### **Campaign Finance Report**

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

| Filer Identification 8800119 Report Filed By: CANDIDATE COMMITTEE LOBBYIST                                                                                                         |                                                |             |                        |       |       |       |         |             |          |        |            |                        |                |          |           |          |     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------|------------------------|-------|-------|-------|---------|-------------|----------|--------|------------|------------------------|----------------|----------|-----------|----------|-----|
| Name of Filing C                                                                                                                                                                   | Committee, Candid                              | late or L   | obbyist:               |       | STA   | CK,   | MIKE    | FOR ST      | ATE SE   | N CO   | М          |                        |                |          |           |          |     |
| Street Address:                                                                                                                                                                    | P O BOX 211                                    | 14          |                        |       |       |       |         |             |          |        |            |                        |                |          |           |          |     |
| City:                                                                                                                                                                              | PHILADELPHI<br>-                               | Α           |                        |       |       |       |         | State:      | PA       |        |            | <b>Zip Code:</b> 19114 |                |          |           |          |     |
| TYPE OF<br>REPORT                                                                                                                                                                  | 6TH TUESDAY<br>PRE-PRIMARY                     | 1.          | 2ND FRIDAY<br>PRIMARY  | PRE-  | -     | 2.    | 30 DA   |             | POST- 3. |        |            | AMENDM<br>REPORT       |                | Yes      | No        |          |     |
| (place X to<br>the right of                                                                                                                                                        | 6TH TUESDAY<br>PRE-ELECTION                    | 4. <b>X</b> | 2ND FRIDAY<br>ELECTION | PRE   | -     | 5.    | 30 DA   |             | POST-    | 6.     |            | TERMINA<br>REPORT      |                | Yes      | No        | •        | /   |
| report type)                                                                                                                                                                       | ANNUAL REPORT                                  | 7.          | <b>Year</b> 2002       |       |       |       |         | NG METHO    |          |        |            | PAPER                  |                | <b>/</b> | DISKE     | TTE      |     |
| Name of Office S                                                                                                                                                                   | Sought by Candida                              | ite:        | •                      |       |       |       |         | DATE 0      | F ELE    | CTIO   | N          | District<br>Number     | Office<br>Code | Par      | ty Code   | Count    | ty  |
| MO DAY YEAR STS DEM 51 SENATOR IN THE GENERAL ASSEMBLY                                                                                                                             |                                                |             |                        |       |       |       |         |             |          |        |            |                        |                |          |           |          |     |
| SENATOR IN T                                                                                                                                                                       | HE GENERAL ASS                                 | EMBLY       |                        |       |       |       |         | 11          |          | 5      | 2002       |                        | (SEE IN        | STRUCTI  | ONS FOR ( | CODES)   |     |
| Summary of Receipts and Expenditures from:  MO DAY YEAR MO DAY YEAR FOR O                                                                                                          |                                                |             |                        |       |       |       |         |             | R OFFI   | CE USE | ONLY       |                        |                |          |           |          |     |
|                                                                                                                                                                                    |                                                |             | 1 1                    |       | 1     | Т     | 0       | 9           |          | 16     | 2002       |                        |                |          |           |          |     |
| A. Amount Bro                                                                                                                                                                      | ught Forward Fro                               | m Last R    | eport                  |       |       |       | \$      |             |          | 18,9   | 908.04     |                        |                |          |           |          |     |
| B. Total Monet                                                                                                                                                                     | ary Contributions                              | And Rec     | eipts (From S          | che   | dule  | eI)   | \$      |             |          | 40,0   | 21.00      |                        |                |          |           |          |     |
| C. Total Funds                                                                                                                                                                     | Available (Sum O                               | f Lines A   | and B)                 |       |       |       | \$      |             |          | 58,9   | 29.04      | ]                      |                |          |           |          |     |
| D. Total Expen                                                                                                                                                                     | ditures (From Sch                              | edule II    | I)                     |       |       |       | \$      |             |          | 5,9    | 33.82      |                        |                |          |           |          |     |
| E. Ending Cash                                                                                                                                                                     | Balance (Subtrac                               | t Line D    | From Line C)           |       |       |       | \$      |             |          | 52,9   | 95.22      |                        |                |          |           |          |     |
| F. Value Of In-                                                                                                                                                                    | Kind Contribution                              | s Receiv    | ed (From Sch           | edu   | le II | [)    | \$      |             |          |        | 0.00       |                        |                |          |           |          |     |
| G. Unpaid Debt                                                                                                                                                                     | ts And Obligations                             | (From S     | Schedule IV)           |       |       |       | \$      |             |          |        | 0.00       |                        |                |          |           |          |     |
|                                                                                                                                                                                    |                                                |             | F                      | ۱FF   | ΊDΑ   | ٩VI   | T SE    | CTION       |          |        |            |                        |                |          |           |          |     |
| PART I - If this is                                                                                                                                                                | s a Committee rep                              | ort, trea   | surer sign he          | re. I | [f th | is is | a Car   | ndidate r   | eport, o | candi  | date sig   | jn here.               |                |          |           |          |     |
| I swear (or affirm) correct and comple                                                                                                                                             | ) that this report, inc<br>ete.                | luding the  | e attached sched       | dules | file  | d on  | paper ( | or by elect | ronic m  | edium  | , are to t | the best o             | f my kno       | wledge   | and beli  | ef , tru | ie. |
| Sworn to and subs                                                                                                                                                                  | cribed before me thi<br>day of                 | s           | 20                     |       |       |       |         |             |          | S      | ignature   | of Perso               | n Submit       | ting Rep | oort      |          |     |
|                                                                                                                                                                                    | Signatu                                        | ire         |                        |       |       |       | -<br>-  |             |          |        |            | Prin                   | ted Name       | •        |           |          | _   |
| My Commission Ex                                                                                                                                                                   | cpires                                         |             |                        |       |       |       | _       |             |          |        |            | Ema                    | il             |          |           |          | _   |
|                                                                                                                                                                                    | МО                                             | D           | AY                     | YR    |       |       |         |             | Are      | ea Cod | le         | Daytim                 | e Teleph       | one Nu   | mber      |          |     |
| 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  Signature of Candidate                                                                                                                     |                                                |             |                        |       |       |       |         | -           |          |        |            |                        |                |          |           |          |     |
|                                                                                                                                                                                    | day of<br>———————————————————————————————————— |             |                        |       |       |       | _       |             |          |        |            | Printe                 | d Name         |          |           |          | -   |
|                                                                                                                                                                                    | Signature                                      |             |                        |       |       |       | -       |             |          |        |            |                        |                |          |           |          | _   |
| My Commission Exp                                                                                                                                                                  | ires                                           |             |                        |       |       |       |         |             |          |        |            | Ema                    | il             |          |           |          |     |
|                                                                                                                                                                                    | МО                                             | D           | AY                     | YR    |       |       | -       |             | Area     | Code   |            | D                      | aytime T       | elephor  | ne Numb   | er       |     |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| · -                                                                                                                                                            |                  |     |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|-----------|
| Name of Filing Committee or Candidate                                                                                                                          | Reporting Period |     |           |
| STACK, MIKE FOR STATE SEN COM                                                                                                                                  | From:            | To: | 9/16/2002 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor                                                                                        |                  |     |           |
| TOTAL for the Reporting                                                                                                                                        | Period (1)       | \$  | 340.00    |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)                                                                                      |                  |     |           |
| Contributions Received From Political Committees (Part A)                                                                                                      |                  | \$  | 650.00    |
| All Other Contributions (Part B)                                                                                                                               |                  | \$  | 3,240.00  |
| TOTAL for the Reporting                                                                                                                                        | Period (2)       | \$  | 3,890.00  |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)                                                                                               |                  |     |           |
| Contributions Received From Political Committees (Part C)                                                                                                      |                  | \$  | 22,300.00 |
| All Other Contributions (Part D)                                                                                                                               |                  | \$  | 13,370.00 |
| TOTAL for the Reporting                                                                                                                                        | Period (3)       | \$  | 35,670.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)                                                                               |                  |     |           |
| TOTAL for the Reporting                                                                                                                                        | Period (4)       | \$  | 121.00    |
| 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 |                  | \$  | 40,021.00 |

#### **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 Com                        | lame of Filing Committee or Candidate |                    |                         |     |     | Period |      |        |            |
|-------------------------------------------|---------------------------------------|--------------------|-------------------------|-----|-----|--------|------|--------|------------|
| STACK, MIKE FOR                           | STATE SEN COM                         |                    |                         | Fro | om: |        | То   | •      | 9/16/2002  |
|                                           |                                       |                    |                         |     |     | DATE   |      | AMOUNT |            |
| Full Name of Contribe                     | _                                     |                    |                         |     | МО  | DAY    | YEAR |        |            |
| Mailing Address                           | 1746 OLD YORK                         | ROAD               |                         |     | 8   | 15     | 2002 | \$     | 100.00     |
| City ABINGTON                             |                                       | <b>State</b><br>PA | Zip Code (Plus          | 4)  | 0   | 13     | 2002 |        |            |
| Full Name of Contribe                     | _                                     |                    |                         |     | МО  | DAY    | YEAR |        |            |
| Mailing Address 1823 SPRING GARDEN STREET |                                       |                    |                         | 8   | 15  | 2002   | \$   | 150.00 |            |
| City PHILA.                               |                                       | State              | Zip Code (Plus          | 4)  | 8   | 15     | 2002 |        |            |
|                                           |                                       | PA                 | 19130                   |     |     |        |      |        |            |
| Full Name of Contribe                     | _                                     |                    |                         |     | мо  | DAY    | YEAR |        |            |
| Mailing Address                           | 1804 SPRING GA                        | RDEN STREET        |                         |     | 7   | 18     | 2002 | \$     | 150.00     |
| City PHILA.                               |                                       | <b>State</b><br>PA | Zip Code (Plus          | 4)  | ,   | 10     | 2002 |        |            |
| Full Name of Contribe                     | -                                     | -                  |                         |     | мо  | DAY    | YEAR |        |            |
| Mailing Address                           | P.O. BOX 60384                        |                    |                         |     | 7   | 18     | 2002 | \$     | 250.00     |
| City KING OF PRU                          | JSSIA                                 | <b>State</b><br>PA | Zip Code (Plus<br>19406 | 4)  | •   |        |      |        |            |
|                                           |                                       |                    |                         |     |     |        |      | Ī      | PAGE TOTAL |

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

**PAGE TOTAL \$** 650.00

### 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)

| Nam                                               | ne of Filing Committee or Candida | te     |                  | Rep      | orting Pe | eriod |      |     |           |
|---------------------------------------------------|-----------------------------------|--------|------------------|----------|-----------|-------|------|-----|-----------|
| STA                                               | CK, MIKE FOR STATE SEN COM        |        |                  | Froi     | m:        |       | To   | ):  | 9/16/2002 |
|                                                   |                                   |        |                  |          |           | DATE  |      |     | AMOUNT    |
| Full Na                                           | ame of Contributor                |        |                  |          | мо        | DAY   | YEAR |     |           |
| DAVID                                             | AND LINDA FORSTER                 |        |                  |          | 1-10      | DAI   | ILAK |     |           |
| Mailing                                           | g Address 2017 GORMAN ST.         |        |                  |          |           |       |      | \$  | 100.00    |
| City                                              | PHILA.                            | State  | Zip Code (Plus 4 | )        | 6         | 25    | 2002 |     |           |
|                                                   |                                   | PA     |                  |          |           |       |      |     |           |
| Full Name of Contributor WILLIAM G. CINLINGIN     |                                   |        |                  |          | мо        | DAY   | YEAR |     |           |
|                                                   |                                   |        |                  | -        |           |       |      |     |           |
|                                                   |                                   | a      |                  |          | 7         | 1     | 2002 | \$  | 250.00    |
| City                                              | HOLLAND                           | State  | Zip Code (Plus 4 | ,        | /         | 1     | 2002 |     |           |
|                                                   |                                   | PA     | 18966            |          |           |       |      |     |           |
| Full Name of Contributor GREGORY AND JUNE CASTANO |                                   |        |                  |          | мо        | DAY   | YEAR |     |           |
|                                                   | g Address 6748 OAKFORD ST         |        |                  | $\dashv$ |           |       |      | \$  | 100.00    |
| City                                              | PHILA                             | State  | Zip Code (Plus 4 | ,        | 7         | 2     | 2002 | ₽   | 100.00    |
| City                                              | FIIILA                            | PA     | Zip Code (Flus 4 | ,        | ,         | _     | 2002 |     |           |
| Full Na                                           | ame of Contributor                |        |                  |          |           |       |      |     |           |
|                                                   | A AND FRANK CONOWAY               |        |                  |          | МО        | DAY   | YEAR |     |           |
|                                                   | g Address 9107 RYERSON RC         | )AD    |                  |          |           |       |      | \$  | 100.00    |
| City                                              | PHILA.                            | State  | Zip Code (Plus 4 | ,        | 7         | 2     | 2002 | i i | 200.00    |
|                                                   |                                   | PA     | 19114            |          |           |       |      |     |           |
| Full Na                                           | ame of Contributor                |        |                  | Ī        | МС        | DAY   | VECT |     |           |
| GLORI                                             | A DECKARD                         |        |                  |          | МО        | DAY   | YEAR |     |           |
| Mailing                                           | g Address 9911 NORTHEAST          | AVENUE |                  |          |           |       |      | \$  | 100.00    |
| City                                              | PHILA.                            | State  | Zip Code (Plus 4 | )        | 7         | 2     | 2002 |     |           |
|                                                   |                                   | PA     | 191151559        |          |           |       |      |     |           |
| Full Na                                           | ame of Contributor                |        |                  |          | МС        | DAY   | VEAD |     |           |
| STEVEN GOLD                                       |                                   |        |                  |          | МО        | DAY   | YEAR |     |           |
| Mailing                                           | Mailing Address 50 MONUMENT ROAD  |        |                  |          |           |       |      | \$  | 250.00    |
| 5                                                 |                                   |        | Zip Code (Plus 4 | )        | 7         | 2     | 2002 |     |           |
|                                                   |                                   | PA     | 19004            |          |           |       |      |     |           |

|                                        |                           |                 |          |                   |      |          |        | _                |
|----------------------------------------|---------------------------|-----------------|----------|-------------------|------|----------|--------|------------------|
| Full Na                                | me of Contr               | ibutor          |          |                   | мо   | DAY      | YEAR   |                  |
| DAVID                                  | KAPLAN                    |                 |          |                   | 140  | DAI      | ILAK   |                  |
| Mailing                                | Address                   | 19815 KELVIN AV | ENUE     |                   |      |          |        | <b>\$</b> 200.00 |
| City                                   | PHILA.                    |                 | State    | Zip Code (Plus 4) | 7    | 2        | 2002   |                  |
|                                        |                           |                 | PA       | 19116             |      |          |        |                  |
| Full Na                                | me of Contr               | ibutor          |          |                   | мо   | DAY      | YEAR   |                  |
| JAMES                                  | LAWLESS                   |                 |          |                   | 1.10 | DAI      | ILAK   |                  |
| Mailing                                | Address                   | 9808 REDD RAMB  | LER ROAD |                   |      |          |        | <b>\$</b> 250.00 |
| City                                   | PHILA.                    |                 | State    | Zip Code (Plus 4) | 7    | 2        | 2002   |                  |
|                                        |                           |                 | PA       | 19115             |      |          |        |                  |
| Full Na                                | me of Contr               | ibutor          |          |                   | мо   | DAY      | YEAR   |                  |
| PAUL MATZKO                            |                           |                 |          | 140               | DAI  | ILAK     |        |                  |
| Mailing                                | Address                   | 3911 HENRY AVE  | NUE      |                   |      |          |        | \$ 100.00        |
| City                                   | PHILA.                    |                 | State    | Zip Code (Plus 4) | 7    | 2        | 2002   |                  |
|                                        |                           |                 | PA       | 19129             |      |          |        |                  |
| Full Na                                | me of Contr               | ibutor          |          |                   | мо   | DAY      | YEAR   |                  |
| HELEN                                  | AND WARR                  | EN MESSING      |          |                   | 140  | DAI      | ILAK   |                  |
| Mailing                                | Address                   | 1253 SOUTHAMPT  | ON ROAD  |                   |      |          |        | \$ 100.00        |
| City                                   | PHILA.                    |                 | State    | Zip Code (Plus 4) | 7    | 2        | 2002   |                  |
|                                        |                           |                 | PA       | 19116             |      |          |        |                  |
| Full Na                                | me of Contr               | ibutor          |          |                   | мо   | DAY      | YEAR   |                  |
| EILEEN                                 | I MIRSCH                  |                 |          |                   | 140  | DAI      | ILAK   |                  |
| Mailing                                | Address                   | 141 KINGS COUR  | Τ        |                   | _    |          |        | <b>\$</b> 150.00 |
| City                                   | CHALFONT                  |                 | State    | Zip Code (Plus 4) | 7    | 2        | 2002   |                  |
|                                        |                           |                 | PA       | 18914             |      |          |        |                  |
| Full Na                                | me of Contr               | ibutor          |          |                   | МО   | DAY      | YEAR   |                  |
| BERNAI                                 | DETTE AND                 | JOEPH RUGGIERO  |          |                   |      | 57(1     | 1 2711 |                  |
| Mailing                                | Address                   | 2516 WOODLAWN   | DRIVE    |                   |      |          |        | \$ 100.00        |
| City                                   | BRISTOL                   |                 | State    | Zip Code (Plus 4) | 7    | 2        | 2002   |                  |
|                                        |                           |                 | PA       | 190072034         |      |          |        |                  |
| Full Na                                | me of Contr               | ibutor          |          |                   | МО   | DAY      | YEAR   |                  |
| ROBER                                  | T SITOSKI                 |                 |          |                   |      |          |        |                  |
| Mailing                                | Address                   | 27 CEDAR MEADO  | W LANE   |                   |      |          |        | \$ 250.00        |
| City                                   | MEDIA                     |                 | State    | Zip Code (Plus 4) | 7    | 2        | 2002   |                  |
|                                        |                           |                 | PA       | 19063             |      |          |        |                  |
| Full Na                                | me of Contr               | ibutor          |          |                   | МО   | DAY      | YEAR   |                  |
| LISA A                                 | ND JOHN S                 | ABATINA         |          |                   |      |          |        |                  |
| Mailing                                | Address                   | 1742 EMERSON S  | TREET    |                   |      |          |        | \$ 60.00         |
| City                                   | PHILA.                    |                 | State    | Zip Code (Plus 4) | 8    | 8        | 2002   |                  |
|                                        |                           |                 | PA       | 19152             |      |          |        |                  |
| Full Na                                | Full Name of Contributor  |                 |          | мо                | DAY  | YEAR     |        |                  |
| KATHLE                                 | KATHLEEN AND KENNETH BODE |                 |          |                   |      | /\       |        |                  |
| Mailing Address 7408 RISING SUN AVENUE |                           |                 |          |                   |      | \$ 30.00 |        |                  |
| City                                   | PHILA.                    |                 | State    | Zip Code (Plus 4) | 8    | 9        | 2002   |                  |
|                                        |                           |                 | PA       |                   |      |          |        |                  |
|                                        |                           |                 |          |                   |      |          |        |                  |

| Full Na                             | ame of Conti              | ibutor          |               |                   | мо       | DAY                                          | YEAR     |                |
|-------------------------------------|---------------------------|-----------------|---------------|-------------------|----------|----------------------------------------------|----------|----------------|
| КАТНІ                               | EEN AND K                 | ENNETH BODE     |               |                   | MO       | DAT                                          | TEAR     |                |
| Mailin                              | g Address                 | 7408 RISING SUN | AVENUE        |                   |          |                                              |          | \$ 60.0        |
| City                                | PHILA.                    |                 | State         | Zip Code (Plus 4) | 8        | 9                                            | 2002     |                |
|                                     |                           |                 | PA            |                   |          |                                              |          |                |
| Full Na                             | ame of Conti              | ibutor          | •             | •                 | МО       | DAY                                          | VEAD     |                |
| KATHI                               | EEN AND K                 | ENNETH BODE     |               |                   | МО       | DAY                                          | YEAR     |                |
| Mailin                              | g Address                 | 7408 RISING SUN | AVENUE        |                   |          |                                              |          | \$ 60.0        |
| City                                | PHILA.                    |                 | State         | Zip Code (Plus 4) | 8        | 9                                            | 2002     |                |
|                                     |                           |                 | PA            | 19111             |          |                                              |          |                |
| Full Na                             | ame of Conti              | ibutor          | !             |                   |          |                                              |          | <u>.</u><br>   |
|                                     | R. LLOYD,                 |                 |               |                   | МО       | DAY                                          | YEAR     |                |
|                                     | g Address                 | 110 BYBERRY ROA | AD            |                   |          |                                              |          | <b>\$</b> 60.0 |
| City                                | PHILA.                    | TTO DIBERRY NO. | State         | Zip Code (Plus 4) | 8        | 12                                           | 2002     | 00.0           |
|                                     |                           |                 | PA            | 19116             |          |                                              |          |                |
|                                     |                           | Maraka          | 1             | 1 -5              |          |                                              |          | <u> </u>       |
|                                     | ame of Conti              | ibutor          |               |                   | МО       | DAY                                          | YEAR     |                |
|                                     | RICHMAN                   | 1054 COODNAW    | STREET AND EL |                   |          |                                              |          |                |
| <u> </u>                            | g Address                 | 1954 GOODNAW S  | State         | Zin Code (Blue 4) | 8        | 12                                           | 2002     | \$ 60.0        |
| City                                | PHILA.                    |                 |               | Zip Code (Plus 4) |          | 12                                           | 2002     |                |
|                                     |                           |                 | PA            | 19115             | <u> </u> |                                              | <u> </u> |                |
|                                     | ame of Conti              | ibutor          |               |                   | мо       | DAY                                          | YEAR     |                |
|                                     | RICHMAN                   |                 |               |                   |          |                                              |          |                |
|                                     | g Address                 | 1954 GOODNAW S  |               | 1                 | _        |                                              |          | \$ 60.0        |
| City                                | PHILA.                    |                 | State         | Zip Code (Plus 4) | 8        | 12                                           | 2002     |                |
|                                     |                           |                 | PA            | 19115             |          |                                              |          |                |
| Full Na                             | ame of Conti              | ibutor          |               |                   | мо       | DAY                                          | YEAR     |                |
| JOSEP                               | H AND RITA                | FERNADES        |               |                   |          |                                              |          |                |
| Mailin                              | g Address                 | 8353 ALGON AVE  | NUE           | ,                 | 4        |                                              |          | \$ 120.0       |
| City                                | PHILA.                    |                 | State         | Zip Code (Plus 4) | 8        | 13                                           | 2002     |                |
|                                     |                           |                 | PA            | 191522220         |          |                                              |          |                |
| Full Na                             | ame of Conti              | ibutor          |               |                   | мо       | DAY                                          | YEAR     |                |
| GERAI                               | LD KELLY                  |                 |               |                   | 1.10     | DAI                                          | ILAK     |                |
| Mailin                              | g Address                 | 10144 HALDEMAN  | AVENUE        |                   |          |                                              |          | \$ 60.0        |
| City                                | PHILA.                    |                 | State         | Zip Code (Plus 4) | 8        | 14                                           | 2002     |                |
|                                     |                           |                 | PA            | 19116             |          |                                              |          |                |
| Full Na                             | ame of Conti              | ibutor          |               |                   | 140      | DAY                                          | VEAS     |                |
| ROBE                                | RT AND ANG                | ELAA DELLAVELLA |               |                   | МО       | DAY                                          | YEAR     |                |
| Mailin                              | g Address                 | 3200 MAGEE AVE  | NUE           |                   |          |                                              |          | \$ 60.0        |
| City                                | PHILA.                    |                 | State         | Zip Code (Plus 4) | 8        | 15                                           | 2002     |                |
|                                     |                           |                 | PA            | 19149             |          |                                              |          |                |
| Full Name of Contributor            |                           |                 |               |                   |          | <u>.                                    </u> |          |                |
|                                     | MATTHEW AND ANDREA OFFNER |                 |               | МО                | DAY      | YEAR                                         |          |                |
| Mailing Address 1642 DEER RUN DRIVE |                           |                 |               |                   |          | <b>\$</b> 60.0                               |          |                |
| City                                | JAMISON                   |                 | State         | Zip Code (Plus 4) | 8        | 15                                           | 2002     |                |
| '                                   | 320011                    |                 | PA            | 18929             |          |                                              |          |                |
|                                     |                           |                 | -             | 1                 | 1        | l .                                          | ı        | I              |

| Full Name of Cont<br>JAY M. LEFFLER |                 |       |                   |     | DAY  | YEAR             |                  |
|-------------------------------------|-----------------|-------|-------------------|-----|------|------------------|------------------|
| Mailing Address                     | 1315 WALNUT STR | REET  |                   |     |      |                  | <b>\$</b> 150.00 |
| City PHILA.                         |                 | State | Zip Code (Plus 4) | 8   | 22   | 2002             |                  |
|                                     |                 | PA    | 19107             |     |      |                  |                  |
| Full Name of Cont                   | ributor         |       |                   | мо  | DAY  | YEAR             |                  |
| CHARLES GARUFFE                     |                 |       |                   |     |      |                  |                  |
| Mailing Address                     | 5223 TORRESDALE | AVE.  |                   |     |      |                  | \$ 100.00        |
| City PHILA.                         |                 | State | Zip Code (Plus 4) | 9   | 16   | 2002             |                  |
|                                     |                 | PA    | 19124             |     |      |                  |                  |
| Full Name of Cont                   | ributor         |       |                   | МО  | DAY  | YEAR             |                  |
| MARK MENDEL, ESQUIRE                |                 |       | 140               | DAI | ILAK |                  |                  |
| Mailing Address 1620 LOCUST STREET  |                 |       |                   |     |      | <b>\$</b> 250.00 |                  |
| City PHILA.                         |                 | State | Zip Code (Plus 4) | 9   | 16   | 2002             |                  |
|                                     | PA 191036392    |       |                   |     |      |                  | 2                |

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

| PAGE TOTAL     |
|----------------|
| \$<br>3,240.00 |

#### **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     |     |      |                    |
|---------------------------------------|--------|----------|------------|------------|-----|------|--------------------|
| STACK, MIKE FOR STATE SEN COM         |        |          | From:      |            |     | То:  | 9/16/2002          |
|                                       |        |          |            | DA         | TE  |      | AMOUNT             |
| Full Name of Contributing Committee   |        |          |            | мо         | DAY | YEAR |                    |
| CROWN PAC, PA                         |        |          |            |            |     |      | <b>\$</b> 1,000.00 |
| Mailing Address 1 CROWN WAY           |        |          |            | 6          | 25  | 2002 |                    |
| City PHILA                            | State  | Zip Code | e (Plus 4) |            |     |      |                    |
|                                       | PA     | 19154    |            |            |     |      |                    |
| Full Name of Contributing Committee   |        |          |            | мо         | DAY | YEAR |                    |
| CEMENT MASONS LOCAL 592               |        |          |            |            |     |      | <b>\$</b> 1,000.00 |
| Mailing Address 2511 SNYDER AVE.      |        |          |            | 7          | 2   | 2002 | ·                  |
| City PHILA.                           | State  | Zip Code | e (Plus 4) |            | -   |      |                    |
|                                       | PA     | 19148    |            |            |     |      |                    |
| Full Name of Contributing Committee   | -      | -        |            | МО         | DAY | YEAR |                    |
| CHAPTER 830 DRIVE                     |        |          |            | MO         | DAT | TEAR | \$ 1,000.00        |
| Mailing Address 12298 TOWSEND RC      | )AD    |          |            | 7          | 2   | 2002 | _,                 |
| City PHILA.                           | State  | Zip Code | e (Plus 4) | <b>1</b>   |     | 2002 |                    |
|                                       | PA     | 19154    |            |            |     |      |                    |
| Full Name of Contributing Committee   | •      | •        |            | мо         | DAY | YEAR |                    |
| CROWN PAC PA                          |        |          |            | 140        | DAI | ILAK | <b>\$</b> 500.00   |
| Mailing Address ONE CROWN WAY         |        |          |            | 7          | 2   | 2002 | 333.33             |
| City PHILA.                           | State  | Zip Code | e (Plus 4) | <b>1</b> ′ |     | 2002 |                    |
|                                       | PA     | 19154    |            |            |     |      |                    |
| Full Name of Contributing Committee   |        | •        |            |            |     |      |                    |
| FURIA AND TURNER                      |        |          |            | МО         | DAY | YEAR | \$ 500.00          |
| Mailing Address 1717 RITTENHOUSE      | SQUARE |          |            | 7          | 2   | 2002 | 300.00             |
| City PHILA.                           | State  | Zip Code | e (Plus 4) | ′          |     | 2002 |                    |
|                                       | PA     | 19103    |            |            |     |      |                    |
| Full Name of Contributing Committee   |        |          |            | мо         | DAY | YEAR |                    |
| HARRY CITRINO FOR CITY COUNCIL        |        |          |            | MO         | DAY | YEAR | <b>\$</b> 300.00   |
| Mailing Address P.O. BOX 52010        |        |          |            | 7          | 2   | 2002 | 300.00             |
| City PHILA.                           | State  | Zip Code | e (Plus 4) | 1 ′        |     | 2002 |                    |
|                                       | PA     | 19115    |            |            |     |      |                    |

|                                                                                                                                            | tributing Committee                                                                                                                |                           |                                      | мо               | DAY          | YEAR                 |           |          |
|--------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------------|------------------|--------------|----------------------|-----------|----------|
| Mailing Address                                                                                                                            | 2980 SOUTHAMPTON                                                                                                                   | I ROAD                    |                                      | _                | _            |                      | \$        | 1,000.00 |
| City PHILA.                                                                                                                                |                                                                                                                                    | State                     | Zip Code (Plus 4)                    | 7                | 2            | 2002                 |           |          |
|                                                                                                                                            |                                                                                                                                    | PA                        | 19154                                |                  |              |                      |           |          |
| Full Name of Con                                                                                                                           | tributing Committee                                                                                                                | -                         | -                                    | МО               | DAY          | YEAR                 |           |          |
| JPF POLITICAL A                                                                                                                            | CTION COMMITTEE                                                                                                                    |                           |                                      |                  |              |                      | \$        | 500.00   |
| Mailing Address 1608 WALNUT STREET 18TH FLOOR                                                                                              |                                                                                                                                    |                           | 7                                    | 2                | 2002         |                      |           |          |
| City PHILA.                                                                                                                                |                                                                                                                                    | State                     | Zip Code (Plus 4)                    |                  | _            |                      |           |          |
|                                                                                                                                            |                                                                                                                                    | PA                        | 19103                                |                  |              |                      |           |          |
| Full Name of Contributing Committee                                                                                                        |                                                                                                                                    |                           |                                      | МО               | DAY          | YEAR                 |           |          |
| LAWPAC                                                                                                                                     |                                                                                                                                    |                           |                                      |                  |              |                      | \$        | 1,000.00 |
| Mailing Address                                                                                                                            | 800 NORTH THIRD S                                                                                                                  | 800 NORTH THIRD STREET    |                                      | 7                | 2            | 2002                 |           |          |
| City HARRISB                                                                                                                               | URG                                                                                                                                | State                     | Zip Code (Plus 4)                    |                  |              |                      |           |          |
|                                                                                                                                            |                                                                                                                                    | PA                        | 17102                                |                  |              |                      |           |          |
|                                                                                                                                            |                                                                                                                                    |                           |                                      |                  |              |                      |           |          |
| Full Name of Con                                                                                                                           | tributing Committee                                                                                                                |                           |                                      | МО               | DAY          | YEAR                 |           |          |
| Full Name of Con<br>LOCAL 98 IBEW                                                                                                          | _                                                                                                                                  |                           |                                      | мо               | DAY          | YEAR                 | \$        | 5,000.00 |
|                                                                                                                                            | _                                                                                                                                  | EN ST.                    |                                      |                  |              |                      | \$        | 5,000.00 |
| LOCAL 98 IBEW                                                                                                                              | COMMITTEE                                                                                                                          | EN ST.                    | Zip Code (Plus 4)                    | <b>MO</b> 7      | <b>DAY</b> 2 | <b>YEAR</b> 2002     | <b>\$</b> | 5,000.00 |
| LOCAL 98 IBEW Mailing Address                                                                                                              | COMMITTEE                                                                                                                          | <u> </u>                  | Zip Code (Plus 4)                    |                  |              |                      | \$        | 5,000.00 |
| LOCAL 98 IBEW Mailing Address City PHILA.                                                                                                  | COMMITTEE                                                                                                                          | State                     | Zip Code (Plus 4)                    | . 7              | 2            | 2002                 | \$        | 5,000.00 |
| LOCAL 98 IBEW  Mailing Address  City PHILA.  Full Name of Con                                                                              | COMMITTEE  1719 SPRING GARDE                                                                                                       | State<br>PA               | Zip Code (Plus 4)                    |                  |              |                      | \$        | 5,000.00 |
| LOCAL 98 IBEW  Mailing Address  City PHILA.  Full Name of Con                                                                              | COMMITTEE  1719 SPRING GARDE                                                                                                       | State<br>PA               | Zip Code (Plus 4)                    | , 7<br><b>MO</b> | 2 DAY        | 2002<br>YEAR         |           |          |
| LOCAL 98 IBEW  Mailing Address  City PHILA.  Full Name of Con SPRINKLER FITT                                                               | COMMITTEE  1719 SPRING GARDE  Itributing Committee  ERS LOCAL UNION #69                                                            | State<br>PA               | Zip Code (Plus 4)  Zip Code (Plus 4) | . 7              | 2            | 2002                 |           |          |
| Mailing Address City PHILA.  Full Name of Con SPRINKLER FITT Mailing Address                                                               | COMMITTEE  1719 SPRING GARDE  Itributing Committee  ERS LOCAL UNION #69                                                            | State PA 2 AD             |                                      | , 7<br><b>MO</b> | 2 DAY        | 2002<br>YEAR         |           |          |
| LOCAL 98 IBEW  Mailing Address  City PHILA.  Full Name of Con SPRINKLER FITT  Mailing Address  City PHILA.                                 | COMMITTEE  1719 SPRING GARDE  Itributing Committee  ERS LOCAL UNION #69                                                            | State PA  2  AD  State    | Zip Code (Plus 4)                    | мо<br>7          | 2 DAY 2      | 2002<br>YEAR<br>2002 |           |          |
| Mailing Address City PHILA.  Full Name of Con SPRINKLER FITT Mailing Address City PHILA.  Full Name of Con                                 | COMMITTEE  1719 SPRING GARDE  Stributing Committee  TERS LOCAL UNION #69  14002 MCNULTY ROA                                        | State PA  2  AD  State    | Zip Code (Plus 4)                    | , 7<br><b>MO</b> | 2 DAY        | 2002<br>YEAR         |           | 500.00   |
| Mailing Address City PHILA.  Full Name of Con SPRINKLER FITT Mailing Address City PHILA.  Full Name of Con                                 | COMMITTEE  1719 SPRING GARDE  Atributing Committee  ERS LOCAL UNION #69  14002 MCNULTY ROA                                         | State PA  2  AD  State    | Zip Code (Plus 4)                    | мо 7 мо          | 2 DAY 2      | 2002  YEAR  2002     | \$        |          |
| LOCAL 98 IBEW  Mailing Address  City PHILA.  Full Name of Con SPRINKLER FITT  Mailing Address  City PHILA.  Full Name of Con BORSKI FOR CO | COMMITTEE  1719 SPRING GARDE  Atributing Committee  ERS LOCAL UNION #69  14002 MCNULTY ROA  Atributing Committee  NGRESS COMMITTEE | State PA  2  AD  State    | Zip Code (Plus 4)                    | мо<br>7          | 2 DAY 2      | 2002<br>YEAR<br>2002 | \$        | 500.00   |
| Mailing Address City PHILA.  Full Name of Con SPRINKLER FITT Mailing Address City PHILA.  Full Name of Con BORSKI FOR CO Mailing Address   | COMMITTEE  1719 SPRING GARDE  Atributing Committee  ERS LOCAL UNION #69  14002 MCNULTY ROA  Atributing Committee  NGRESS COMMITTEE | State PA  2  AD  State PA | <b>Zip Code (Plus 4)</b><br>19154    | мо 7 мо          | 2 DAY 2      | 2002  YEAR  2002     | \$        | 500.00   |

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

**PAGE TOTAL** 22,300.00

### 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.)

|                                                          |                                                                                | F                                                                                                    | Reporting Pe                                                                                                                                                                                       | riod               |        |            |             |
|----------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------|------------|-------------|
|                                                          |                                                                                | F                                                                                                    | rom:                                                                                                                                                                                               |                    | То     | 9/16/2002  |             |
|                                                          |                                                                                |                                                                                                      | DA                                                                                                                                                                                                 | ATE                |        | АМ         | OUNT        |
|                                                          |                                                                                |                                                                                                      | МО                                                                                                                                                                                                 | DAY                | VEAD   |            |             |
|                                                          |                                                                                |                                                                                                      | MO                                                                                                                                                                                                 | DAT                | TEAK   | \$         | 100.00      |
|                                                          |                                                                                |                                                                                                      | Q                                                                                                                                                                                                  | 14                 | 2002   |            |             |
| State                                                    | Zip                                                                            | Code (Plus 4)                                                                                        |                                                                                                                                                                                                    | 14                 | 2002   |            |             |
| PA                                                       | 19                                                                             | 115                                                                                                  |                                                                                                                                                                                                    |                    |        |            |             |
|                                                          |                                                                                |                                                                                                      | Occupat                                                                                                                                                                                            | ion                | UNKNO  | VN         |             |
| e of Business                                            |                                                                                | City                                                                                                 |                                                                                                                                                                                                    | State              |        | Zip Code   | (Plus 4)    |
|                                                          |                                                                                |                                                                                                      |                                                                                                                                                                                                    |                    | VEAD   |            |             |
|                                                          |                                                                                |                                                                                                      | МО                                                                                                                                                                                                 | DAY                | YEAR   | <b>\$</b>  | 500.00      |
| ET SUITE 807                                             |                                                                                |                                                                                                      |                                                                                                                                                                                                    | 1.4                | 2002   |            |             |
| State                                                    | Zip                                                                            | Code (Plus 4)                                                                                        | 9                                                                                                                                                                                                  | 14                 | 2002   |            |             |
| PA                                                       | 19                                                                             | 102                                                                                                  |                                                                                                                                                                                                    |                    |        |            |             |
|                                                          |                                                                                |                                                                                                      | Occupat                                                                                                                                                                                            | ion                | UNKNO\ | VN         |             |
| e of Business                                            |                                                                                | City                                                                                                 |                                                                                                                                                                                                    | State              |        | Zip Code   | (Plus 4)    |
|                                                          | •                                                                              |                                                                                                      | МО                                                                                                                                                                                                 | DAY                | YEAR   | \$         | 270.00      |
| A\/ENITE                                                 |                                                                                |                                                                                                      |                                                                                                                                                                                                    |                    |        | -          |             |
|                                                          | 7in                                                                            | Code (Plus 4)                                                                                        | 8                                                                                                                                                                                                  | 15                 | 2002   |            |             |
|                                                          |                                                                                |                                                                                                      |                                                                                                                                                                                                    |                    |        |            |             |
| ra i                                                     | 1 19                                                                           | 124                                                                                                  | Occupat                                                                                                                                                                                            |                    |        | ·<br>•/NI  |             |
| a of Business                                            |                                                                                | City                                                                                                 | ГОССИРАС                                                                                                                                                                                           | 1                  | UNKNU  |            | (Dive 4)    |
| e or business                                            |                                                                                | City                                                                                                 |                                                                                                                                                                                                    | State              |        | Zip Code   | (Plus 4)    |
|                                                          |                                                                                |                                                                                                      | МО                                                                                                                                                                                                 | DAY                | VEAD   |            | F00.00      |
|                                                          |                                                                                |                                                                                                      | 140                                                                                                                                                                                                | DAI                | ILAK   | ] *        | 500.00      |
|                                                          |                                                                                |                                                                                                      | 8                                                                                                                                                                                                  | 6                  | 2002   |            |             |
| State                                                    | Zip                                                                            | Code (Plus 4)                                                                                        |                                                                                                                                                                                                    |                    | 2002   |            |             |
| PA                                                       | 18                                                                             | 966                                                                                                  |                                                                                                                                                                                                    |                    |        | 1          |             |
|                                                          |                                                                                |                                                                                                      | Occupat                                                                                                                                                                                            | Occupation UNKNOWN |        |            |             |
| nployer Mailing Address/Principal Place of Business City |                                                                                |                                                                                                      |                                                                                                                                                                                                    | State              | State  |            | (Plus 4)    |
|                                                          | ET SUITE 807 State PA  e of Business  AVENUE State PA  e of Business  State PA | ET SUITE 807 State Zip PA 19  AVENUE State Zip PA 19  Cof Business  State Zip PA 19  State Zip PA 19 | State Zip Code (Plus 4) PA 19115  ET SUITE 807 State Zip Code (Plus 4) PA 19102  e of Business City  AVENUE State Zip Code (Plus 4) PA 19124  e of Business City  State Zip Code (Plus 4) PA 19124 | From:              | No     | From:   To | From:   To: |

| STEVEN G. WIGHZER   Mailing Address   1341 VALLEY ROAD   190852125   9   14   2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |               |      |                 |         |          |          |            |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------|------|-----------------|---------|----------|----------|------------|------------|
| STEVEM G. WICRIZER   STATE WILLEY ROAD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Full Name of Contributor                                  |               |      |                 | мо      | DAY      | YEAR     | •          | E00.00     |
| State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STEVEM G. WIGRIZER                                        |               |      |                 |         | 27       |          | _  ₹       | 300.00     |
| State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Mailing Address 1341 VALLEY ROAD                          |               |      |                 | 7       | 2        | 2002     | 1          |            |
| Province     | City VILLANNOVA                                           | State         | Zi   | p Code (Plus 4) |         |          |          |            |            |
| This   State    |                                                           | PA            | 19   | 00852125        |         |          |          | l          |            |
| Full Name of Contributor   STEVEM G. WISRIZER   S    | Employer Name                                             |               |      |                 | Occupat | ion      | UNKNO\   | ٧N         |            |
| STEVEM G. WIGRIZER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Employer Mailing Address/Principal Place                  | e of Business |      | City            |         | State    |          | Zip Code   | e (Plus 4) |
| STEVEM G. WIGRIZER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |               |      |                 |         |          |          |            |            |
| STEVEM   G. NUIGRIZER   STEVEM   STE     | Full Name of Contributor                                  |               |      |                 |         |          |          |            |            |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |               |      |                 | МО      | DAY      | YEAR     | \$         | 500.00     |
| City   VILLANNOVA   State   PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                           |               |      |                 |         |          |          | ₹ .        |            |
| Employer Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           | State         | Zi   | p Code (Plus 4) | 9       | 14       | 2002     |            |            |
| Employer Name Employer Mailing Address/Principal Place of Business  City  Tul Name of Contributor CICUANN AND LEWIS TARLINI  Mailing Address 2986 GALLOWAY ROAD  City  Employer Mailing Address/Principal Place of Business  City  Tul Name of Contributor City  Employer Mailing Address 9989 SANDY ROAD  City  PA  19020  Tul Name of Contributor City  Employer Mailing Address 9989 SANDY ROAD  City  PA  19115  City  Cit  | , , , , , , , , , , , , , , , , , , , ,                   | ΡΔ            |      |                 |         |          |          |            |            |
| Full Name of Contributor   City   State   City   Code (Plus 4)   City   State   City     | Employer Name                                             |               | 1 12 | ,0032123        | Occupat | ion      | INIKNO   | //NI       |            |
| Full Name of Contributor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           | of Business   |      | City            | Ccupat  | 1        | UNKNO    |            | (Div. 4)   |
| LOUANN AND LEWIS TARLINI  Mailing Address 2986 GALLOWAY ROAD  City BENSALEM State 19020  Employer Name  Employer Mailing Address/Principal Place of Business  City DAY VEAR 1000.  Full Name of Contributor GAIL REED 9989 SANDY ROAD  Employer Mailing Address/Principal Place of Business  City DAY VEAR 1000.  Full Name of Contributor GAIL REED 19115  Employer Mailing Address/Principal Place of Business  City DAY VEAR 1000.  Full Name of Contributor GAIL REED 19115  Employer Mailing Address/Principal Place of Business  City DAY VEAR 1000.  Full Name of Contributor GAIL REED 19115  Employer Mailing Address/Principal Place of Business  City DAY VEAR 1000.  Full Name of Contributor GAIL REED 19115  Employer Mailing Address 6 PINE PLACE WEST 7 2 2002  Full Name of Contributor GAIL REED 19115  Employer Name 19115  Employer Name Occupation UNKNOWN  Employer Name Occupation UNKNOWN  Employer Name Occupation UNKNOWN  Employer Name Occupation UNKNOWN  Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)  Full Name of Contributor GAIL REED 19115  Employer Name Occupation UNKNOWN  Employer Name Occupation UNKNOWN  Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)  Full Name of Contributor GAIL REED 19115  Full Name of Contribu  | City                                                      |               |      |                 |         | State    |          | Zip Code   | e (Plus 4) |
| LOUANN AND LEWIS TARLINI   Mailing Address   2986 GALLOWAY ROAD   To   2   2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Full Name of Contributor                                  |               |      |                 | MO      | DAV      | YEAD     | <u>,</u>   | 1 000 00   |
| State   PA   19020   PA   19020   PA   19020   PA   19020   PA   19020   PA   19020   PA   PA   19020   PA   PA   19020   PA   PA   19020   PA   PA   PA   PA   PA   PA   PA   P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LOUANN AND LEWIS TARLINI                                  |               |      |                 | МО      | DAI      | ILAK     |            | 1,000.00   |
| State   PA   19020   PA   19020   PA   PA   19020   PA   PA   19020   PA   PA   PA   PA   PA   PA   PA   P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mailing Address 2986 GALLOWAY RO                          | AD            |      |                 | 7       | 2        | 2002     | 7          |            |
| Employer Mailing Address/Principal Place of Business  City  State  Zip Code (Plus 4)  Full Name of Contributor GAIL REED  Mailing Address 9989 SANDY ROAD  City PHILA.  State PA 19115  City  State  Zip Code (Plus 4)  PA 19115  City  Full Name of Contributor LISA AND FORTUNATO PERRI  Mailing Address 6 PINE PLACE WEST City PHILA.  State PA 19115  City  City PHILA.  State PA 19115  City  City PHILA.  State PA 19115  City  City PHILA.  State PA 19115  City State  Zip Code (Plus 4)  Full Name of Contributor FRANCIS J. MORAN  Mo DAY YEAR \$ 500.  All City PEAR PA 19063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |               |      | ] ' ]           | _       | 2002     | Ī        |            |            |
| Employer Mailing Address/Principal Place of Business  City  State  Zip Code (Plus 4)  Full Name of Contributor GAIL REED  Mailing Address 9989 SANDY ROAD  City PHILA.  State PA 19115  Employer Name  Employer Mailing Address/Principal Place of Business  City  State Zip Code (Plus 4)  7 2 2002  100.  Mailing Address 989 SANDY ROAD  City  State Zip Code (Plus 4)  To Coccupation UNKNOWN  Employer Mailing Address/Principal Place of Business  City  MO DAY YEAR \$ 500.  Mailing Address 6 PINE PLACE WEST City PHILA.  State PA 19115  City State Zip Code (Plus 4)  To Coccupation UNKNOWN  Employer Name City State Zip Code (Plus 4)  Full Name of Contributor City State Zip Code (Plus 4)  Full Name of Contributor PA 19115  To Coccupation UNKNOWN  Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)  Full Name of Contributor FRANCIS J. MORAN  Mailing Address 606 BALTIMORE PIKE P.O. BOX 30  City MEDIA State Zip Code (Plus 4)  To 2 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           | PA            | 19   | 0020            |         |          |          |            |            |
| Full Name of Contributor GAIL REED  Mailing Address 9989 SANDY ROAD  City PHILA.  State Zip Code (Plus 4) 19115  Employer Name  Employer Mailing Address/Principal Place of Business  City  MO DAY  YEAR  \$ 100.  100.  State Zip Code (Plus 4) 19115  City  State Zip Code (Plus 4)  Full Name of Contributor LISA AND FORTUNATO PERRI  Mo DAY  YEAR  \$ 500.  Mailing Address 6 PINE PLACE WEST  City PHILA.  State Zip Code (Plus 4)  PA 19115  City  City  State  City  State  Zip Code (Plus 4)  Full Name of Contributor City PHILA.  State  NO DAY  YEAR  \$ 500.  Mailing Address 606 Baltimore Place of Business  City  State  Zip Code (Plus 4)  Full Name of Contributor FRANCIS J. MORAN  Mailing Address 606 Baltimore Plke P.O. BOX 30  City MEDIA  State  Zip Code (Plus 4)  7 2 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Employer Name                                             |               |      |                 | Occupat | ion      | UNKNO\   | ۷N         |            |
| GAIL REED  Mailing Address 9989 SANDY ROAD  City PHILA. State PA 19115  Employer Name  Employer Mailing Address/Principal Place of Business  City PHILA. State Zip Code (Plus 4)  Full Name of Contributor LISA AND FORTUNATO PERRI  Mailing Address 6 PINE PLACE WEST  City PHILA. State Zip Code (Plus 4)  Employer Name  City Occupation UNKNOWN  Employer Name  City PHILA. State Zip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  City PHILA. State Zip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  City State Zip Code (Plus 4)  Full Name of Contributor FRANCIS J. MORAN  Mailing Address 606 BALTIMORE PIKE P.O. BOX 30  City MEDIA State Zip Code (Plus 4)  PA 19063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Employer Mailing Address/Principal Place                  | e of Business |      | City            |         | State    |          | Zip Code   | e (Plus 4) |
| GAIL REED  Mailing Address 9989 SANDY ROAD  City PHILA. State Zip Code (Plus 4) 19115  Employer Name Occupation UNKNOWN  Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)  Full Name of Contributor LISA AND FORTUNATO PERRI  Mailing Address 6 PINE PLACE WEST  City PHILA. State Zip Code (Plus 4)  Employer Name  City Occupation UNKNOWN  Employer Name  City PHILA. State Zip Code (Plus 4)  Employer Mailing Address/Principal Place of Business  City State Zip Code (Plus 4)  Full Name of Contributor FRANCIS J. MORAN  Mailing Address 606 BALTIMORE PIKE P.O. BOX 30  City MEDIA State Zip Code (Plus 4)  PA 19063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                           |               |      |                 |         |          |          |            |            |
| GAIL REED  Mailing Address 9989 SANDY ROAD  City PHILA. State Zip Code (Plus 4) 19115  Employer Name  Employer Mailing Address/Principal Place of Business  City State Zip Code (Plus 4)  Full Name of Contributor  LISA AND FORTUNATO PERRI  Mailing Address 6 PINE PLACE WEST  City PHILA. State Zip Code (Plus 4)  PA 19115  Employer Name  City State Zip Code (Plus 4)  Full Name of Contributor  City PHILA. State Zip Code (Plus 4)  Employer Name  City State Zip Code (Plus 4)  Full Name of Contributor  Employer Mailing Address/Principal Place of Business  City State Zip Code (Plus 4)  Full Name of Contributor  FRANCIS J. MORAN  Mailing Address 606 BALTIMORE PIKE P.O. BOX 30  City MEDIA State Zip Code (Plus 4)  PA 19063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Full Name of Contributor                                  |               |      |                 | МО      | DAY      | VEAD     |            |            |
| City PHILA.   State   Zip Code (Plus 4)   19115     2   2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | GAIL REED                                                 |               |      |                 | МО      | DAI      | ILAK     | \$         | 100.00     |
| City   PHILA.   State   Zip Code (Plus 4)   19115                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mailing Address 9989 SANDY ROAD                           |               |      |                 | 7       | 2        | 2002     | 1          |            |
| Employer Name    City   State   Zip Code (Plus 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City PHILA.                                               | State         | Zi   | p Code (Plus 4) | ] '     | _        | 2002     |            |            |
| Full Name of Contributor LISA AND FORTUNATO PERRI  Mailing Address 6 PINE PLACE WEST  City PHILA.  State PA  19115  City  State  City  MO DAY  YEAR  \$ 500.  **State**  To Code (Plus 4)  **State**  City PHILA.  City PHILA.  State PA  19115  **City  State**  City  State  City  State  City  State  City  State  Zip Code (Plus 4)  **To Code (Plus 4) |                                                           | PA            | 19   | 115             |         |          |          | 1          |            |
| Full Name of Contributor LISA AND FORTUNATO PERRI  Mailing Address 6 PINE PLACE WEST  City PHILA.  State PA  19115  City PHILA.  City PHILA.  City PHILA.  City PHILA.  City PHILA.  City PHILA.  City State  Full Name of Contributor FRANCIS J. MORAN  Mo DAY  YEAR  \$ 500.  The position of Countributor FRANCIS J. MORAN  Mo DAY  YEAR  Full Name of Contributor FRANCIS J. MORAN  Mo DAY  YEAR  \$ 500.  The position of Contributor FRANCIS J. MORAN  Mo DAY  YEAR  \$ 500.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Employer Name                                             |               |      |                 | Occupat | ion      | UNKNO    | ۷N         |            |
| LISA AND FORTUNATO PERRI  Mailing Address 6 PINE PLACE WEST  City PHILA.  State   Zip Code (Plus 4)   19115  Employer Name  Employer Mailing Address/Principal Place of Business  City  State  Full Name of Contributor FRANCIS J. MORAN  MO  DAY  YEAR  \$ 500.  MO  DAY  YEAR  \$ 500.  MO  DAY  YEAR  \$ 500.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Employer Mailing Address/Principal Place                  | e of Business |      | City            |         | State    |          | Zip Code   | e (Plus 4) |
| LISA AND FORTUNATO PERRI  Mailing Address 6 PINE PLACE WEST  City PHILA.  State   Zip Code (Plus 4)   19115  Employer Name  Employer Mailing Address/Principal Place of Business  City State   Zip Code (Plus 4)   2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           |               |      |                 |         |          |          |            |            |
| LISA AND FORTUNATO PERRI  Mailing Address 6 PINE PLACE WEST  City PHILA.  State Zip Code (Plus 4) PA 19115  Employer Name  City State Zip Code (Plus 4) PA 19115  Full Name of Contributor FRANCIS J. MORAN  Mailing Address 606 BALTIMORE PIKE P.O. BOX 30 City MEDIA  State Zip Code (Plus 4)  Full Name of Contributor FRANCIS J. MORAN  Mo DAY YEAR  \$ 500.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Full Name of Contributor                                  |               |      |                 | МО      | DAY      | ΥFΔR     | <b>_</b>   | F00.00     |
| City PHILA.  State   Zip Code (Plus 4)   19115  Employer Name   Occupation   UNKNOWN    Employer Mailing Address/Principal Place of Business   City   State   Zip Code (Plus 4)    Full Name of Contributor   FRANCIS J. MORAN   Mailing Address   606 BALTIMORE PIKE P.O. BOX 30   7   2   2002    City MEDIA   State   Zip Code (Plus 4)   7   2   2002   7   2   2002    City MEDIA   State   Zip Code (Plus 4)   7   7   2   2002   7   7   7   7   7   7   7   7   7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LISA AND FORTUNATO PERRI                                  |               |      |                 |         |          |          | _          | 300.00     |
| City PHILA.  State Zip Code (Plus 4) 19115  Employer Name  City State Zip Code (Plus 4) 19115  UNKNOWN  Employer Mailing Address/Principal Place of Business  City State Zip Code (Plus 4)  Full Name of Contributor FRANCIS J. MORAN  Mailing Address 606 BALTIMORE PIKE P.O. BOX 30  City MEDIA State Zip Code (Plus 4) PA 19063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mailing Address 6 PINE PLACE WEST                         |               |      |                 | 7       | 2        | 2002     | 1          |            |
| Employer Mailing Address/Principal Place of Business  City  State  Zip Code (Plus 4)  Full Name of Contributor FRANCIS J. MORAN  Mailing Address 606 BALTIMORE PIKE P.O. BOX 30  City MEDIA  State  Zip Code (Plus 4)  7 2 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City PHILA.                                               | State         | Zi   | p Code (Plus 4) |         |          |          |            |            |
| Employer Mailing Address/Principal Place of Business  City  State  Zip Code (Plus 4)  Full Name of Contributor FRANCIS J. MORAN  Mailing Address 606 BALTIMORE PIKE P.O. BOX 30  City MEDIA  State  Zip Code (Plus 4)  7 2 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           | PA            | 19   | 115             |         |          |          | l          |            |
| Full Name of Contributor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Employer Name                                             |               |      |                 | Occupat | ion      | UNKNO    | WN         |            |
| FRANCIS J. MORAN  Mo DAY YEAR \$ 500.  Mailing Address 606 BALTIMORE PIKE P.O. BOX 30  City MEDIA State Zip Code (Plus 4) PA 19063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Employer Mailing Address/Principal Place                  | e of Business |      | City            |         | State    |          | Zip Code   | e (Plus 4) |
| FRANCIS J. MORAN  Mo DAY YEAR \$ 500.  Mailing Address 606 BALTIMORE PIKE P.O. BOX 30  City MEDIA State Zip Code (Plus 4) PA 19063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                           |               |      |                 |         |          |          |            |            |
| FRANCIS J. MORAN  Mailing Address 606 BALTIMORE PIKE P.O. BOX 30  City MEDIA State Zip Code (Plus 4) PA 19063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                           |               |      |                 | мо      | DAY      | YEAR     | \$         | 500.00     |
| City         MEDIA         State         Zip Code (Plus 4)         7         2         2002           PA         19063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                           |               |      |                 |         |          |          |            | 200.00     |
| PA 19063                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                           |               |      |                 | 7       | 2        | 2002     |            |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | City MEDIA                                                |               |      | , ,             |         |          |          |            |            |
| , I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                           | PA            | 19   | 9063            |         | <u> </u> | <u> </u> | I          |            |
| Employer Name Occupation LAWYER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |               |      | Occupat         | ion     | LAWYER   |          |            |            |
| Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Employer Mailing Address/Principal Place of Business City |               |      |                 | State   |          | Zip Code | e (Plus 4) |            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |               |      |                 |         |          |          |            |            |

| Full Name of Contributor                                                                                                                                                                                                                                                    |                                           |                                                                |                    |                            |                  |                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------|--------------------|----------------------------|------------------|-----------------------------------------------|--|
|                                                                                                                                                                                                                                                                             |                                           |                                                                | мо                 | DAY                        | YEAR             | \$ 1,000.00                                   |  |
| WALTER AND PAULA MCHUGH                                                                                                                                                                                                                                                     |                                           |                                                                |                    |                            |                  | 1,000.00                                      |  |
| Mailing Address 86 CHASEMOOR DR                                                                                                                                                                                                                                             | RIVE                                      |                                                                | _ 7                | 2                          | 2002             |                                               |  |
| City LANGHORNE                                                                                                                                                                                                                                                              | State                                     | Zip Code (Plus 4)                                              |                    |                            |                  |                                               |  |
|                                                                                                                                                                                                                                                                             | PA I                                      | 19053                                                          |                    |                            |                  | 1                                             |  |
| Employer Name                                                                                                                                                                                                                                                               |                                           | -                                                              | Occupat            | ion                        | UNKNO            | WN                                            |  |
| Employer Mailing Address/Principal Plac                                                                                                                                                                                                                                     | ce of Business                            | City                                                           |                    | State                      |                  | Zip Code (Plus 4)                             |  |
|                                                                                                                                                                                                                                                                             |                                           |                                                                |                    |                            |                  |                                               |  |
| Full Name of Contributor                                                                                                                                                                                                                                                    |                                           |                                                                | МО                 | DAY                        | VEAD             |                                               |  |
| PATRICIA AND JAMES MCGINLEY                                                                                                                                                                                                                                                 |                                           |                                                                | МО                 | DAY                        | YEAR             | \$ 500.00                                     |  |
| Mailing Address 1228 JENNIFER RO                                                                                                                                                                                                                                            | AD                                        |                                                                | 7                  | 2                          | 2002             | 7                                             |  |
| City PHILA.                                                                                                                                                                                                                                                                 | State                                     | Zip Code (Plus 4)                                              | <b>]</b>           | _                          | 2002             |                                               |  |
|                                                                                                                                                                                                                                                                             | PA                                        | 19116                                                          |                    |                            |                  | 1                                             |  |
| Employer Name                                                                                                                                                                                                                                                               | Occupat                                   | ion                                                            | UNKNO              | WN                         |                  |                                               |  |
| Employer Mailing Address/Principal Plac                                                                                                                                                                                                                                     | ce of Business                            | City                                                           |                    | State                      |                  | Zip Code (Plus 4)                             |  |
|                                                                                                                                                                                                                                                                             |                                           |                                                                |                    |                            |                  |                                               |  |
| Full Name of Contributor                                                                                                                                                                                                                                                    |                                           | •                                                              |                    |                            |                  |                                               |  |
| CHARLES LOUGHLIN                                                                                                                                                                                                                                                            |                                           |                                                                | МО                 | DAY                        | YEAR             | \$ 200.00                                     |  |
| Mailing Address 2868 NORMANDY D                                                                                                                                                                                                                                             | PRIVE                                     |                                                                |                    |                            | 2002             | 1                                             |  |
| City PHILA.                                                                                                                                                                                                                                                                 | State                                     | Zip Code (Plus 4)                                              | 7                  | 2                          | 2002             |                                               |  |
| <u>-</u>                                                                                                                                                                                                                                                                    | PA                                        |                                                                |                    |                            |                  |                                               |  |
| Employer Name                                                                                                                                                                                                                                                               |                                           |                                                                | Occupat            | ion                        | UNKNO            | WN                                            |  |
| Employer Mailing Address/Principal Place                                                                                                                                                                                                                                    | ce of Business                            | City                                                           | ·                  |                            |                  | Zip Code (Plus 4)                             |  |
| <br>                                                                                                                                                                                                                                                                        |                                           |                                                                |                    |                            |                  |                                               |  |
| Full Name of Contributor                                                                                                                                                                                                                                                    |                                           |                                                                |                    |                            |                  |                                               |  |
| CHARLES LOUGHLIN                                                                                                                                                                                                                                                            |                                           |                                                                | МО                 | DAY                        | YEAR             | \$ 200.00                                     |  |
| Mailing Address 2868 NORMANDY D                                                                                                                                                                                                                                             | DRTVF                                     |                                                                |                    |                            |                  | 1                                             |  |
| City PHILA.                                                                                                                                                                                                                                                                 |                                           | Zip Code (Plus 4)                                              | 9                  | 14                         | 2002             |                                               |  |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                       | PA                                        |                                                                |                    |                            |                  |                                               |  |
| Employer Name                                                                                                                                                                                                                                                               | 1                                         |                                                                | Occupation UNKNOWN |                            |                  |                                               |  |
| F - 7                                                                                                                                                                                                                                                                       | Employer Name                             |                                                                |                    |                            | UNKNO            | WN                                            |  |
| Employer Mailing Address/Principal Plac                                                                                                                                                                                                                                     | ce of Business                            | City                                                           | Occupat            |                            | UNKNO            |                                               |  |
| Employer Mailing Address/Principal Plac                                                                                                                                                                                                                                     | ce of Business                            | City                                                           | Occupa             | State                      | UNKNO            | NN<br>Zip Code (Plus 4)                       |  |
|                                                                                                                                                                                                                                                                             | ce of Business                            | City                                                           | Оссира             |                            | UNKNO            |                                               |  |
| Full Name of Contributor                                                                                                                                                                                                                                                    | ce of Business                            | City                                                           | мо                 |                            | YEAR             |                                               |  |
| Full Name of Contributor ELLEN AND STEVEN ILIESCU                                                                                                                                                                                                                           |                                           | City                                                           |                    | State                      |                  | Zip Code (Plus 4)                             |  |
| Full Name of Contributor  ELLEN AND STEVEN ILIESCU  Mailing Address 9819 LAYTON ROAL                                                                                                                                                                                        | )                                         |                                                                |                    | State                      |                  | <b>Zip Code (Plus 4)</b> \$ 1,000.00          |  |
| Full Name of Contributor ELLEN AND STEVEN ILIESCU                                                                                                                                                                                                                           | )<br>State                                | Zip Code (Plus 4)                                              | МО                 | State                      | YEAR             | <b>Zip Code (Plus 4)</b> \$ 1,000.00          |  |
| Full Name of Contributor  ELLEN AND STEVEN ILIESCU  Mailing Address 9819 LAYTON ROAD  City PHILADELPHIA                                                                                                                                                                     | )<br>State                                |                                                                | <b>MO</b> 7        | DAY 2                      | <b>YEAR</b> 2002 | \$ 1,000.00                                   |  |
| Full Name of Contributor  ELLEN AND STEVEN ILIESCU  Mailing Address 9819 LAYTON ROAD  City PHILADELPHIA  Employer Name                                                                                                                                                      | State PA                                  | <b>Zip Code (Plus 4)</b> 191151914                             | МО                 | DAY 2                      | YEAR             | \$ 1,000.00                                   |  |
| Full Name of Contributor  ELLEN AND STEVEN ILIESCU  Mailing Address 9819 LAYTON ROAD  City PHILADELPHIA                                                                                                                                                                     | State PA                                  | Zip Code (Plus 4)                                              | <b>MO</b> 7        | DAY 2                      | <b>YEAR</b> 2002 | \$ 1,000.00                                   |  |
| Full Name of Contributor  ELLEN AND STEVEN ILIESCU  Mailing Address 9819 LAYTON ROAD  City PHILADELPHIA  Employer Name  Employer Mailing Address/Principal Place                                                                                                            | State PA                                  | <b>Zip Code (Plus 4)</b> 191151914                             | <b>MO</b> 7        | DAY 2                      | <b>YEAR</b> 2002 | \$ 1,000.00                                   |  |
| Full Name of Contributor  ELLEN AND STEVEN ILIESCU  Mailing Address 9819 LAYTON ROAD  City PHILADELPHIA  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor                                                                                  | State PA                                  | <b>Zip Code (Plus 4)</b> 191151914                             | <b>MO</b> 7        | DAY 2                      | <b>YEAR</b> 2002 | \$ 1,000.00  WN  Zip Code (Plus 4)            |  |
| Full Name of Contributor  ELLEN AND STEVEN ILIESCU  Mailing Address 9819 LAYTON ROAD  City PHILADELPHIA  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  CHRISTOPHER FISHER                                                              | State PA ce of Business                   | <b>Zip Code (Plus 4)</b> 191151914                             | MO 7               | DAY  2  cion  State        | YEAR 2002        | \$ 1,000.00  WN  Zip Code (Plus 4)            |  |
| Full Name of Contributor  ELLEN AND STEVEN ILIESCU  Mailing Address 9819 LAYTON ROAD  City PHILADELPHIA  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  CHRISTOPHER FISHER  Mailing Address 8427 TORRESDALE                             | State PA  ce of Business  AVENUE          | Zip Code (Plus 4) 191151914  City                              | MO 7               | DAY  2  cion  State        | YEAR 2002        | \$ 1,000.00  NN  Zip Code (Plus 4)  \$ 500.00 |  |
| Full Name of Contributor  ELLEN AND STEVEN ILIESCU  Mailing Address 9819 LAYTON ROAD  City PHILADELPHIA  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  CHRISTOPHER FISHER                                                              | State PA  ce of Business  AVENUE State    | Zip Code (Plus 4) 191151914  City  Zip Code (Plus 4)           | MO 7 Occupat       | DAY  2  cion State  DAY    | YEAR 2002 UNKNOV | \$ 1,000.00  NN  Zip Code (Plus 4)  \$ 500.00 |  |
| Full Name of Contributor ELLEN AND STEVEN ILIESCU  Mailing Address 9819 LAYTON ROAD  City PHILADELPHIA  Employer Name Employer Mailing Address/Principal Place  Full Name of Contributor CHRISTOPHER FISHER  Mailing Address 8427 TORRESDALE  City PHILA.                   | State PA  ce of Business  AVENUE State    | Zip Code (Plus 4) 191151914  City                              | MO 7 Occupat       | DAY  2  cion State  DAY  2 | YEAR 2002 UNKNO  | \$ 1,000.00  WN  Zip Code (Plus 4)  \$ 500.00 |  |
| Full Name of Contributor  ELLEN AND STEVEN ILIESCU  Mailing Address 9819 LAYTON ROAD  City PHILADELPHIA  Employer Name  Employer Mailing Address/Principal Place  Full Name of Contributor  CHRISTOPHER FISHER  Mailing Address 8427 TORRESDALE  City PHILA.  Employer Name | State PA  Ce of Business  AVENUE State PA | Zip Code (Plus 4) 191151914  City  Zip Code (Plus 4) 191361517 | MO 7 Occupat       | DAY  2 cion  State  DAY  2 | YEAR 2002 UNKNOV | \$ 1,000.00  NN  Zip Code (Plus 4)  \$ 500.00 |  |
| Full Name of Contributor ELLEN AND STEVEN ILIESCU  Mailing Address 9819 LAYTON ROAD  City PHILADELPHIA  Employer Name Employer Mailing Address/Principal Place  Full Name of Contributor CHRISTOPHER FISHER  Mailing Address 8427 TORRESDALE  City PHILA.                   | State PA  Ce of Business  AVENUE State PA | Zip Code (Plus 4) 191151914  City  Zip Code (Plus 4)           | MO 7 Occupat       | DAY  2  cion State  DAY  2 | YEAR 2002 UNKNO  | \$ 1,000.00  WN  Zip Code (Plus 4)  \$ 500.00 |  |

|                                                           |                  |    |                 |                    |       |          |          | - 10     |
|-----------------------------------------------------------|------------------|----|-----------------|--------------------|-------|----------|----------|----------|
| Full Name of Contributor                                  |                  |    |                 | МО                 | DAY   | YEAR     |          | 1 000 00 |
| FEINBERG AND BARITZ                                       |                  |    |                 | 1-10               | DAI   | ILAK     | \$       | 1,000.00 |
| Mailing Address 1218 CHESTNUT S                           | STREET SUITE 404 |    |                 | 7                  | 2     | 2002     |          |          |
| City PHILA.                                               | State            | Zi | p Code (Plus 4) |                    | _     |          |          |          |
|                                                           | PA               | 19 | 9107            |                    |       |          |          |          |
| Employer Name                                             |                  |    |                 | Occupat            | tion  | UNKNO    | WN       |          |
| Employer Mailing Address/Principal Pla                    | ace of Business  |    | City            |                    | State |          | Zip Code | (Plus 4) |
|                                                           |                  |    |                 |                    |       |          |          |          |
| Full Name of Contributor                                  |                  |    |                 |                    |       |          |          |          |
| JAMES DEMARCO                                             |                  |    |                 | МО                 | DAY   | YEAR     | \$       | 500.00   |
| Mailing Address 170 COTTON STRE                           | EET APT. #102    |    |                 | 7                  | 2     | 2002     | 1        |          |
| City PHILA.                                               | State            | Zi | p Code (Plus 4) | 7 ′                |       | 2002     | 1        |          |
|                                                           | PA               | 19 | 9127            | 1                  |       |          |          |          |
| Employer Name                                             |                  |    |                 | Occupat            | tion  | UNKNO    | ۷N       |          |
| Employer Mailing Address/Principal Pla                    | ace of Business  |    | City            |                    | State |          | Zip Code | (Plus 4) |
|                                                           |                  |    |                 |                    |       |          |          |          |
| Full Name of Contributor                                  |                  |    |                 |                    |       |          |          |          |
| ROBERT AN ANGELA DELLAVELLA                               |                  |    |                 | МО                 | DAY   | YEAR     | \$       | 500.00   |
| Mailing Address 3200 AGEE AVENU                           | JE               |    |                 |                    | 2     | 2002     | 1        |          |
| City PHILA.                                               | State            | Zi | p Code (Plus 4) | 7                  | 2     | 2002     |          |          |
|                                                           | PA               | 19 | 9149            | 1                  |       |          |          |          |
| Employer Name                                             |                  |    |                 | Occupat            | tion  | UNKNO\   | ۷N       |          |
| Employer Mailing Address/Principal Pla                    | ace of Business  |    | City            |                    | State |          | Zip Code | (Plus 4) |
|                                                           |                  |    |                 |                    |       |          |          |          |
| Full Name of Contributor                                  |                  |    | •               |                    |       |          |          |          |
| NICHOLAS CLEMENTE                                         |                  |    |                 | МО                 | DAY   | YEAR     | \$       | 1,000.00 |
| Mailing Address 123 S. BROAD STI                          | REET-SUITE 1970  |    |                 | 1 ,                | 2     | 2002     | 1        |          |
| City PHILA.                                               | State            | Zi | p Code (Plus 4) | 7                  | 2     | 2002     |          |          |
|                                                           | PA               | 19 | 9109            | 1                  |       |          |          |          |
| Employer Name                                             |                  |    |                 | Occupation UNKNOWN |       |          |          |          |
| Employer Mailing Address/Principal Pla                    | ace of Business  |    | City            | -                  | State |          | Zip Code | (Plus 4) |
|                                                           |                  |    |                 |                    |       |          |          |          |
| Full Name of Contributor                                  |                  |    | •               |                    | ,     |          |          |          |
| BART BLATSTEIN                                            |                  |    |                 | МО                 | DAY   | YEAR     | \$       | 1,000.00 |
| Mailing Address 1201 ROCK CREEK                           | K ROAD           |    |                 | _                  |       | 2000     | 1        |          |
| City GLADWYNE                                             | State            | Zi | p Code (Plus 4) | 7                  | 2     | 2002     |          |          |
|                                                           | PA               | 19 | 9035            |                    |       |          |          |          |
| Employer Name                                             |                  |    |                 | Occupat            | tion  | UNKNO\   | ۷N       |          |
| Employer Mailing Address/Principal Pla                    | ace of Business  |    | City            |                    | State |          |          | (Plus 4) |
|                                                           |                  |    |                 |                    |       |          | -        |          |
| Full Name of Contributor                                  |                  |    |                 |                    |       |          |          |          |
| JAMES ANDERSON                                            |                  |    |                 | МО                 | DAY   | YEAR     | \$       | 500.00   |
| Mailing Address 205 LURGAN ROAL                           | <br>D            |    |                 |                    |       |          | 1        |          |
| City NEW HOPE                                             | State            | Zi | p Code (Plus 4) | 7                  | 2     | 2002     | 1        |          |
| -                                                         | PA               |    | 8938            |                    |       |          | 1        |          |
| Employer Name                                             |                  |    |                 | Occupat            | tion  | UNKNO\   | WN       |          |
| Employer Mailing Address/Principal Place of Business City |                  |    |                 | 1 - ccapa          | State | 3.11(10) |          | (Plus 4) |
|                                                           |                  |    | ,               |                    |       |          | p =000C  | ()       |
|                                                           |                  |    | <u> </u>        |                    |       |          |          |          |

| Full Name of Contributor                                                       |                    |                                       |             |              | YEAR             |                   | 500.00 |
|--------------------------------------------------------------------------------|--------------------|---------------------------------------|-------------|--------------|------------------|-------------------|--------|
| SUSAN ANDERSON                                                                 |                    |                                       | МО          | DAY          | LAK              | \$                | 500.00 |
| Mailing Address 205 LUF                                                        | RGAN ROAD          |                                       | 7           | 2            | 2002             | 1                 |        |
| City PHILA.                                                                    | State              | Zip Code (Plus 4)                     | 7           |              | 2002             | 1                 |        |
|                                                                                | PA                 | 18938                                 |             |              |                  |                   |        |
| Employer Name                                                                  |                    | Occupat                               | ion         | UNKNO        | ΝN               |                   |        |
| imployer Mailing Address/Principal Place of Business City                      |                    |                                       |             | State        |                  | Zip Code (Plus 4) |        |
|                                                                                |                    |                                       |             |              |                  |                   |        |
| Full Name of Contributor                                                       |                    |                                       |             |              |                  |                   |        |
|                                                                                |                    |                                       |             | DAV          | VEAD             | 1                 | 500.00 |
| ROBERT ROVNER, ESQ.                                                            |                    |                                       | МО          | DAY          | YEAR             | \$                | 500.00 |
| ROBERT ROVNER, ESQ.                                                            | STLETON PIKE       |                                       |             |              |                  | -                 | 500.00 |
| ROBERT ROVNER, ESQ.                                                            | STLETON PIKE State | Zip Code (Plus 4)                     | <b>MO</b> 7 | <b>DAY</b> 1 | <b>YEAR</b> 2002 | -                 | 500.00 |
| ROBERT ROVNER, ESQ.  Mailing Address 175 BUS                                   |                    | <b>Zip Code (Plus 4)</b><br>190536456 |             |              |                  | -                 | 500.00 |
| ROBERT ROVNER, ESQ.  Mailing Address 175 BUS                                   | State              |                                       |             | 1            |                  |                   | 500.00 |
| ROBERT ROVNER, ESQ.  Mailing Address 175 BUS  City FEASTERVILLE                | State<br>PA        |                                       | 7           | 1            | 2002             |                   |        |
| ROBERT ROVNER, ESQ.  Mailing Address 175 BUS  City FEASTERVILLE  Employer Name | State<br>PA        | 190536456                             | 7           | 1            | 2002             | MN                |        |

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

**PAGE TOTAL \$** 13,370.00

## 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 | Reporting Period |     |           |
|---------------------------------------|------------------|-----|-----------|
| STACK, MIKE FOR STATE SEN COM         | From:            | То: | 9/16/2002 |

DATE

| Full Name VERIZON                        |       |                   | МО | DAY | YEAR | \$<br>121.00 |
|------------------------------------------|-------|-------------------|----|-----|------|--------------|
| Mailing Address 3011 HUNGARY SPRING ROAD |       |                   | 7  | 16  | 2002 |              |
| City RICHMOND                            | State | Zip Code (Plus 4) |    |     |      |              |
|                                          | VA    | 23228             |    |     |      |              |
| Receipt Description                      | •     | •                 |    |     |      |              |

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

**PAGE TOTAL \$** 121.00

**AMOUNT** 

#### **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 |     |           |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----|-----------|--|--|--|--|--|--|
| STACK, MIKE FOR STATE SEN COM                                                                                                                      | From:            | To: | 9/16/2002 |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR                                                            |                  |     |           |  |  |  |  |  |  |
| TOTAL for the Reporting Pe                                                                                                                         | eriod (1)        | \$  | 0.00      |  |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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** 

|                                  |                    |                        | Reporting Period |          |      |             |            |
|----------------------------------|--------------------|------------------------|------------------|----------|------|-------------|------------|
|                                  |                    |                        | From:            |          |      | To:         |            |
|                                  |                    |                        |                  | DATE     |      |             | AMOUNT     |
| Full Name of Contributor         |                    |                        |                  | DAY      | YEAR |             |            |
| Mailing Address                  |                    |                        |                  |          |      | <b>7</b> \$ | 0.00       |
| City                             | State              | Zip Code (Plus 4)      |                  |          |      |             |            |
| Description of Contribution:     | •                  | •                      | •                |          |      |             |            |
|                                  |                    |                        |                  |          |      |             |            |
| Enter Grand Total of Part F on S | Schedule II, In-Ki | nd Contributions Detai | led Sum          | mary Pag | ge,  |             | PAGE TOTAL |
| Section 2.                       |                    |                        |                  |          |      | \$          | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate   |                  |      |                  | Reporting Period |       |              |        |       |                 |
|-----------------------------------------|------------------|------|------------------|------------------|-------|--------------|--------|-------|-----------------|
|                                         |                  |      |                  | Fro              | m:    |              | То:    |       |                 |
|                                         |                  |      |                  |                  |       | 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 | у                | State            | e Zip | Code(Plus 4) | Descri | ption | of Contribution |
| Enter Grand Total of Part G on Scho     | edule II, In-Kin | nd C | Contributions D  | etaile           | ed    |              |        |       | PAGE TOTAL      |
| Summary Page, Section 3.                | ,                |      |                  |                  |       |              |        |       | 0.00            |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period |     |           |
|---------------------------------------|------------------|-----|-----------|
| STACK, MIKE FOR STATE SEN COM         | From             | То: | 9/16/2002 |

|                                    |                     |                   |         | DATE             |            | AMOUNT       |
|------------------------------------|---------------------|-------------------|---------|------------------|------------|--------------|
| To Whom Paid                       |                     |                   | МО      | DAY              | YEAR       |              |
| OFFICE MAX                         |                     |                   | 140     |                  | 1 Z/IIX    |              |
| Mailing Address                    |                     |                   | 6       | 16               | 2002       | \$<br>85.83  |
| City                               | State               | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure   |              |
|                                    | PA                  |                   |         |                  |            |              |
| To Whom Paid                       |                     |                   | мо      | DAY              | YEAR       |              |
| ROSANNA KOBRYN ST. JOSEPH          | AT'S UKRAINIAN CATH | HOLIC SCHOOL      |         |                  | 7 = 7 1111 |              |
| Mailing Address 4521 LONGS         | SHORE AVENUE        |                   | 6       | 16               | 2002       | \$<br>50.00  |
| City PHILA.                        | State               | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure   |              |
|                                    | PA                  | 19135             |         |                  |            |              |
| To Whom Paid                       |                     |                   | МО      | DAY              | YEAR       |              |
| MUMMERS GALOREY-SENIORS            | EXPO WILLIAM BERGE  | R                 | 1-10    |                  | 1 Z / LIK  |              |
| Mailing Address                    | 6                   | 16                | 2002    | \$<br>260.00     |            |              |
| City PHILA State Zip Code (Plus 4) |                     |                   |         | tion of Exp      | enditure   |              |
|                                    | PA                  |                   |         |                  |            |              |
| To Whom Paid                       |                     |                   | мо      | DAY              | YEAR       |              |
| THE PHILADELPHIA PUBLIC LED        | GER                 |                   | МО      |                  | ILAK       |              |
| Mailing Address 1330 RITNER        | R STREET            |                   | 6       | 17               | 2002       | \$<br>144.00 |
| City PHILA.                        | State               | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure   |              |
|                                    | PA                  | 19148             |         |                  |            |              |
| To Whom Paid                       |                     |                   | МО      | DAY              | YEAR       |              |
| A.O.H. #40                         |                     |                   | 140     |                  | ILAK       |              |
| Mailing Address 1217 WAKEL         | ING STREET          |                   | 6       | 18               | 2002       | \$<br>125.00 |
| City PHILA.                        | State               | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure   |              |
|                                    | PA                  | 19136             |         |                  |            |              |
| To Whom Paid                       |                     |                   | МО      | DAY              | YEAR       | <br>         |
| GREATER NORTHEAST PHILA C          | HAMBER OF COMMERC   | CE                | 110     |                  | ILAN       |              |
| Mailing Address 8601 ROOSE         | EVELT BLVD          |                   | 6       | 20               | 2002       | \$<br>50.00  |
| Mailing Address 6001 ROOSL         |                     |                   | 1       |                  |            |              |
| City PHILA.                        | State               | Zip Code (Plus 4) | Descrip | l<br>tion of Exp | enditure   |              |

|                                     |                   |             |                   |          |                  |          |          | JL 20  |
|-------------------------------------|-------------------|-------------|-------------------|----------|------------------|----------|----------|--------|
| To Whom Paid                        |                   |             |                   | мо       | DAY              | YEAR     |          |        |
| THE PHILADELPH Mailing Address      | HIA PUBLIC LEDGER |             |                   | 6        | 20               | 2002     | \$       | 100.00 |
| _                                   |                   | T           | T                 | <u> </u> |                  |          |          |        |
| City PHILA                          |                   | State<br>PA | Zip Code (Plus 4) | Descrip  | tion of Exp      | enditure |          |        |
| To Whom Paid                        |                   |             |                   | мо       | DAY              | YEAR     |          |        |
| VERIZON                             |                   |             |                   | М        |                  | ILAK     |          |        |
| Mailing Address                     | PO BOX 8585       |             |                   | 6        | 25               | 2002     | \$       | 70.82  |
| City PHILA.                         |                   | State       | Zip Code (Plus 4) | Descrip  | tion of Exp      | enditure |          |        |
|                                     |                   | PA          | 19173             |          |                  |          |          |        |
| To Whom Paid                        |                   |             |                   | МО       | DAY              | YEAR     |          |        |
| VERIZON                             |                   |             |                   |          |                  |          |          |        |
| Mailing Address                     | РО ВОХ            |             |                   | 6        | 26               | 2002     | \$       | 26.36  |
| City PHILA.                         |                   | State       | Zip Code (Plus 4) | Descrip  | tion of Exp      | enditure |          |        |
|                                     |                   | PA          | 19173             |          |                  |          |          |        |
| To Whom Paid<br>SHELLY'S PHARM      | 1ACY              |             |                   | МО       | DAY              | YEAR     |          |        |
| Mailing Address                     | 8850 FRANKFORD A  | VENUE       |                   | 6        | 29               | 2002     | \$       | 4.27   |
| City PHILA. State Zip Code (Plus 4) |                   |             |                   |          | l<br>tion of Exp | enditure |          |        |
|                                     |                   | PA          | 19136             |          |                  |          |          |        |
| To Whom Paid                        |                   |             |                   | МО       | DAY              | YEAR     |          |        |
| PHILADELPHIA F                      | LOWER CO.         |             |                   | М        |                  | ILAK     |          |        |
| Mailing Address                     | 12343 ACADEMY RO  | )AD         |                   | 7        | 11               | 2002     | \$       | 125.17 |
| City PHILA.                         |                   | State       | Zip Code (Plus 4) | Descrip  | tion of Exp      | enditure |          |        |
|                                     |                   | PA          | 19154             |          |                  |          |          |        |
| To Whom Paid                        |                   |             |                   | мо       | DAY              | YEAR     |          |        |
| RITA'S WATER I                      | CE                |             |                   |          |                  |          |          |        |
| Mailing Address                     | ACADEMY ROAD      |             |                   | 7        | 11               | 2002     | \$       | 57.00  |
| City PHILA                          |                   | State       | Zip Code (Plus 4) | Descrip  | tion of Exp      | enditure |          |        |
|                                     |                   | PA          | 19154             |          |                  |          |          |        |
| To Whom Paid                        |                   |             |                   | мо       | DAY              | YEAR     |          |        |
| DEMOCRATIC CI                       |                   |             |                   |          |                  |          |          | F0 00  |
| Mailing Address                     | 1421 WALNUT STRE  | ET          |                   | 7        | 30               | 2002     | \$       | 50.00  |
| City PHILA                          |                   | State       | Zip Code (Plus 4) | Descrip  | tion of Exp      | enditure |          |        |
|                                     |                   | PA          | 19103             |          | 1                | I        |          |        |
| To Whom Paid                        |                   |             |                   | мо       | DAY              | YEAR     |          |        |
| RITE AID                            |                   |             |                   |          |                  | _        | <b>*</b> | F F0   |
| Mailing Address                     | BUSTLETON AVENU   | E<br>•      |                   | 7        | 30               | 2002     | \$       | 5.59   |
| City PHILA.                         |                   | State       | Zip Code (Plus 4) | Descrip  | tion of Exp      | enditure |          |        |
|                                     |                   | PA          | 19116             |          |                  |          |          |        |

|                              |                         |               |                   |                               |                  |          |    | OL ZI  |
|------------------------------|-------------------------|---------------|-------------------|-------------------------------|------------------|----------|----|--------|
| To Wh                        | om Paid                 |               |                   | мо                            | DAY              | YEAR     |    |        |
| VERIZ                        | ON                      |               |                   |                               |                  |          |    |        |
| Mailin                       | g Address PO BOX 4830   |               |                   | 7                             | 30               | 2002     | \$ | 69.65  |
| City                         | PHILA.                  | State         | Zip Code (Plus 4) | Descrip                       | tion of Exp      | enditure |    |        |
|                              |                         | PA            |                   |                               |                  |          |    |        |
| To Wh                        | om Paid                 |               |                   | МО                            | DAY              | YEAR     |    |        |
| RITA'S                       | S WATER ICE             |               |                   |                               |                  |          |    |        |
| Mailin                       | g Address ACADEMY RO    | AD            |                   | 7                             | 31               | 2002     | \$ | 285.00 |
| City                         | PHILA.                  | State         | Zip Code (Plus 4) | Descrip                       | tion of Exp      | enditure |    |        |
|                              |                         | PA            | 19154             |                               |                  |          |    |        |
| To Wh                        | om Paid                 |               |                   | МО                            | DAY              | YEAR     |    |        |
| DONN                         | A DIPAOLA               |               |                   |                               |                  |          |    |        |
| Mailin                       | g Address KESWICK RO    | AD            |                   | 8                             | 1                | 2002     | \$ | 30.00  |
| City                         | PHILA                   | State         | Zip Code (Plus 4) | 4) Description of Expenditure |                  |          |    |        |
|                              |                         | PA            |                   |                               |                  |          |    |        |
| To Wh                        | om Paid                 |               |                   | МО                            | DAY              | YEAR     |    |        |
| CIMM                         | ITTEE TO RE-ELECT PETER | KOSTMAYER     |                   |                               |                  |          |    |        |
| Mailin                       | g Address               |               |                   | 8                             | 2                | 2002     | \$ | 500.00 |
| City                         | PHILA                   | State         | Zip Code (Plus 4) | Descrip                       | tion of Exp      | enditure |    |        |
|                              |                         | PA            |                   |                               |                  |          |    |        |
| To Wh                        | om Paid                 |               |                   | МО                            | DAY              | YEAR     |    |        |
| PHIHL                        | ADELPHIA DEMOCRATIC C   | ITY COMMITTEE |                   |                               |                  |          |    |        |
| Mailin                       | g Address 1421 WALNU    | T STREET      |                   | 8                             | 2                | 2002     | \$ | 50.00  |
| City                         | PHILA                   | State         | Zip Code (Plus 4) | Descrip                       | tion of Exp      | enditure |    |        |
|                              |                         | PA            | 19103             |                               |                  |          |    |        |
| To Wh                        | om Paid                 |               |                   | МО                            | DAY              | YEAR     |    |        |
|                              | ITTEE TO ELECT H. ROVNE | ER            |                   |                               |                  |          |    |        |
| Mailin                       | g Address 175 BUSTLET   | ON PIKE       |                   | 8                             | 8                | 2002     | \$ | 500.00 |
| City                         | FEASTERVILLE            | State         | Zip Code (Plus 4) | Descrip                       | tion of Exp      | enditure |    |        |
|                              |                         | PA            |                   |                               |                  |          |    |        |
| To Wh                        | om Paid                 |               |                   | МО                            | DAY              | YEAR     |    |        |
| DEVEL                        | LOPMENT CORP. FOR ISRA  | EL            |                   |                               |                  |          |    |        |
| Mailin                       | g Address               |               |                   | 8                             | 8                | 2002     | \$ | 75.00  |
| City                         | PHILA.                  | State         | Zip Code (Plus 4) | Descrip                       | tion of Exp      | enditure |    |        |
|                              |                         | PA            |                   |                               |                  |          |    |        |
| To Wh                        | om Paid                 |               |                   | МО                            | DAY              | YEAR     |    |        |
|                              | DELPHIA FLOWERS CO      |               |                   |                               |                  |          |    |        |
| Mailing Address ACADEMY ROAD |                         |               |                   |                               | 8                | 2002     | \$ | 157.26 |
| мани                         |                         |               |                   |                               |                  |          |    |        |
| City                         | PHILA.                  | State         | Zip Code (Plus 4) | Descrip                       | l<br>tion of Exp | enditure |    |        |

|                                              |                  |                   |                            |             |          |        | JL 22  |
|----------------------------------------------|------------------|-------------------|----------------------------|-------------|----------|--------|--------|
| To Whom Paid                                 |                  |                   | мо                         | DAY         | YEAR     |        |        |
| A.T. & T                                     |                  |                   |                            |             |          |        |        |
| Mailing Address P.O. BOX 8212                |                  |                   | 8                          | 13          | 2002     | \$     | 8.04   |
| City AURORA                                  | State            | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |        |        |
|                                              | IL               | 60572             |                            |             |          |        |        |
| To Whom Paid                                 |                  |                   | МО                         | DAY         | YEAR     |        |        |
| VERIZON                                      |                  |                   |                            |             |          |        |        |
| Mailing Address                              |                  | 8                 | 14                         | 2002        | \$       | 87.52  |        |
| City PHILA                                   | State            | Zip Code (Plus 4) | Description of Expenditure |             |          |        |        |
|                                              | PA               |                   |                            |             |          |        |        |
| To Whom Paid                                 |                  |                   | МО                         | DAY         | YEAR     |        |        |
| GLEN FOERD CONSERVATION                      | I CORP.          |                   |                            |             |          |        |        |
| Mailing Address 5001 GRA                     | NT AVENUE        |                   | 8                          | 19          | 2002     | \$     | 25.00  |
| City PHILA.                                  | State            | Zip Code (Plus 4) | Description of Expenditure |             |          |        |        |
|                                              | PA               | 19114             |                            |             |          |        |        |
| To Whom Paid                                 |                  |                   | МО                         | DAY         | YEAR     |        |        |
| FRIENDS OF MIKE MCGEEHAN                     | N                |                   |                            |             |          |        |        |
| Mailing Address                              |                  |                   | 8                          | 23          | 2002     | \$     | 125.00 |
| City PHILA                                   | State            | Zip Code (Plus 4) | Description of Expenditure |             |          |        |        |
|                                              | PA               |                   |                            |             |          |        |        |
| To Whom Paid                                 |                  |                   | МО                         | DAY         | YEAR     |        |        |
| LISA WILTSIE IRISH MEMORIAL INC.             |                  |                   |                            |             |          |        |        |
| Mailing Address 3220 TILLMAN DRIVE-SUITE 400 |                  | 8                 | 23                         | 2002        | \$       | 100.00 |        |
| City BENSALEM                                | State            | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |        |        |
|                                              | PA               | 19020             |                            |             |          |        |        |
| To Whom Paid                                 |                  |                   | МО                         | DAY         | YEAR     |        |        |
| U.S. POSTAL SERVICE                          |                  |                   |                            |             |          |        |        |
| Mailing Address BUSTLETC                     | N AVENUE STATION |                   | 8 23 2002 \$ 74.           |             |          | 74.75  |        |
| City PHILA.                                  | State            | Zip Code (Plus 4) | Description of Expenditure |             |          |        |        |
|                                              | PA               | 19116             |                            |             |          |        |        |
| To Whom Paid                                 |                  |                   | МО                         | DAY         | YEAR     |        |        |
| CORA SERVICES INC.                           |                  |                   |                            |             |          |        |        |
| Mailing Address VERRE ROAD                   |                  | 8                 | 26                         | 2002        | \$       | 150.00 |        |
| City PHILA.                                  | State            | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |        |        |
|                                              | PA               | 19136             |                            |             |          |        |        |
| To Whom Paid                                 |                  |                   | МО                         | DAY         | YEAR     |        |        |
| 7TH POLICE DISTRICT ADVISORY COUNCIL         |                  |                   |                            |             |          |        |        |
| Mailing Address 9800 WISTARIA STREET         |                  |                   | 8                          | 28          | 2002     | \$     | 25.00  |
| City PHILA                                   | State            | Zip Code (Plus 4) | Descrip                    | tion of Exp | enditure |        |        |
|                                              | PA               | 19115             |                            |             |          |        |        |
|                                              |                  |                   |                            |             |          |        |        |

|                                            |                  |             |                   |                              |             |          |        | JL 23  |
|--------------------------------------------|------------------|-------------|-------------------|------------------------------|-------------|----------|--------|--------|
| To Whom Paid                               |                  |             | мо                | DAY                          | YEAR        |          |        |        |
| HOWARD GITTIS TEMPLE UNIVERSITY            |                  |             |                   | 20                           | 2002        | <b>c</b> | 875.00 |        |
| Mailing Address                            | 1700 N. BROAD    | T           |                   | 20 2002                      |             |          | 673.00 |        |
| City PHILA.                                |                  | State       | Zip Code (Plus 4) | Descrip                      | tion of Exp | enditure |        |        |
|                                            |                  | PA          | 19122             |                              | ı           |          |        |        |
| To Whom Paid                               | CONENT           |             |                   | мо                           | DAY         | YEAR     |        |        |
| THE JEWISH EXPONENT                        |                  |             | 8                 | 28                           | 2002        | \$       | 480.00 |        |
| Mailing Address                            |                  |             |                   |                              |             | · ·      |        |        |
| City PHILA                                 |                  | State       | Zip Code (Plus 4) | Descript                     | tion of Exp | enditure |        |        |
| To Whom Daid                               |                  | PA          | <u> </u>          |                              | ı           |          |        |        |
| To Whom Paid UNITED VETERANS OF BRIDESBURG |                  |             | мо                | DAY                          | YEAR        |          |        |        |
| Mailing Address                            | NO OF BRIDESBORG |             |                   | 8                            | 28          | 2002     | \$     | 50.00  |
| _                                          |                  | State .     | Zin Codo (Blue 4) |                              |             |          |        |        |
| City PHILA                                 |                  | State<br>PA | Zip Code (Plus 4) | Description of Expenditure   |             |          |        |        |
| To Whom Paid                               |                  | I FA        | <u> </u>          |                              |             |          |        |        |
| PATTY'S HALLMA                             | ARK CARD SHOP    |             |                   | MO DAY YEAR                  |             |          |        |        |
| Mailing Address                            | 11702 BUSTLETON  | AVENUE      |                   | 8                            | 29          | 2002     | \$     | 10.97  |
| City PHILA.                                |                  | State       | Zip Code (Plus 4) | Description of Expenditure   |             |          |        |        |
| 1112211                                    |                  | PA          | 19116             |                              |             |          |        |        |
| To Whom Paid                               |                  |             |                   |                              |             |          |        |        |
| JOSEPH STEWART VERIZON WIRELESS            |                  | МО          | DAY               | YEAR                         |             |          |        |        |
| Mailing Address 11301 BRISTOL PIKE         |                  | 9           | 10                | 2002                         | \$          | 158.99   |        |        |
| City BENSALE                               | EM               | State       | Zip Code (Plus 4) | Description of Expenditure   |             |          |        |        |
|                                            |                  | PA          | 19020             |                              |             |          |        |        |
| To Whom Paid                               |                  |             |                   | MO DAY YEAR                  |             |          |        |        |
| CORA SERVICES                              | SINC             |             |                   |                              |             |          |        |        |
| Mailing Address                            | VERREE ROAD      |             |                   | 9 11 2002 \$ 600.0           |             |          |        | 600.00 |
| City PHILA                                 |                  | State       | Zip Code (Plus 4) | ) Description of Expenditure |             |          |        |        |
|                                            |                  | PA          | 19136             |                              |             |          |        |        |
| To Whom Paid                               |                  |             |                   | мо                           | DAY         | YEAR     |        |        |
| MARTIN'S PRINT AND COPY                    |                  |             |                   |                              |             |          |        |        |
| Mailing Address                            | 1218 COTTMAN AVE | ENUE        |                   | 9                            | 12          | 2002     | \$     | 192.60 |
| City PHILA.                                |                  | State       | Zip Code (Plus 4) | Descrip                      | tion of Exp | enditure |        |        |
|                                            |                  | PA          | 19111             |                              | •           |          |        |        |
| To Whom Paid                               |                  |             | мо                | DAY                          | YEAR        |          |        |        |
| PHILADELPHIA DEMOCRATIC CITY COMMITTEE     |                  |             |                   |                              |             | <b>.</b> | 150.00 |        |
| Mailing Address 1421 WALNUT STREET         |                  | 9           | 12                | 2002                         | \$          | 150.00   |        |        |
| City PHILA.                                |                  | State       | Zip Code (Plus 4) | Descrip                      | tion of Exp | enditure |        |        |
|                                            |                  | PA          | 19103             |                              |             |          |        |        |

PAGE 24

| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |  | PAGE TOTAL |  |
|-------------------------------------------------------------------------|--|------------|--|
|                                                                         |  | 5,933.82   |  |
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