### **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 2008	3026				port ed B		CAN	IDI	DATE		СОМ	<b>ITTEE</b>	<b>✓</b>	LOBE	BYIST		
Name of Filing C	ommittee, Candid	late or L	obbyist:		VOC	GEL,	ELDE	R FOF	R SE	NATE								
Street Address:	PO BOX 23																	
City:	BEAVER							State	:	PA			<b>Zip Code:</b> 15009					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		Р	OST-	3.		AMENDM REPORT?		Yes	No	•	<b>/</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA		Р	OST-	6. <b>X</b>		TERMINA REPORT?		Yes	No	•	<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2014	FILING METHO ( ) CHECK ON								PAPER		$\checkmark$	DISKE	TTE		
Name of Office S	ought by Candida	rte:	•		_			DATE	ΕO	F ELE	CTIC	ON	District Number	Office Code	Par	ty Code	Coun	
	· .							МО		DAY	Y	EAR	rumber	Touc			couc	
									11		4	2014		(SEE IN	ISTRUCTIO	ONS FOR C	ODES)	1
	Receipts and	МО	DAY Y	EAR	1			МО		DAY	Y	EAR	FO	R OFFI	CE USE	ONLY		
Expenditures	trom:		10 21	2	014	‡ T	0		11	2	24	2014						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$				70,	431.90						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	che	dule	e I)	\$					329.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$				70,	760.90						
D. Total Expend	ditures (From Sch	edule II	I)				\$				8,	280.46						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$				62,4	480.44						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	edu	le II	Ί)	\$	\$ 0.00										
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$					0.00			'			
			ļ	٩FF	ΊD	AVI	T SE	CTIO	N									
PART I - If this is	a Committee rep	ort, trea	surer sign he	re. I	[f th	his is	a Can	didat	e re	port, c	andi	idate sig	ın here.					
I swear (or affirm) correct and comple	that this report, incete.	luding the	e attached sche	dules	file	ed on	paper (	or by e	lecti	onic m	ediun	n, are to t	the best of	f my kno	wledge	and belie	ef , tru	ıe.
Sworn to and subs	cribed before me thi day of	s	20								:	Signature	of Perso	n Submit	ting Rep	ort		_
	Signati		_				- -						Prin	ted Nam	e			_
My Commission Ex	-	ii e											Emai	il				-
	МО	D	AY	YR			_			Are	ea Co	de	Daytim	e Telep	hone Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	omn	nitte	ee, C	andida	ate sh	all	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	poli	itical	commi	ittee ha	as no	ot viola	ted a	ny provis	ions of the	e act of J	une 3,19	937 (P.L	. 1333	3,
Sworn to and subsc	ribed before me this											s	ignature o	of Candid	late			-
	day of ————————————————————————————————————						_						Drints	d Name				_
	Signature						-						Frinte	u Name				
My Commission Exp	_								•				Ema	il				_
	МО	D	AY	YR	,		-			Area	Code		Da	ytime 1	elephon	e Numb	er	-

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
VOGEL, ELDER FOR SENATE	10/21/201	<u>4</u> To:	11/24/2014	
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	4.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)	-		\$	250.00
All Other Contributions (Part B)			\$	75.00
TOTAL for the Reporting	) Period	(2)	\$	325.00
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			\$	329.00

#### **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 Candidate	Reporting	Period		
VOGEL, ELDER FOR SENATE	From:	10/21/2014	То:	11/24/2014
		DATE		AMOUNT

III Name of Contributing Committee		ĺ

Full Name of Contributing Committee	мо	DAY	VEAD			
DUANE MORRIS GOVT COM	МО	DAY	YEAR			
Mailing Address 30 SOUTH 17TH ST				21	2014	<b>\$</b> 250.00
City PHILADELPHIA	State	Zip Code (Plus 4)	10			
	PA	19103-4196				

**PAGE TOTAL** 250.00

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

### 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** 

VOGEL, ELDER FOR SENATE

From: 10/21/2014 To:

DATE

11/24/2014

AMOUNT

Full Name of Contributor Mary Bolland					DAY	YEAR	
Mailing Address 630 River Road						<b>\$</b> 75.00	
City Beaver		State	Zip Code (Plus 4)	10	27	2014	
		PA	15009				

PAGE TOTAL

**\$** 75.00

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	ame of Filing Committee or Candidate								
			From:			То:			
				DA	TE		P	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		0.0	
Mailing Address							<b>-</b>   \$	0.0	
City	State	Zip Cod	e (Plus 4)						
								PAGE TOTAL	
Enter Grand Total of Part C on Scheo	dule 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			Rep	orting Pe	riod				
From:					om: To:				
				D	ATE			AMOUNT	
Full Name of Contributor				МО	DAY	YEAR	\$	0.00	
Mailing Address									
City	State	Zip Code (Plus	s 4)						
Employer Name				Occupat	tion				
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip	Code (Plus 4)	
Enter Grand Total of Part C on Schee	dule I, Detailed Su	ımmary Page,	Section	on 3.			\$	PAGE TOTAL 0.00	
							т	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:			То:		
		•		D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description	<u>'</u>	<u>'</u>			•			
Futor Curred Total of Bout	For Cabadula I Batailad	I Comment Page Co		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule 1, Detailed	Summary Page, Se	ection	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 Peri	od	
VOGEL, ELDER FOR SENATE	From:	<u>10/21/2014</u> <b>To:</b>	<u>11/24/2014</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTO	1	
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	lame of Filing Committee or Candidate							
	From:		То:					
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				<b> </b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (	Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(	0.00

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate	Name of Filing Committee or Candidate					Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	′	Stat	e Zip	Code(Plus 4)	Desci	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	ontributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	<b></b>									0.00

## SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period				
VOGEL, ELDER FOR SENATE	From	10/21/2014	То:	11/24/2014	

		DATE			AMOUNT	
To Whom Paid	МО	DAY	YEAR			
Friends of Jake Corman	140	JA.	IZAK			
Mailing Address 816 Highfield Court	10	21	2014	\$	5,000.00	
City Coroapolis State Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
PA 15108	Contribution					
To Whom Paid	МО	DAY	YEAR			
Human Services Forum	MO	DAI	ILAK			
Mailing Address 616 4th Street	10	21	2014	\$	30.00	
City Beaver Falls State Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı		
PA 15010	Membership					
To Whom Paid	МО	DAY	YEAR			
Community College of Beaver County	140	Jan.	ILAK			
Mailing Address 1 Campus Drive	10	21	2014	\$	200.00	
City Monaca State Zip Code (Plus 4)	Description of Expenditure					
	1					
PA 15061	Veterar	ns Breakfas	t Table			
PA 15061  To Whom Paid						
	Veterar MO	DAY	YEAR			
To Whom Paid				\$	250.00	
To Whom Paid Freedom Cares Foundation	мо 10	DAY	<b>YEAR</b> 2014	\$	250.00	
To Whom Paid  Freedom Cares Foundation  Mailing Address 169 Wolfe Run Road	мо 10	DAY 21	<b>YEAR</b> 2014	\$	250.00	
To Whom Paid  Freedom Cares Foundation  Mailing Address 169 Wolfe Run Road  City Freedom State Zip Code (Plus 4)	MO 10 Descrip Sponso	DAY 21 tion of Exp	YEAR 2014 enditure	\$	250.00	
To Whom Paid  Freedom Cares Foundation  Mailing Address 169 Wolfe Run Road  City Freedom State Zip Code (Plus 4) PA 15042	MO 10 Descrip	DAY 21	<b>YEAR</b> 2014	\$	250.00	
To Whom Paid Freedom Cares Foundation  Mailing Address 169 Wolfe Run Road  City Freedom State Zip Code (Plus 4) PA 15042  To Whom Paid	MO 10 Descrip Sponso	DAY 21 tion of Exp	YEAR 2014 enditure	\$	250.00 149.70	
To Whom Paid Freedom Cares Foundation  Mailing Address 169 Wolfe Run Road  City Freedom State Zip Code (Plus 4) PA 15042  To Whom Paid Elder Vogel, Jr.	MO  10  Descrip Sponso  MO  11	DAY  21  tion of Exprship  DAY	YEAR 2014 enditure  YEAR 2014			
To Whom Paid Freedom Cares Foundation  Mailing Address 169 Wolfe Run Road  City Freedom State Zip Code (Plus 4) PA 15042  To Whom Paid Elder Vogel, Jr.  Mailing Address 489 Glen Eden Road	MO  10  Descrip Sponso  MO  11  Descrip	DAY  21  ction of Expreship  DAY  3	YEAR 2014 enditure  YEAR 2014 enditure	\$		
To Whom Paid Freedom Cares Foundation  Mailing Address 169 Wolfe Run Road  City Freedom State Zip Code (Plus 4) PA 15042  To Whom Paid Elder Vogel, Jr.  Mailing Address 489 Glen Eden Road  City Rochester State Zip Code (Plus 4)	MO  10  Descrip Sponso  MO  11  Descrip Reimbu	DAY  21  tion of Exprship  DAY  3  tion of Exprsement w	YEAR 2014 enditure YEAR 2014 enditure ith Recei	\$		
To Whom Paid           Freedom Cares Foundation           Mailing Address         169 Wolfe Run Road           City         Freedom         State         Zip Code (Plus 4)           PA         15042           To Whom Paid           Elder Vogel, Jr.           Mailing Address         489 Glen Eden Road           City         Rochester         State         Zip Code (Plus 4)           PA         15074	MO  10  Descrip Sponso  MO  11  Descrip	DAY  21  tion of Exp rship  DAY  3	YEAR 2014 enditure  YEAR 2014 enditure	\$		
To Whom Paid Freedom Cares Foundation  Mailing Address 169 Wolfe Run Road  City Freedom State Zip Code (Plus 4) PA 15042  To Whom Paid Elder Vogel, Jr.  Mailing Address 489 Glen Eden Road  City Rochester State Zip Code (Plus 4) PA 15074  To Whom Paid	MO  10  Descrip Sponso  MO  11  Descrip Reimbu	DAY  21  tion of Exprship  DAY  3  tion of Exprsement w	YEAR 2014 enditure YEAR 2014 enditure ith Recei	\$		
To Whom Paid Freedom Cares Foundation  Mailing Address 169 Wolfe Run Road  City Freedom State PA 15042  To Whom Paid Elder Vogel, Jr.  Mailing Address 489 Glen Eden Road  City Rochester State Zip Code (Plus 4) 15042  To Whom Paid Beaver County Heart Association	MO  10  Descrip Sponso  MO  11  Descrip Reimbu  MO  11	DAY  21  tion of Exp rship  DAY  3  tion of Exp rsement w	YEAR  2014  enditure  YEAR  2014  enditure  ith Receip  YEAR  2014	\$ pts	149.70	

State								.,.02 12
Butler County Republican Committee	To Whom Paid			MO	DAY	VEAD		
State	Butler County Republican	Committee		MO	DAI	ILAK		
PA   16003   Fall Dimer	Mailing Address PO Box	x 2121		11	3	2014	\$	100.00
No   No   No   No   No   No   No   No	<b>City</b> Butler	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Marquis   Strategies   LLC		PA	16003	Fall Din	ner			
Mariquis Strategies, LLC         Mailing Address         PO Box 262         11         3         2014         \$ 1,238.67           City         Beaver         State         Zip Code (Plus 4)         Description of Expenditure           Mailing Address         PO Box 262         11         3         2014         \$ 1,232.09           To Whom Paid Best Friends Inc.         State         Zip Code (Plus 4)         Description of Expenditure           Mailing Address         Beaver County Airport Terminal, Suite 3         11         20         2014         \$ 25.00           City         Beaver Falls         State         Zip Code (Plus 4)         Description of Expenditure           To Whom Paid Ellwood City Hospital Auxillary         Mo         DAY         YEAR           To Whom Paid Ellwood City Hospital Auxillary         Mo         DAY         YEAR           To Whom Paid Ellwood City Hospital Auxillary         Mo         DAY         YEAR </td <td>To Whom Paid</td> <td></td> <td></td> <td></td> <td>DAY</td> <td>VEAD</td> <td></td> <td></td>	To Whom Paid				DAY	VEAD		
City         Beaver         State PA         Zip Code (Plus 4) 15009         Description of Expenditure Fundarising Consulting           To Whom Paid Marquis Strategies, LLC           Malling Address         PO Box 262         11 3 2014         \$\$\$ 1,232.09           City         Beaver         State PA         Zip Code (Plus 4)         Description of Expenditure           Best Friends Inc.         MO DAY YEAR           State PA         Zip Code (Plus 4)         Description of Expenditure           Best Friends Inc.         MO DAY YEAR         State PA         Zip Code (Plus 4)         Description of Expenditure           Best Friends Inc.          MO DAY YEAR         State PA         Zip Code (Plus 4)         Description of Expenditure           To Whom Paid Ellwood City Hospital Auxillary         MO DAY YEAR         PA         2ip Code (Plus 4)         Description of Expenditure         Description of Expenditure           To Whom Paid Ellwood City Hospital Auxillary         MO DAY YEAR         PA         2ip Code (Plus 4)         Description of Expenditure </td <td>Marquis Strategies, LLC</td> <td></td> <td></td> <td>МО</td> <td>DAY</td> <td>YEAK</td> <td></td> <td></td>	Marquis Strategies, LLC			МО	DAY	YEAK		
To Whom Paid   Marquis Strategies   LLC   Malling Address   PO Box 262   State   PA   PA   PA   PA   PA   PA   PA   P	Mailing Address PO Box 262		11	3	2014	\$	1,238.67	
No   DAY   YEAR	<b>City</b> Beaver	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	ı	
Marquis Strategies, LLC         MO DAY VEAR           Mailing Address         PO Box 262         State         Zip Code (Plus 4)         Description of Expenditure           To Whom Paid Best Friends Inc.         MO DAY VEAR         Page 1         State         Zip Code (Plus 4)         Description of Expenditure           To Whom Paid Ellwood City Hospital Auxillary         MO DAY VEAR         MO DAY VEAR         MO DAY VEAR         State         Zip Code (Plus 4)         Description of Expenditure         City Hospital Auxillary         MO DAY VEAR         State         Zip Code (Plus 4)         Description of Expenditure         Page 1, 16117         Ade         PAGE TOTAL           Enter Grand Total of Expenditures or Page 1, Report Cover Page, Item D.         PAGE TOTAL	PA 15009 Fundraising Consu				ılting			
City Beaver Falls State PA 15010 Description of Expenditure  City Beaver Falls State PA 15010 Description of Expenditure  From Whom Paid Beaver Falls State PA 15010 Description of Expenditure  From Whom Paid State PA 15010 Description of Expenditure  From Whom Paid Beaver Falls State PA 15010 Description of Expenditure  From Whom Paid Ellwood City Hospital Auxillary Mountain Address 724 Pershing Street State PA 15010 Description of Expenditure  From Whom Paid Ellwood City Hospital Auxillary Mountain Address 724 Pershing Street State PA 15010 Description of Expenditure  From Whom Paid Ellwood City Hospital Auxillary Address 724 Pershing Street PA 15010 Description of Expenditure  From Whom Paid Ellwood City Hospital Auxillary Address 724 Pershing Street PA 16117 Ad  From Whom Paid PA 16117 PA 16117 PAGE TOTAL				мо	DAY	YEAR		
PA	Mailing Address PO Box	x 262		11	3	2014	\$	1,232.09
To Whom Paid  Best Friends Inc.  Mailing Address  Beaver County Airport Terminal, Suite 3  City Beaver Falls  State   Zip Code (Plus 4)   Description of Expenditure PA   15010   Donation  To Whom Paid Ellwood City Hospital Auxillary  Mailing Address  724 Pershing Street  State   Zip Code (Plus 4)   Description of Expenditure PA   15010   Donation  To Whom Paid Ellwood City Hospital Auxillary  Mailing Address  724 Pershing Street  State   Zip Code (Plus 4)   Description of Expenditure PA   16117   Ad  PAGE TOTAL  PAGE TOTAL	City Beaver State Zip Code (Plus 4)			Description of Expenditure				
Best Friends Inc.  Mailing Address Beaver County Airport Terminal, Suite 3  City Beaver Falls State 2ip Code (Plus 4) Description of Expenditure PA 15010 Donation  To Whom Paid Ellwood City Hospital Auxillary  Mo DAY YEAR  MO DAY YEAR  MO DAY YEAR  To Whom Paid Ellwood City Hospital Auxillary  Mo DAY YEAR  To Whom Paid Ellwood City Hospital Auxillary  Mo DAY YEAR  To Whom Paid Ellwood City Hospital Auxillary  Mo DAY YEAR  To Whom Paid Page 1, 1 20 2014 \$ 25.00  To Whom Paid Page 1, Report Cover Page, Item D.		PA	15009	Consulting				
City Beaver Falls  State PA 15010  To Whom Paid Ellwood City Hospital Auxillary  Mailing Address 724 Pershing Street  City Ellwood City Ellwood City  PA 25.00  State PA 16117  Ad  PAGE TOTAL  PAGE TOTAL				мо	DAY	YEAR		
To Whom Paid Ellwood City Hospital Auxillary  Mailing Address 724 Pershing Street  State PA  16117  PAGE TOTAL  PAGE TOTAL	Mailing Address Beaver	r County Airport Terminal, Suit	re 3	11 20 2014 \$			25.00	
To Whom Paid  Ellwood City Hospital Auxillary  Mailing Address 724 Pershing Street  City Ellwood City  PA  State PA  101  102  112  103  104  105  105  105  105  105  105  105	City Beaver Falls	State	Zip Code (Plus 4)	Description of Expenditure				
Ellwood City Hospital Auxillary  Mo DAY YEAR  Mailing Address 724 Pershing Street  City Ellwood City  State PA  11 20 2014  \$ 25.00  PA  Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.  PAGE TOTAL		PA	15010	Donatio	n			
City Ellwood City State Zip Code (Plus 4) Description of Expenditure PA 16117 Ad  PAGE TOTAL  Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.		illary		мо	DAY	YEAR		
PA 16117 Ad  PAGE TOTAL  Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	Mailing Address 724 Pershing Street		11	20	2014	\$	25.00	
PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	City Ellwood City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.		PA	16117	Ad				
	Futou Cuand Total of For	mandikuma an Daga 4 Daga	unt Carray Dama Theres D					PAGE TOTAL
1 -,	Enter Grand Total of Ex	penditures on Page 1, Repo	ort Cover Page, Item D	<b>'-</b>			\$	8,280.46