Campaign Finance Report

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

| Filer Identificat | ion 8000 | 109 | | | Repor Filed | | | CANDI | DATE | | СОМІ | MITTEE | ✓ | LOBI | BYIST | | |
|--|----------------------------------|-------------|-----------------------|----------|----------------|--------|------------|-----------|-----------|-------|------------------------|--------------------|----------------|--------------|---------|--------------|--------------|
| Name of Filing (| Committee, Candid | ate or Lo | obbyist: | Į | FRIENI | DS 0 | F N | ІСК МІС | COZZIE | | | | | | | | |
| Street Address: | POST OFFICE | BOX 23 | 4 | | | | | | | | | | | | | | |
| City: | CLIFTON HEIC | GHTS | | | | | s | tate: | PA | | | Zip Co | de: 19 | 018 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | - 2. | | DAY MAR | | POST- | 3. | | AMENDN REPORT | | Yes | Ν | 0 | \checkmark |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | - 5. | | DAY CTI | | POST- 6. | | TERMINATION REPORT? | | Yes | Ν | 0 | \checkmark | |
| report type) | ANNUAL REPORT | 7. X | Year 2014 | | | | | METHO | | | | PAPER | | \checkmark | DISK | ETTE | |
| Name of Office S | L Sought by Candida | te: | | | | | C | ΟΑΤΕ Ο | F ELEC | CT10 | N | District Number | Office Code | Par | ty Cod | e Cou Cod | |
| | | | | | | | M | 10 | DAY | YE | AR | | | REP | • | 23 | - |
| | | | | | | | | 11 | | 4 | 2014 | | (SEE INS | TRUCTI | ONS FOI | CODES | 5) |
| | Receipts and | мо | DAY | YEAR | 1 | | N | 10 | DAY | YE | EAR | FC | R OFFIC | E USE | ONLY | , | |
| Expenditures | s from: | 1 | L1 25 | 20 | 014 | ГО | | 12 | 3 | 81 | 2014 | | | | | | |
| A. Amount Bro | ught Forward From | n Last R | eport | | | | \$ | | | 60,7 | 723.99 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | | \$ | | | | 1.01 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | | \$ | | | 60,7 | 725.00 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | | \$ | | | 2,6 | 56.93 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line | C) | | | \$ | | | 58,0 | 68.07 | | | | | | |
| F. Value Of In- | Kind Contributions | s Receive | ed (From S | chedu | le II) | | \$ | | | | 0.00 | | | | | | |
| G. Unpaid Deb | ts And Obligations | (From S | Schedule IV | /) | | | \$ 0.00 | | | | | | | | | | |
| | | | | AFF | IDAV | IT S | SEC | TION | | | | | | | | | |
| PART I - If this i | s a Committee rep | ort, trea | surer sign | here. I | lf this i | s a C | and | idate re | eport, c | andi | date sig | gn here. | | | | | |
| I swear (or affirm correct and compl |) that this report, incl ete. | luding the | attached sc | hedules | s filed or | ı pape | er or | by electi | ronic me | dium | , are to t | the best o | f my knov | vledge | and be | lief , tı | rue |
| Sworn to and subs | scribed before me this day of | 5 | 20 | | | | | | | s | ignature | e of Perso | n Submitt | ing Rep | oort | | _ |
| | Signatu | re | | | | _ | | | | | | Prin | ted Name | | | | _ |
| My Commission E | - | | | | | | | | | | | Ema | il | | | | |
| | МО | DA | AY | YR | | | | | Are | a Cod | le | Daytin | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's | authorized | Comm | nittee, | Cand | lidat | e shall s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amend |) that to the best of n ed. | ny knowle | edge and beli | ief this | politica | l com | nmitt | ee has n | ot violat | ed an | y provis | ions of th | e act of Ju | ine 3,1 | 937 (P | .L. 133 | 83, |
| Sworn to and subso | cribed before me this day of | | 20 | | | | | | | | s | ignature (| of Candida | ite | | | - |
| | | | | | | _ | | | | | | Printe | d Name | | | | - |
| | Signature | | | | | _ | | | | | | E ar - | | | | | _ |
| My Commission Exp | bires | | | | | | | | Email | | | | | | | | |
| | мо | D/ | AY | YR | | _ | | | Area | Code | | D | aytime Te | elephon | e Num | ber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** FRIENDS OF NICK MICOZZIE From: <u>11/25/2014</u> **To:** 12/31/2014 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 1.01 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 1.01 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

PAGE 3

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 Candidat | Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|--------------------------------------|---------------------------------------|--|--|------------------|------|------|----|------------|--|
| F | | | | From: To: | | | : | | |
| | | | | | DATE | | | AMOUNT | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City State Zip Code (Plus 4) | | | | | | | | | |
| | | | | | | | Γ | PAGE TOTAL | |

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

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 Candidat | e | | - | orting P | eriod | | | | |
| From: To: | | | | | | | | | |
| | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | 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 | | | | | | | | | |

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 Can | didate | | Reporting | Period | | | | |
|---------------------------------|-----------------------|---------------|-------------|--------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | А | MOUNT |
| Full Name of Contributing Comm | ittee | | | мо | DAY | YEAR | | |
| Mailing Address | Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | ſ | | PAGE TOTAL |
| Enter Grand Total of Part C or | n Schedule I, Detaile | ed Summary Pa | age, Sectio | n 3. | | | \$ | 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 | Reporting Period | |
|---------------------------------------|------------------|-----|
| | From: | То: |

| | | | | D | ATE | | АМС | DUNT |
|---|-------------------------|--|--|------------|-------|------|------------|----------|
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | Address | | | | | | \$ | 0.00 |
| City | State Zip Code (Plus 4) | | | | | | | |
| Employer Name | | | | Occupation | | | | |
| Employer Mailing Address/Principal Place of City Business | | | | | State | | Zip Code (| (Plus 4) |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section | | | | | | | PAG | GE TOTAL |
| | - , | | | | | | 5 | 0.00 |

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 Candi | date | | Report | ing Perio | d | | | |
|-------------------------------------|--------------------|-----------------------------------|---------|----------------------------|-----|------|-------------------|------------|
| FRIENDS OF NICK MICOZZIE | | | From: | From: <u>11/25/2014</u> To | | | <u>12/31/2014</u> | |
| | | | | D | ATE | | | AMOUNT |
| Full Name CITIZENS BANK | | | | мо | DAY | YEAR | | |
| Mailing Address 5221 BALTIMORE PIKE | | | | | | | \$ | 0.50 |
| City CLIFTON HEIGHTS | State PA | Zip Code (Plus 4) 19018 | | 12 | 31 | 2014 | 1 | |
| Receipt Description | | | | | | | | |
| Full Name CITIZENS BANK | | | | мо | DAY | YEAR | | |
| Mailing Address 5221 BALTIMO | RE PIKE | | | | | | \$ | 0.51 |
| City CLIFTON HEIGHTS | State PA | Zip Code (19018 | Plus 4) | 11 | 30 | 2014 | 1 | |
| Receipt Description | | · | | | | | • | |
| Enter Grand Total of Part E on Sc | hadula I. Datailad | | Section | 4 | | | | PAGE TOTAL |
| | neutie 1, Detailet | i Suillilai y Paye, | Section | 7. | | | \$ | 1.01 |

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 Perio | d | |
|---|-----------------|------------------------------|-------------------|
| FRIENDS OF NICK MICOZZIE | From: | <u>11/25/2014</u> To: | <u>12/31/2014</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | riod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART | TF) | | |
| TOTAL for the Reporting Pe | riod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | riod (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, 1 | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reporting | 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 Schedule II, In-Kind Contributions Detail Section 2. | | | iled Sum | mary Pag | je, | PAGE | TOTAL |
| | | | | | 4 | 6 | 0.00 |

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

| Name of Filing Committee or Candidate | | | | | Rej | porting P | eriod | | | |
|--|-------|--|------------|----------------------------|------------|-----------|----------|--------------|------|--------|
| | | | | | Fro | From: To: | | | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | \$ | 0.00 | |
| City | State | | Zip Code(I | Plus 4) | | | | | | |
| Employer of Contributor | | | | | Occupation | | | | | |
| Employer Mailing Address/Principal Place of City State Business | | | | Zip Code(Plus Descri 4) | | | ption of | Contribution | | |

| | I | 1 | | |
|---|----------------|-----------------|---------|------------|
| Enter Grand Total of Part G on Schedule | II, In-Kind Co | ontributions De | etailed | PAGE TOTAL |
| Summary Page, Section 3. | , | | | 0.00 |
| | | | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporti | ng Period | | | | | |
|---|--|-----------------------------------|---|--|---------------|-----|-------------------|--|--|
| FRIENDS OF NICK MICOZZIE | | | From | <u>11/2</u> | <u>5/2014</u> | То: | <u>12/31/2014</u> | | |
| | | | | DATE | | | AMOUNT | | |
| To Whom Paid DOMINIQUE AGUIRRE | | | мо | DAY | YEAR | | | | |
| Mailing Address 5242 GRAMERCY DR | RIVE | | 11 | 26 | 2014 | \$ | 55.00 | | |
| City CLIFTON HEIGHTS | State PA | Zip Code (Plus 4) 19018 | | Description of Expenditure RETIREMENT PARTY | | | | | |
| To Whom Paid RELIABLE COMPUTER SOLUTIONS | | | | DAY | YEAR | | | | |
| Mailing Address PO BOX 127 | | | 12 | 2 | 2014 | \$ | 1,106.58 | | |
| CityPROSPECT PARKStateZip Code (Plus 4)PA19076 | | | | Description of Expenditure COMPUTER | | | | | |
| To Whom Paid VERIZON 50040421900002(299-0577 | | | | | YEAR | | | | |
| Mailing Address P.O. BOX 25505 | | | 12 | 2 | 2014 | \$ | 138.36 | | |
| City LEHIGH VALLEY | State PA | Zip Code (Plus 4) 180025505 | Description of Expenditure UTILITIES | | | | | | |
| To Whom Paid CHARS RESTUARARNT | | | мо | DAY | YEAR | | | | |
| Mailing Address FRONT STREET | | | 12 | 11 | 2014 | \$ | 14.50 | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Descrip MEETIN | stion of Exp | penditure | | | | |
| To Whom Paid ANTHONYS RESTUARANT | | | мо | DAY | YEAR | | | | |
| Mailing Address DREXEL SHOPPING | Mailing Address DREXEL SHOPPING CENTER | | | 11 | 2014 | \$ | 603.24 | | |
| City DREXEL HILL | State PA | Zip Code (Plus 4) 19026 | Descrip RETIRE | otion of Exp MENT | benditure | - | | | |

| To Whom Paid ON STAR | | | | мо | DAY | YEAR | | | | |
|--|---|----------------------------------|-----------------------------------|--|---|--|----|-------|--|--|
| Mailing Address PO BOX 15653 | | | | 12 | 11 | 2014 | \$ | 29.90 | | |
| City WILLIM | | State | Zip Code (Plus 4) | Descrin | tion of Ex | l | | | | |
| | LLIMINGTON DE 198865653 | | | | Description of Expenditure UTILITIES | | | | | |
| To Whom Paid AOL | | | | мо | DAY | YEAR | | | | |
| Mailing Address | ⁵ P.O. BOX 8800 | | | 12 | 11 | 2014 | \$ | 7.99 | | |
| City BALTIM | IORE | RF State Zip Code (Plus 4) | | | tion of Exi | u Denditure | | | | |
| | | MD | 21280 | Description of Expenditure SECURITY | | | | | | |
| To Whom Paid PENNY'S RESTUARANT | | | | мо | DAY | YEAR | | | | |
| Mailing Address SPRINGFIELD ROAD | | | | 12 | 11 | 2014 | \$ | 13.73 | | |
| City CLIFTO | N HEIGHTS | HEIGHTS State Zip Code (Plus 4) | | | tion of Ex | , Denditure | | | | |
| | | РА | 19018 | Description of Expenditure MEETING | | | | | | |
| | | | | | | | | | | |
| To Whom Paid CITIBANK | | • | | мо | DAY | YEAR | | | | |
| | ^s P.O. BOX 6500 | • | | мо 12 | DAY 17 | YEAR 2014 | \$ | 14.95 | | |
| CITIBANK Mailing Address | | State | Zip Code (Plus 4) | 12 | 17 | 2014 | | 14.95 | | |
| CITIBANK Mailing Address | | State SD | Zip Code (Plus 4) 67117 | 12 | 17 ption of Exp | 2014 | | 14.95 | | |
| CITIBANK Mailing Address | FALLS | | | 12 Descrip | 17 ption of Exp | 2014 | | 14.95 | | |
| CITIBANK Mailing Address City SIOUX | FALLS | SD | | 12 Descrip SECUR | 17 ption of Exp | 2014 penditure | | 14.95 | | |
| CITIBANK Mailing Address City SIOUX To Whom Paid BRESKI BEVER Mailing Address | FALLS AGES 1170 EISENHOWEF | SD | | 12 Descrip SECUR MO | 17 otion of Exp ITY DAY 22 | 2014 penditure YEAR 2014 | \$ | | | |
| CITIBANK Mailing Address City SIOUX To Whom Paid BRESKI BEVER Mailing Address | FALLS AGES 1170 EISENHOWEF | SD R BOULEVARD | 67117 | 12 Descrip SECUR MO | 17 Pation of Exp ITY DAY 22 Pation of Exp | 2014 penditure YEAR 2014 | \$ | | | |
| CITIBANK Mailing Address City SIOUX To Whom Paid BRESKI BEVER Mailing Address | FALLS AGES 1170 EISENHOWEF | SD R BOULEVARD State | 67117 Zip Code (Plus 4) | 12 Descrip SECURI MO 12 Descrip | 17 Pation of Exp ITY DAY 22 Pation of Exp | 2014 penditure YEAR 2014 | \$ | | | |
| CITIBANK Mailing Address City SIOUX To Whom Paid BRESKI BEVER Mailing Address City HARRIS | FALLS AGES 1170 EISENHOWEF SBURG GUIRRE | SD R BOULEVARD State PA | 67117 Zip Code (Plus 4) | 12 Descrip SECUR MO 12 Descrip RETIRE | DAY 22 DITY DAY | 2014 penditure YEAR 2014 penditure | \$ | | | |
| CITIBANK Mailing Address City SIOUX To Whom Paid BRESKI BEVER Mailing Address City HARRIS To Whom Paid DOMINIQUE AC Mailing Address | FALLS AGES 1170 EISENHOWEF GUIRRE | SD R BOULEVARD State PA | 67117 Zip Code (Plus 4) | 12 Descrip SECURI MO 12 Descrip RETIRE MO | 17 ption of Exp ITY DAY 22 ption of Exp MENT DAY | 2014 Denditure YEAR 2014 Denditure YEAR 2014 | \$ | 85.41 | | |

| To Whom Paid ANTHONYS RESTUARANT | | | | DAY | YEAR | | | | |
|---|---|-----------------------------------|---|--|--|----|----------------|--|--|
| Mailing Address DREXEL SHOPPING CENTER | | | | 26 | 2014 | \$ | 87.88 | | |
| City DREXEL HILL | EL HILL State Zip Code (Plus 4) PA 19026 | | | | Description of Expenditure MEETING | | | | |
| To Whom Paid ERIN PUB | | | | DAY | YEAR | | | | |
| Mailing Address 36 WINONA AVE. | | | | 26 | 2014 | \$ | 28.00 | | |
| City NORWOOD | State PA | Zip Code (Plus 4) 19074 | Description of Expenditure MEETING | | | | | | |
| To Whom Paid ANTHONYS RESTUARANT | | | | DAY | YEAR | | | | |
| Mailing Address DREXEL SHOPPING CENTER | | | | 26 | 2014 | \$ | 69.42 | | |
| City DREXEL HILL | State PA | Zip Code (Plus 4) 19026 | Description of Expenditure MEETING | | | | | | |
| | | | | | | | | | |
| To Whom Paid INTUIT | I | | мо | DAY | YEAR | | | | |
| | AVENUE | | мо 12 | DAY 26 | YEAR 2014 | \$ | 79.49 | | |
| INTUIT | AVENUE State CA | Zip Code (Plus 4) 94043 | 12 | 26 otion of Exp | 2014 | | 79.49 | | |
| INTUIT Mailing Address 2535 GARCIA | State | | 12 Descrip | 26 otion of Exp | 2014 | | 79.49 | | |
| INTUIT Mailing Address 2535 GARCIA A City MOUNTAIN VIEW To Whom Paid | State CA | | 12 Descrip SOFTW | 26 Dition of Exp ARE | 2014 penditure | | 79.49 17.00 | | |
| INTUIT Mailing Address 2535 GARCIA A City MOUNTAIN VIEW To Whom Paid PERKINS RESTUARANT Mailing Address | State CA | | 12 Descrip SOFTW MO 12 | 26 htion of Exp ARE DAY 26 htion of Exp | 2014 penditure YEAR 2014 | \$ | | | |
| INTUIT Mailing Address 2535 GARCIA A City MOUNTAIN VIEW To Whom Paid PERKINS RESTUARANT Mailing Address LANSDOWNE A | State CA WENUE State | 94043 Zip Code (Plus 4) | 12 Descrip SOFTW MO 12 Descrip | 26 htion of Exp ARE DAY 26 htion of Exp | 2014 penditure YEAR 2014 | \$ | | | |
| INTUIT Mailing Address 2535 GARCIA A City MOUNTAIN VIEW To Whom Paid PERKINS RESTUARANT Mailing Address LANSDOWNE A City UPPER DARBY To Whom Paid | State CA VENUE State PA | 94043 Zip Code (Plus 4) | 12 Descrip SOFTW MO 12 Descrip MEETIN | 26 otion of Exp ARE DAY 26 otion of Exp NG | 2014 penditure YEAR 2014 penditure | \$ | | | |

| | | | | | | | 1 | | | |
|---|-------------------|-------------------------|----------------------------|---|----------------------------|-----------|----|------------|--|--|
| To Whom Paid ON STAR | | | | мо | DAY | YEAR | | | | |
| Mailing Address PO BOX 15653 | | | | 12 | 26 | 2014 | \$ | 54.57 | | |
| City WILLIM | INGTON | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| CityWILLIMINGTONStateZip code (Fils 4)DE198865653 | | | | UTILITIES | | | | | | |
| To Whom Paid STINGERS | | | | мо | DAY | YEAR | | | | |
| Mailing Address PROVIDENCE SHOPPING CENTER | | | | 12 | 26 | 2014 | \$ | 99.19 | | |
| City SECANE | | State | Zip Code (Plus 4) | Description of Expenditur | | | | | | |
| 2 SECANE | PA 19018 | | | Description of Expenditure STAFF MEETING | | | | | | |
| To Whom Paid ON STAR | | | | мо | DAY | YEAR | | | | |
| Mailing Address PO BOX 15653 | | | | 12 | 26 | 2014 | \$ | 59.80 | | |
| City WILLIM | INGTON | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| | | DE | 198865653 | UTILIT | | | | | | |
| To Whom Paid ALE HOUSE | | | | мо | DAY | YEAR | | | | |
| Mailing Address BALTIMORE PIKE | | | | 12 | 26 | 2014 | \$ | 28.00 | | |
| City SPRING | FIFLD | State | Zip Code (Plus 4) | Description of Expenditur | | | | | | |
| | | PA 19064 MEETING | | | | | | | | |
| To Whom Paid AOL | | | | мо | DAY | YEAR | | | | |
| Mailing Address P.O. BOX 8800 | | | | 12 | 26 | 2014 | \$ | 7.99 | | |
| City BALTIMO | ORF | State Zip Code (Plus 4) | | | Description of Expenditure | | | | | |
| | MD 21280 SECURITY | | | | | | | | | |
| To Whom Paid CITIZENS BANK | | | | мо | DAY | YEAR | | | | |
| Mailing Address 5221 BALTIMORE PIKE | | | | 12 | 31 | 2014 | \$ | 10.95 | | |
| City CLIFTON | N HEIGHTS | State PA | Zip Code (Plus 4) 19018 | Descrip FEES | tion of Exp | penditure | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | • | | | \$ | 2,656.93 | | |