Campaign Finance Report

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

Filer Identification 20150220 Number :						port ed B		CANDI	COMM			4ITTEE	✓	LOBE	SYIST		
Name of Filing C	ommittee, Candi	date or L	obbyist:		СНА	RLE	S, BO	B FRIEN	DS OF	-							
Street Address:	Street Address: PO BOX 1608																
City:	CAMPHILL							State:	PA			Zip Cod	de: 17	7011			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY 2. 30 DAY POST-PRIMARY						POST-	3.		AMENDM REPORT		Yes	No	•	/
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2015					IG METHO				PAPER			DISKE	TTE	
Name of Office S	ought by Candida	ate:			_	_		DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	
	· · · · · · · · · · · · · · · · · · ·	- * . * * * * * * * * * * * * * * * * *						мо	DAY	YE	AR	87	STH	DEM	1	21	
REPRESENTATIVE IN THE GENERAL ASSEMBLY 8 4 201									2015		(SEE IN	STRUCTIO	ONS FOR C	ODES)			
	Receipts and	МО	DAY Y	/EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	from:		7 21	20	015	Т	0	8		14	2015						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			9,8	95.60						
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	· I)	\$			4,7	90.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			14,6	85.60						
D. Total Expend	ditures (From Scl	nedule II	I)				\$			13,3	98.84						
E. Ending Cash	Balance (Subtra	t Line D	From Line C))			\$			1,2	86.76						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sch	nedul	e II	:)	\$			4	94.61						
G. Unpaid Debt	s And Obligation	s (From S	Schedule IV)				\$				0.00						
				AFF	IDA	١٧٢	T SE	CTION									
PART I - If this is	a Committee re	ort, trea	surer sign he	ere. 1	[f thi	is is	a Can	didate r	eport, o	andio	late sig	ın here.					
I swear (or affirm) correct and comple	that this report, inc ete.	luding the	attached sche	dules	filed	d on	paper o	or by elect	ronic m	edium,	, are to t	he best o	f my knov	wledge a	and belie	ef , tru	ıe
Sworn to and subs	cribed before me th day of	is	20							s	ignature	of Perso	n Submit	ting Rep	ort		
	Signat	ure					-					Prin	ted Name	•			
My Commission Ex	rpires						_					Ema	il				
	МО	D	AY	YR					Arc	ea Cod	e	Daytim	e Teleph	one Nu	mber		╝
Part II- If this is	a report of a car	didate's	authorized C	omm	itte	e, C	andida	ate shall	sign he	ere.							
	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 subsc	ribed before me this day of	•	20								s	ignature o	of Candid	ate			-
	<u> </u>						-					Printe	d Name				-
My Commission Exp	Signature						-					Ema	il				-
, сопшизаюн схр							_										
	мо	D.	AY	YR					Area	Code		Da	aytime T	elephon	e Numbe	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

porting Perio	od 7/21/2015 To	»: <u>8/14/2015</u>
om:	7/21/2015 To	<u>8/14/2015</u>
iod (1)	\$	295.00
	\$	250.00
	\$	2,150.00
iod (2)	\$	2,400.00
	\$	1,000.00
	\$	1,095.00
iod (3)	\$	2,095.00
iod (4)	\$	0.00
	\$	4,790.00
	iod (2)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting	Period		
CHARLES, BOB FRIENDS OF	From:	7/21/2015	То:	8/14/2015
		DATE		AMOUNT

Full Name of Contributing Committee IPAL (IRONWORKERS POL ACTION LEAGUE)				DAY	YEAR	
Mailing Address 981 N PEIFERS LANE						\$ 100.00
City HARRISBURG	State PA	Zip Code (Plus 4) 171090000	7	27	2015	
Full Name of Contributing Comm SIERRA CLUB PA PAF	iittee		МО	DAY	YEAR	
Mailing Address PO BOX 6	0		_			\$ 150.00
City HARRISBURG	State PA	Zip Code (Plus 4) 17108	7	27	2015	

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

PAGE TOTAL \$ 250.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate					eriod		
CHARLES, BOB FRIENDS OF			From	ı:	7/21/2	2015 T o	e: 8/14/2015
					DATE		AMOUNT
Full Name of Contributor RICHARD BILLMAN				мо	DAY	YEAR	
Mailing Address 654 ST JOHNS DR							\$ 100.00
City CAMP HILL	State PA	Zip Code (Plus 4) 17011		7	30	2015	
Full Name of Contributor DAN DELANEY				мо	DAY	YEAR	
Mailing Address 2840 SUNSET DR	lo-t-	Zin Code (Blue 4)		7	30	2015	\$ 100.00
City CAMP HILL	State PA	Zip Code (Plus 4) 17011					
Full Name of Contributor CECILIA B VITI				МО	DAY	YEAR	
Mailing Address 133 W LOCUST ST,	APT 203						\$ 250.00
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17055		7	30	2015	
Full Name of Contributor HOLLY THOMAS				мо	DAY	YEAR	
Mailing Address 160 E LAUER LN	State	Zip Code (Plus 4)		7	30	2015	\$ 250.00
City CAMP HILL	PA	17011					
Full Name of Contributor CORINNA WILSON				мо	DAY	YEAR	
Mailing Address 500 ARLINGTON RI)						\$ 100.00
City CAMP HILL	State PA	Zip Code (Plus 4) 17011		8	1	2015	

Full Na	me of Contri	butor							
l	NDER GAMB				МО	DAY		YEAR	
Mailing	g Address	140 WINFIELD DR							\$ 100.00
City	CAMP HILL		State	Zip Code (Plus 4)	8		1	2015	
			PA	17011					
	ame of Contri	butor			мо	DAY		YEAR	
Mailing	g Address	803 CONODOGUINI	ET DR						\$ 100.00
City	CAMP HILL		State	Zip Code (Plus 4)	8		1	2015	
	CAM TILL		PA	17011					
	me of Contri HERTZLER	butor			мо	DAY		YEAR	
Mailing	g Address	920 S HUMER ST							\$ 150.00
City	ENOLA		State	Zip Code (Plus 4)	8		1	2015	
			PA	17025					
Full Na	me of Contri	hutor							
JOHN I	HICKEY				МО	DAY		YEAR	
	HICKEY	3901 PAMAY DR			МО	DAY		YEAR	\$ 250.00
	g Address	3901 PAMAY DR	State	Zip Code (Plus 4)	MO 8	DAY	1	YEAR 2015	\$ 250.00
Mailing		3901 PAMAY DR	State PA	Zip Code (Plus 4) 17050		DAY	1		\$ 250.00
Mailing City Full Na	g Address	3901 PAMAY DR SBURG butor				DAY	1		\$ 250.00
Mailing City Full Na NICHO	g Address MECHANICS	3901 PAMAY DR SBURG butor			мо			2015 YEAR	\$ 250.00 250.00
Mailing City Full Na NICHO	MECHANICS me of Contrib CLAS PETCHE Address	3901 PAMAY DR SBURG butor			8		1	2015	
Mailing City Full Na NICHO Mailing	MECHANICS me of Contrib	3901 PAMAY DR SBURG butor	PA	17050	мо			2015 YEAR	
Mailing City Full Na NICHO Mailing City	MECHANICS me of Contrib CLAS PETCHE Address	3901 PAMAY DR 5BURG butor L 70 SHARON RD	PA	17050 Zip Code (Plus 4)	мо			2015 YEAR	
Full Na NICHO City Full Na NICHO Mailing City	MECHANICS me of Contrib DLAS PETCHE Address ENOLA	3901 PAMAY DR 5BURG butor L 70 SHARON RD	PA	17050 Zip Code (Plus 4)	мо 8	DAY	1	2015 YEAR 2015	
Full Na NICHO City Full Na NICHO Mailing City	MECHANICS MECHANICS Inme of Contril PLAS PETCHE Address ENOLA Inme of Contril WILDERMAN	3901 PAMAY DR BBURG butor L 70 SHARON RD butor	PA	17050 Zip Code (Plus 4)	MO	DAY		2015 YEAR 2015	\$ 250.00
Full Na NICHO Full Na DAVID Mailing	MECHANICS MECHANICS Inme of Contril DLAS PETCHE Address ENOLA Inme of Contril WILDERMAN Address	3901 PAMAY DR BBURG butor L 70 SHARON RD butor	State PA	17050 Zip Code (Plus 4) 17025	мо 8	DAY	1	2015 YEAR 2015	\$ 250.00

Full Name of Contributor MURIEL BRONAKOSKI	МО	DAY	YEAR			
Mailing Address 268 N LOCUST POIN	Mailing Address 268 N LOCUST POINT RD, PO BOX 85					\$ 250.00
City NEW KINGSTOWN	State	Zip Code (Plus 4)	8	1	2015	
	PA	17072				

PAGE TOTAL \$ 2,150.00

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

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting Period					
CHARLES, BOB FRIENDS OF FI			From:	7/2	1/2015	То:	<u>8/14/2015</u>	
				DA	TE		AMOUNT	
Full Name of Contributing Committee BRICKLAYERS & ALLIED CRAFTSMAN L	OCAL 5 PAC			МО	DAY	YEAR		
Mailing Address 2163 BERRYHILL ST				_	27	2015	\$ 500.00	
City HARRISBURG	State PA	Zip Cod 17104	e (Plus 4)	7	27	2015		
Full Name of Contributing Committee DISTRICT COUNCIL 21 PAC				МО	DAY	YEAR		
Mailing Address 2980 SOUTHAMPTO	N RD						\$ 500.00	
City PHILADELPHIA	State PA	Zip Code 19154	e (Plus 4)	7	30	2015		
	ļ	<u> </u>			<u> </u>			

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

PAGE TOTAL \$ 1,000.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate				Rep	orting Pe	riod			
CHARLES, BOB FRIENDS OF				Fror	n:	<u>7/21/2</u>	<u>015</u> To):	8/14/2015
					DA	ATE		АМ	OUNT
Full Name of Contributor									
KIRK FABRIZIO					МО	DAY	YEAR		
Mailing 3208 WALNUT AVE								\$	300.00
City MANHATTAN BEACH	State	Zip Co	ode (Plus	4)	7	23	2015		
I WARRY THAT SERVEN	CA	90266	6						
Employer Name 310 NUTRITION					Occupat	tion	SELF-EM	IPLOYED	
Employer Mailing Address/Principal Place Business	ce of		City		•	State		Zip Code	(Plus 4)
2235 E FLAMINGO RD		L	LAS VEGA	AS		NV		89119	
Full Name of Contributor									
STEPHANIE CHRIST					МО	DAY	YEAR		
Mailing 1701 CREEK VISTA D	PR							\$	300.00
City NEW CUMBERLAND	State	Zip Co	ode (Plus	4)	7	30	2015		
	PA	17070	0						
Employer Name BARNES & NOBLE BO	OKSELLERS				Occupat	tion	1ERCHA	NDISE MA	ANAGER
Employer Mailing Address/Principal Place Business	ce of	-	City			State		Zip Code	(Plus 4)
58 S 32ND ST			CAMP HIL	.L		PA		17011	
Full Name of Contributor									
KENNETH LEE					МО	DAY	YEAR		
Mailing 6329 PENNSBORO DI	२							\$	495.00
City MECHANICSBURG	State	Zip Co	ode (Plus	4)	7	31	2015		
	PA	17050	0						
Employer Name POST & SCHELL PC			Occupation ATTORNEY						
Employer Mailing Address/Principal Plac Business	ce of		City		•	State		Zip Code	(Plus 4)
17 N 2ND ST. 12TH FLOOR			HARRISB	URG		PA		17101	

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

PAGE TOTAL

\$ 1,095.00

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 Co	andidate		Report	ting Perio	bd			
			From:			То:		
				D	ATE		AN	10UNT
Full Name				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	·	•						
Enter Grand Total of Part E or	Schedule T Detaile	d Summary Page	Section	4			PA	GE TOTAL
Lines Grana Fotal of Fair 2 of	r benedule 1/ betanet	z Summary r uge,	Section	••			\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Per	iod	
CHARLES, BOB FRIENDS OF	From:	<u>7/21/2015</u> To:	8/14/2015
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	PER CONTRIBUTO	R	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	70.47
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	424.14
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,	•	\$	494.61

\$

70.47

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate			Reporting Period						
CHARLES, BOB FRIENDS OF	From: <u>7/21/2015</u> To: <u>8/</u>								
				DATE			AMOUNT		
Full Name of Contributor STEPHANIE CHRIST			МО	DAY	YEAR				
Mailing Address 1701 CREEK VIST	A DR		7	26	2015	\$	70.47		
City NEW CUMBERLAND	State PA	Zip Code (Plus 4) 17070							
Description of Contribution: MAILIN	G SUPPLIES	•				-			
Enter Grand Total of Part F on Sche	dule II, In-Kin	d Contributions Deta	iled Sum	mary Pag	je,		PAGE TOTAL		

Section 2.

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

Name of Filing Committee or Candidate	Reporting Period			
CHARLES, BOB FRIENDS OF	From:	<u>7/21/2015</u> To:	<u>8/14/2015</u>	

						DATE			AMOUNT
Full Name of Contributor CONNIE SAJER					мо	DAY	YEAR		
Mailing Address 140 RODNEY L	LN							\$	424.14
City CAMP HILL	State		Zip Code	(Plus 4)	7	23	2015		
	PA		17011						
Employer of Contributor CENT	FRAL PENN BUSIN	ESS JOU	RNAL		Occupa	tion	ACCOUNT	EXECUT	TIVE
Employer Mailing Address/Principal Place of City State Business		State	Zip 4)	Zip Code(Plus 4)		Description of Contribution			
1500 PAXTON ST		HARRIS	SBURG	PA	171	104	EVENT	FOOD/B	EVERAGES
Enter Grand Total of Part G o	n Schedule II. I	n-Kind (Contribut	ions Detai	led				PAGE TOTAL
Summary Page, Section 3.									424.14
Employer Mailing Address/Princip Business 1500 PAXTON ST Enter Grand Total of Part G of	al Place of	City HARRIS	SBURG	РА	4)	Code(Plus	Descri	ption of (Contribution EVERAGES PAGE TOTAL

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
CHARLES, BOB FRIENDS OF	From	7/21/2015	То:	<u>8/14/2015</u>

				DATE			AMOUNT
To Whom Paid PA MEDIA GROUP			МО	DAY	YEAR		
Mailing Address 2020 TECHNO	LOGY PKWY, SUITE 3	300	7	23	2015	\$	1,000.00
City MECHANICSBURG	State PA	Zip Code (Plus 4) 17050		otion of Exp			
To Whom Paid SQUARE INC			МО	DAY	YEAR		
Mailing Address 1455 MARKET	ST, SUITE 600		7	24	2015	\$	10.65
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Descrip SERVIO	otion of Exp	penditure		
To Whom Paid USPS			МО	DAY	YEAR		
Mailing Address 66 W LOUTHE	R ST		7	27	2015	\$	164.70
City CARLISLE	State PA	Zip Code (Plus 4) 17013	Description of Expenditure POSTAGE				
To Whom Paid USPS		•	МО	DAY	YEAR		
Mailing Address 66 W LOUTHE	R ST		7	27	2015	\$	2,250.00
City CARLISLE	State PA	Zip Code (Plus 4) 17013	Description of Expenditure POSTAGE				
To Whom Paid USPS			МО	DAY	YEAR		
Mailing Address 66 W LOUTHE	R ST		7	28	2015	\$	1,078.00
City CARLISLE	State PA	Zip Code (Plus 4) 17013	Descrip POSTA	otion of Exp	penditure		
		i					

To Whom Paid						_
USPS	мо	DAY	YEAR			
Mailing Address 66 W LOUTHER ST	7	30	2015	\$		1,491.30
City CARLISLE State PA 17013	4) Descrip	ption of Exp	l l penditure			
To Whom Paid ALL UNION SIGNS PROMO PRINTING	МО	DAY	YEAR			
Mailing Address 2307 BERRYHILL ST	7	30	2015	\$		424.00
City HARRISBURG State Zip Code (Plus of 17104	Descrip	ption of Exp				
To Whom Paid ALL UNION SIGNS PROMO PRINTING	МО	DAY	YEAR			
Mailing Address 2307 BERRYHILL ST	7	30	2015	\$		5,735.80
City HARRISRURG State Zip Code (Plus	4) Descri	Description of Expenditure MAILER PRINTING				
HARRISBURG PA 17104						
HARRISBORG						
To Whom Paid	MAILE	R PRINTING	<u> </u>	\$		6.04
To Whom Paid ACTBLUE	MO 8	DAY 3 ption of Exp	YEAR 2015	\$		6.04
To Whom Paid ACTBLUE Mailing Address 366 SUMMER ST City SOMERVILLE State Zip Code (Plus de la Code (Plus	MO 8 4) Descrip	DAY 3 ption of Exp	YEAR 2015	\$		6.04
To Whom Paid ACTBLUE Mailing Address 366 SUMMER ST City SOMERVILLE MA Zip Code (Plus of December 2014) To Whom Paid	MO 8 4) Description SERVIO	DAY 3 ption of Exp	YEAR 2015 Denditure	\$		6.04
To Whom Paid ACTBLUE Mailing Address 366 SUMMER ST City SOMERVILLE MA To Whom Paid ACTBLUE Mailing Address Mailing Address Mailing Address Mailing Address	MO 8 4) Description SERVIO MO 8	DAY 3 ption of Exp DAY 5 ption of Exp	YEAR 2015 Penditure YEAR 2015			
To Whom Paid ACTBLUE Mailing Address 366 SUMMER ST City SOMERVILLE To Whom Paid ACTBLUE Mailing Address 366 SUMMER ST City SOMERVILLE State MA 02144 To Whom Paid ACTBLUE Mailing Address 366 SUMMER ST City SOMERVILLE State Zip Code (Plus of Code (Plus of Code) State Zip Code) State Zip Code (Plus of Code) State Zip Code) State Zip Code (Plus of Code) State Zip Code) State Zip Code (Plus of Code) State Zip Code) State Zip Code (Plus of Code) State Zip Code) State Zip Code (Plus of Code) State Zip Code) State Zip Code (Plus of Code) State Zip Code) State Zip Code (Plus of Code) State Zip Code) State Zip Code (Plus of Code) State Zip Code) State Zip Code (Plus of Code) State Zip Code) State Zip Code (Plus of Code) State Zip Code) State Zip Code (Plus of Code) State Zip Code) State Zip Code (Plus of Code) State Zip Code (Plus of Code) State Zip Code) State Zip Code) State Zip Code) St	MO 8 4) Description MO 8 4) Description MO 8	DAY 3 ption of Exp DAY 5 ption of Exp	YEAR 2015 Penditure YEAR 2015			
To Whom Paid ACTBLUE Mailing Address 366 SUMMER ST City SOMERVILLE To Whom Paid ACTBLUE Mailing Address 366 SUMMER ST City SOMERVILLE Mailing Address 366 SUMMER ST City SOMERVILLE Mailing Address 366 SUMMER ST City SOMERVILLE To Whom Paid To Whom Paid	MO 8 4) Description SERVIO MO 8 4) Description SERVIO	DAY 3 ption of Exp CE FEE DAY 5 ption of Exp CE FEE	YEAR 2015 Denditure YEAR 2015 Denditure			

						P.	AGE 16
To Whom Paid CENTER STREET GRILLE			МО	DAY	YEAR		
Mailing Address 4 CENTER	ST		8	4	2015	\$	215.00
City ENOLA	State PA	Descrip ELECTI					
To Whom Paid MATT HAAS			МО	DAY	YEAR		
Mailing Address 103 SGRIG	GNOLI LN		8	10	2015	\$	289.83
City ENOLA	State PA	Zip Code (Plus 4) 17025	1	otion of Exp			
To Whom Paid STEPHANIE CHRIST			МО	DAY	YEAR		
Mailing Address 1701 CREI	EK VISTA DR		8	10	2015	\$	395.97
City NEW CUMBERLAND	State PA	Description of Expenditure REIMBURSEMENT - ELECTION DAY MATERIALS				MATERIALS	
To Whom Paid BOB CHARLES	·	·	МО	DAY	YEAR		
Mailing Address 115 WINF	IELD DR		8	10	2015	\$	309.34
City CAMP HILL	State PA	Zip Code (Plus 4) 17011	REIMBU	Dition of Exp JRSEMENT BEVERAGE	- FUNDF		
Enter Grand Total of Exper	nditures on Page 1, Re	port Cover Page, Item D				\$	PAGE TOTAL 13,398.84