Campaign Finance Report

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

Name of Filing Committee, Candidate or Lobylest: FRIENDS OF NICK MICOZZIE Street Address: POST OFFICE BOX 234 City: CLIFTON HEIGHTS State: PA	Filer Identification Number:	on 8000:	109			Report Filed E		CAN	IDI	DATE		COM	AITTEE	~	LOBE	1131	
STREET AGAINGUS. CITYON HEIGHTS State: PA ZIP Code: 1901.8 TYPE OF REPORT REPORT RECEPTION HILDSDAY REPORT PREPARED PREPORT RECEPTION PREPARED	Name of Filing C	ommittee, Candida	ite or L	obbyist:	İ	FRIEND	S OF	NICK	MIC	COZZIE							
TYPE OF REPORT R	Street Address:	POST OFFICE	BOX 23	34													
REPORT (place X to the right of report type) REPORT FREMENARY PREMARY	City:	CLIFTON HEIG	HTS					State	:	PA			Zip Co	de: 1	9018		
(place X to the right of report type) Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY Name of Office Sought by Candidate: Name of Office S	TYPE OF REPORT		1.		Y PRE-	2.			P	POST-	3. X				Yes	No	~
Name of Office Sought by Candidate: REPRESENTATIVE IN THE GENERAL ASSEMBLY MO DAY VEAR 163 STH REP 23 Summary of Receipts and Expenditures from: 5 6 2014 TO 6 9 2014 A. Amount Brought Forward From Last Report \$ 118,089,11 B. Total Monetary Contributions And Receipts (From Schedule I) \$ 970.56 C. Total Funds Available (Sum Of Lines A and B) \$ 119,059,67 D. Total Expenditures (From Schedule III) \$ 25,043.59 E. Ending Cash Balance (Subtract Line D From Line C) \$ 94,016.08 F. Value Of In-Kind Contributions Received (From Schedule II) \$ 0.00 G. Unpald Debts And Obligations (From Schedule IV) \$ 0.00 AFFIDAVIT SECTION AFFIDAVIT SECTION AFFIDAVIT SECTION AFFIDAVIT SECTION AFFIDAVIT SECTION Area Code Daytime Telephone Number My Commission Expires MO DAY VR Signature of Person Submitting Report Lawars (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 Final II-If this is a report of a candidate's authorized Committee, Candidate shall sign here. I awars (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. Signature of Person Submitting Report Area Code Daytime Telephone Number Email Area Code Daytime Telephone Number Signature of Candidate Area Code Daytime Telephone Number Signature of Person Submitting Report Signature of Candidate Area Code Daytime Telephone Number Finited Name Finit			4.		Y PRE	- 5.			P	POST-	6.				Yes	No	✓
Name of Office Sought by Candidate: MO DAY YEAR 133 STH REP 23	report type)	ANNUAL REPORT	7.	Year 2014									PAPER		$\overline{}$	DISKE	TTE
Summary of Receipts and Expenditures from: Summary of Receipts and Expenditures from: S 6 2014 TO 6 9 2014	Name of Office S	ought by Candidat	e:	•		-		DATE	Ε Ο	F ELEC	TIO	N				ty Code	
Summary of Receipts and Expenditures from: Social Properties	DEDDECENITATI	VE IN THE CENED	AI ACC	EMRI V				МО		DAY	YE	AR	163	STH	REP		23
Expenditures from: 5 6 2014 TO 6 9 2014 A. Amount Brought Forward From Last Report B. Total Monetary Contributions And Receipts (From Schedule I) \$ 970.56 C. Total Funds Available (Sum Of Lines A and B) \$ 119,059.67 D. Total Expenditures (From Schedule III) \$ 25,043.59 E. Ending Cash Balance (Subtract Line D From Line C) \$ 94,016.08 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. Lawaer (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 My Commission Expires MO DAY YR Area Code Daytime Telephone Number Printed Name Signature of Person Submitting Report Area Code Daytime Telephone Number Fart 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 Frinted Name Signature Finali Email Email	REFRESENTATI	VE IN THE GENER	AL ASS	LMDLI					11		4	2014		(SEE I	NSTRUCTIO	ONS FOR C	ODES)
A. Amount Brought Forward From Last Report \$ 118,089,11 B. Total Monetary Contributions And Receipts (From Schedule I) \$ 970.56 C. Total Funds Available (Sum Of Lines A and B) \$ 119,059,67 D. Total Expenditures (From Schedule III) \$ 25,043.59 E. Ending Cash Balance (Subtract Line D From Line C) \$ 94,016.08 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 Printed Name My Commission Expires Mo DAY YR Signature of Person Submitting Report 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. 329) as amended. Sworn to and subscribed before me this day of 20 Printed Name My Commission Expires Signature My Commission Expires Email Email Email Email Email			МО	DAY	YEAR			МО		DAY	YE	AR	FC	OR OFF	CE USE	ONLY	
B. Total Monetary Contributions And Receipts (From Schedule I) \$ 970.56 C. Total Funds Available (Sum Of Lines A and B) \$ 119,059.67 D. Total Expenditures (From Schedule III) \$ 25,043.59 E. Ending Cash Balance (Subtract Line D From Line C) \$ 94,016.08 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 My Commission Expires MO DAY VR 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 Printed Name Signature Finall Signature of Candidate Printed Name Email	Expenditures	from:		5 6	20)14 T	0		6		9	2014					
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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 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 Printed Name Signature Signature Finall Finall	D. Total Expenditures (From Schedule III)						\$				25,0	43.59					
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 Printed Name My Commission Expires Email 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 Printed Name Signature Signature Finall Finall Finall Signature of Candidate Email	E. Ending Cash	Balance (Subtract	Line D	From Line (C)		\$				94,0	16.08					
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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 Signature Printed Name Email 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 Printed Name Signature of Candidate Bignature of Candidate Email	G. Unpaid Debt	s And Obligations	(From S	Schedule IV)		\$					0.00			•		
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Signature My Commission Expires Finall 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 Printed Name My Commission Expires Signature Email	Sworn to and subs			20							s	ignature	of Perso	n Submi	tting Rep	ort	
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No 320) as amended. Sworn to and subscribed before me this aday of 20 Printed Name Signature My Commission Expires Email		•				•				_							
Signature of Candidate Printed Name Signature My Commission Expires Email	No 320) as amende	ed.	y knowie	eage and bell	er this	political	comm	ittee na	as n	ot violat	ea an	y provis	ions or tn	e act or	June 3,15	937 (P.L.	1333,
Signature My Commission Expires Email	Sworn to and subsc			20								s	ignature	of Candi	date		
My Commission Expires Email							_						Printe	ed Name	1		
MO DAY YR Area Code Daytime Telephone Number	My Commission Exp	_					-						Ema	nil			
•		мо	D	AY	YR		-			Area (Code		D	aytime	Telephon	e Numbe	 er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF NICK MICOZZIE	From:	5/6/201	<u>4</u> To:	6/9/2014
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)	\$	970.56
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 Page 1			\$	970.56

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			
			From:				:	
		<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 Candidate			Reporting Period From: To:					
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address	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	Period				
			From:			То:		
				DA	TE		A	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 Sche	dule I, Detailed Sur	nmary P	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				Rep	orting Pe	riod				
				Fror	n:		To	o:		
					D	ATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State	Zi	p Code (Plus	4)						
Employer Name		•			Occupa	tion	•	•		
Employer Mailing Address/Principal Pla Business	ce of		City			State		Zip C	ode (Plus	4)
Enter Grand Total of Part C on Scho	edule I, Detail	led Sumr	mary Page,	Section	on 3.			\$	PAGE TO	TAL 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 Perio	d		
FRIENDS OF NICK MICOZZIE			From:		5/6/201	<u>4</u> To:	6/9/2014
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	
CITIZENS BANK				МО	DAT	TEAR	
Mailing Address 5221 BALTIMORE PI	JZZI BALTIMORE FIRE						\$ 0.84
City CLIFTON HEIGHTS	State	Zip Code (Plus 4)	5	30	2014	
	PA	19018					
Receipt Description							
Full Name						V=45	
NICHOLAS MICOZZIE				МО	DAY	YEAR	
Mailing Address 131 1/2 HILLDALE R	COAD			_			\$ 969.72
City LANSDOWNE	State	Zip Code (Plus 4)	5	20	2014	
	PA	19050					
Receipt Description PERSONAL REI	MBURSEMENTS					_	

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

PAGE TOTAL \$ 970.56

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 NICK MICOZZIE	From:	<u>5/6/2014</u> To:	6/9/2014
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 Candid	ate		Reportin	g 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 So	chedule II. In-Kir	nd Contributions Deta	iled Sun	ımarv Pad	ae.		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	porting l	Period			
					Fro	om:		To:		
					•		DATE			AMOUNT
Full Name of Contributor						МО	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(I	Plus 4)						
Employer of Contributor						Occupa	ition		•	
Employer Mailing Address/Principal Plac Business	ce of	City		State		Zip 4)	Code(Plus	Descr	iption	of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, I	in-Kind	Contributi	ons De	etaile	ed				PAGE TOTAL 0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
FRIENDS OF NICK MICOZZIE	From	5/6/2014	То:	6/9/2014

				DATE			AMOUNT
To Whom Paid FRIENDS OF JAMIE SANTORA			мо	DAY	YEAR		
Mailing Address 323 FRONT ST	REET		5	6	2014	\$	22,500.00
City MEDIA	State PA	Zip Code (Plus 4) 19063	1	ntion of Exp			
To Whom Paid MS SOCIETY			МО	DAY	YEAR		
Mailing Address 100 ACADEMY	ROAD		5	19	2014	\$	100.00
City CLIFOTN HEIGHTS State PA 2ip Code (Plus 4) 19018				otion of Exp	penditure		
To Whom Paid ITALIAN CAUCUS			МО	DAY	YEAR		
Mailing Address MAIN CAPITOL	BUILDING		5	9	2014	\$	100.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17101	Description of Expenditure DONATION				
To Whom Paid CHRIS CIAMPI	•	·	МО	DAY	YEAR		
Mailing Address 265 W. WASHI	NGTON AVENUE		5	7	2014	\$	70.00
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018	Descrip DONAT	otion of Exp	penditure		
To Whom Paid CHERYL MCDONALD			МО	DAY	YEAR		
Mailing Address 6 S. SPRINGFIELD ROAD			5	5	2014	\$	45.00
City CLIFTON HEIGHTS State PA Zip Code (Plus 4) 19018			Descrip SUPPLI	tion of Exp ES	penditure		
			•				

						FAG	IL 12	
To Whom Paid STATE REP. ACCOUNT				DAY	YEAR			
Mailing Address 6 S. SPRINGFIELD ROAD				9	2014	\$	94.86	
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018		Description of Expenditure REIMBURSEMENT MISTAKE				
To Whom Paid VERIZON CORP.	МО	DAY	YEAR					
Mailing Address P.O. BOX 25505			5	8	2014	\$	316.84	
City LEHIGH VALLEY	State PA	Zip Code (Plus 4) 180025505		Description of Expenditure PHONES				
To Whom Paid HRCC				DAY	YEAR			
Mailing Address 500 NORTH 3RD STREET			5	13	2014	\$	500.00	
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	Description of Expenditure DONATION					
To Whom Paid DELAWARE COUNTY FINNANCE COMMITTEE			МО	DAY	YEAR			
Mailing Address 323 WEST FRONT STREE			5	20	2014	\$	400.00	
City MEDIA	State PA	Zip Code (Plus 4) 19063	Description of Expenditure DONATION					
To Whom Paid ARK OF DELAWARE COUNTY				DAY	YEAR			
Mailing Address 740 S. CHESTER ROAD SUITE G				13	2014	\$	100.00	
City RADNOR	State PA	Zip Code (Plus 4) 19081	Description of Expenditure DONATION					
To Whom Paid CHILDREN'S TROUT TOURNAMENT				DAY	YEAR			
Mailing Address 19 NORTH SPRINGFIELD ROAD				19	2014	\$	100.00	
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018	Description of Expenditure DONATION					
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To Whom Paid				DAY	YEAR		
LEXMARK PRINTER							
Mailing Address UNKNOWN				8	2014	\$	119.00
City	State	Zip Code (Plus 4)	Description of Expenditure PRINTER MAINT.				
To Whom Paid VERIZON 610-626-1037				DAY	YEAR		
Mailing Address P.O. BOX 28999			5	16	2014	\$	20.34
City LEHIGH VALLEY	State	Zip Code (Plus 4) 189928000	Description of Expenditure PHONE				
To Whom Paid ARONIMINK HOME AND SCHOOL				DAY	YEAR		
Mailing Address 4611 BOND AVENUE			6	2	2014	\$	250.00
City DREXEL HILL	State PA	Zip Code (Plus 4) 19026	Description of Expenditure DONATION				
To Whom Paid MILLER ALE HOUSE				DAY	YEAR		
Mailing Address 18 W. BALTIMORE PIKE			6	2	2014	\$	193.00
City SPRINGFIELD	State PA	Zip Code (Plus 4) 19026	Description of Expenditure STAFF				
To Whom Paid ON STAR				DAY	YEAR		
Mailing Address PO BOX 15653				2	2014	\$	119.60
City WILLIMINGTON	State DE	Zip Code (Plus 4) 198865653	Description of Expenditure TELEPHONE				
To Whom Paid CITIZENS BANK				DAY	YEAR		
Mailing Address 5221 BALTIMORE PIKE				19	2014	\$	14.95
City CLIFTON HEIGHTS	State PA	Zip Code (Plus 4) 19018	Description of Expenditure SECURITY				
Enter Grand Total of Expendit	ures on Dage 1 De	unort Cover Page Item D					PAGE TOTAL
Enter Grand Total of Expendit	uics on raye 1, Re	port cover rage, Item D	•			\$	25,043.59
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