILL DR			6	9	2020	
City SYMMES TWP	State OH	Zip Code (Plus 4) 452491384	Description of Expenditure CREDIT CARD FEES			

To Whom Paid ZOOM			MO	DAY	YEAR	
Mailing Address 55 ALMADEN BLVD FL 6			5	24	2020	
City SAN JOSE	State CA	Zip Code (Plus 4) 951131608	Description of Expenditure SOFTWARE			

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL
						\$ 1,281.54

