

Campaign Finance Report

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

| | | | | | | | | | | | | |
|--|--------------------------|-----------|-------------------------|------------------------------------|----------------------|-------------------------|--|--|------------------------------|-------------------------------------|-------------------|--------------------|
| Filer Identification Number : | | 20160009 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | |
| Name of Filing Committee, Candidate or Lobbyist: BROWN, JOHN FRIENDS OF | | | | | | | | | | | | |
| Street Address: 403 S MAIN ST | | | | | | | | | | | | |
| City: NAZARETH | | | | | | State: PA | | | Zip Code: 18064 | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY POST-PRIMARY | 3. | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> | | |
| | 6TH TUESDAY PRE-ELECTION | 4. X | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> | | |
| | ANNUAL REPORT | 7. | Year 2016 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | DISKETTE | | | | |
| Name of Office Sought by Candidate: | | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | | | MO | DAY | YEAR | | | | |
| | | | | | | 11 | 8 | 2016 | | | | |
| | | | | | | | | | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 5 | 17 | 2016 | | 9 | 19 | 2016 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 6,776.99 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 35,970.40 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 42,747.39 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 34,105.62 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 8,641.77 | | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | | \$ 2,744.31 | | | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | | \$ 46,840.05 | | | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| BROWN, JOHN FRIENDS OF | From: <u>5/17/2016</u> To: <u>9/19/2016</u> |

| | |
|--|-----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 145.00 |

| | |
|--|-------------|
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | |
| Contributions Received From Political Committees (Part A) | \$ 500.00 |
| All Other Contributions (Part B) | \$ 2,900.00 |
| TOTAL for the Reporting Period (2) | \$ 3,400.00 |

| | |
|---|--------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 7,000.00 |
| All Other Contributions (Part D) | \$ 26,425.40 |
| TOTAL for the Reporting Period (3) | \$ 33,425.40 |

| | |
|--|---------|
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) | |
| TOTAL for the Reporting Period (4) | \$ 0.00 |

| | |
|---|--------------|
| Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 36,970.40 |
|---|--------------|

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 BROWN, JOHN FRIENDS OF | Reporting Period From: <u>5/17/2016</u> To: <u>9/19/2016</u> | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">DATE</td> <td style="width: 40%; border: none;">AMOUNT</td> </tr> </table> | | DATE | AMOUNT |
| DATE | AMOUNT | | |

| Full Name of Contributing Committee | MO | DAY | YEAR | AMOUNT |
|--|-----------|------------|-------------|-----------|
| FRIENDS OF SAM DEMARCO | | | | |
| Mailing Address 24 MOLINARO CIR | | | | |
| City OAKDALE State PA Zip Code (Plus 4) 15071 | 6 | 10 | 2016 | \$ 250.00 |
| Full Name of Contributing Committee | MO | DAY | YEAR | |
| RETTEW PAC | | | | |
| Mailing Address 3020 COLUMBIA AVE | | | | |
| City LANCASTER State PA Zip Code (Plus 4) 17603 | 7 | 5 | 2016 | \$ 250.00 |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 500.00 |

PART B
ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| BROWN, JOHN FRIENDS OF | From: <u>5/17/2016</u> To: <u>9/19/2016</u> |

| | | | | DATE | | AMOUNT | |
|---|----------|-----------------------------|--|------|-----|--------|-----------|
| Full Name of Contributor PHILIP B. MITMAN | | | | MO | DAY | YEAR | \$ 75.00 |
| Mailing Address 910 PAXINOSA AVE | | | | 8 | 25 | 2016 | |
| City EASTON | State PA | Zip Code (Plus 4) 18042 | | | | | |
| Full Name of Contributor VICTOR E. SCOMILLIO | | | | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address 370 WEDGEWOOD DRIVE | | | | 8 | 25 | 2016 | |
| City EASTON | State PA | Zip Code (Plus 4) 180455751 | | | | | |
| Full Name of Contributor RICHARD D. MCATEER | | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address 433 PAXINOSA AVE | | | | 8 | 25 | 2016 | |
| City EASTON | State PA | Zip Code (Plus 4) 180421619 | | | | | |
| Full Name of Contributor BEN H. HENDRICK | | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 3653 IRONSTONE RD | | | | 8 | 25 | 2016 | |
| City BETHLEHEM | State PA | Zip Code (Plus 4) 18020 | | | | | |
| Full Name of Contributor ANTHONY J. BIONDI | | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 7116 GOLDCRIS LANE | | | | 5 | 23 | 2016 | |
| City NORTHAMPTON | State PA | Zip Code (Plus 4) 18067 | | | | | |
| Full Name of Contributor DAVID C. THOMSEN | | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address 2328 PARRISH ST | | | | 8 | 31 | 2016 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19130 | | | | | |

| | | | | | | |
|---|----------|-----------------------------|----|-----|------|-----------|
| Full Name of Contributor KATHLEEN E. SCOTT | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 1052 E. MOUNTAIN AVE | | | 7 | 25 | 2016 | |
| City PEN ARGYL | State PA | Zip Code (Plus 4) 18072 | | | | |
| Full Name of Contributor WILLIAM K. KENNEDY | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address S. 2ND ST. APT 748 | | | 7 | 6 | 2016 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19147 | | | | |
| Full Name of Contributor KEVIN F. FLEMING | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 2211 W. GORDON ST | | | 7 | 27 | 2016 | |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 18104 | | | | |
| Full Name of Contributor KEVIN L. JOHNSON | | | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address 1759 HAMILTON DRIVE | | | 7 | 27 | 2016 | |
| City PHOENIXVILLE | State PA | Zip Code (Plus 4) 19460 | | | | |
| Full Name of Contributor BRUCE A. HAINES | | | MO | DAY | YEAR | \$ 150.00 |
| Mailing Address 15742 GLENISLE WAY | | | 7 | 25 | 2016 | |
| City FT. MEYERS | State FL | Zip Code (Plus 4) 33912 | | | | |
| Full Name of Contributor ROBERT D. KILBANKS | | | MO | DAY | YEAR | \$ 75.00 |
| Mailing Address 911 NORTHAMPTON ST | | | 7 | 25 | 2016 | |
| City EASTON | State PA | Zip Code (Plus 4) 18042 | | | | |
| Full Name of Contributor JOHN L. CRAMPSIE | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 3516 PHEASANT CT | | | 7 | 25 | 2016 | |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 181048844 | | | | |
| Full Name of Contributor DANIEL N. CARRESCIA | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 221 HAZEN AVE | | | 7 | 25 | 2016 | |
| City PEN ARGYL | State PA | Zip Code (Plus 4) 18072 | | | | |
| Full Name of Contributor PAUL SWARTZ | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 190 WARSAW RD | | | 7 | 5 | 2016 | |
| City FRENCHTOWN | State PA | Zip Code (Plus 4) 088254031 | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$250.00 |
|--------------------------|--------|-------|-------------------|----|-----|------|----------|
| NANCY DIENEL | | | | | | | |
| Mailing Address | | | | 7 | 5 | 2016 | |
| 4480 BAYARD ST | | | | | | | |
| City | EASTON | State | Zip Code (Plus 4) | | | | |
| | | PA | 18045 | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 100.00 |
|--------------------------|---------|-------|----|-------------------|-------|------|-----------|
| DONALD J. ELY | | | | | | | |
| Mailing Address | | | | 7 | 5 | 2016 | |
| PO BOX 765 | | | | | | | |
| City | SUNBURY | State | PA | Zip Code (Plus 4) | 17801 | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 2,900.00 |

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 |
| BROWN, JOHN FRIENDS OF | From: <u>5/17/2016</u> To: <u>9/19/2016</u> |

| | | | | DATE | | AMOUNT | |
|--|-------|-------------------|--|------|-----|--------|-------------|
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 1,000.00 |
| PA REPUBLICAN CAUCUS OF COUNTY COMMISSIONERS | | | | 8 | 25 | 2016 | |
| Mailing Address | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |
| | | | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 1,000.00 |
| NORTHEAST LEADERSHIP FUND | | | | 7 | 14 | 2016 | |
| Mailing Address 454 S. MAIN ST | | | | | | | |
| City WILKES BARRE | State | Zip Code (Plus 4) | | | | | |
| | PA | 18703 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 1,000.00 |
| NORTHEAST LEADERSHIP FUND | | | | 7 | 14 | 2016 | |
| Mailing Address 454 S. MAIN ST | | | | | | | |
| City WILKES BARRE | State | Zip Code (Plus 4) | | | | | |
| | PA | 18703 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 500.00 |
| COMM ELECT MARIO SCAVELLO | | | | 7 | 27 | 2016 | |
| Mailing Address PO BOX 550 | | | | | | | |
| City TANNERSVILLE | State | Zip Code (Plus 4) | | | | | |
| | PA | 18372 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 500.00 |
| COZEN O'CONNOR STATE AND LOCAL PAC | | | | 7 | 5 | 2016 | |
| Mailing Address 1650 MARKET STREET | | | | | | | |
| City PHILADELPHIA | State | Zip Code (Plus 4) | | | | | |
| | PA | 19103 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 1,000.00 |
| COMMITTEE TO ELECT JIM MARTIN | | | | 9 | 15 | 2016 | |
| Mailing Address 645 HAMILTON ST. SUITE 204 | | | | | | | |
| City ALLENTOWN | State | Zip Code (Plus 4) | | | | | |
| | PA | 18101 | | | | | |

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|--|-------|-------------------|----|-----|------|-------------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 1,000.00 |
| PA REPUBLICAN CAUCUS OF COUNTY COMMISSIONERS | | | | | | |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | 8 | 25 | 2016 | |

| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$ 1,000.00 |
|-------------------------------------|----------|-------------------------|----|-----|------|-------------|
| GT COMMONWEALTH PAC | | | | | | |
| Mailing Address PO BOX 73 | | | 9 | 16 | 2016 | |
| City SPRING CREEK | State PA | Zip Code (Plus 4) 16436 | | | | |

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

| |
|---|
| <p>PAGE TOTAL</p> <p>\$ 7,000.00</p> |
|---|

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

| | |
|--|--|
| Name of Filing Committee or Candidate BROWN, JOHN FRIENDS OF | Reporting Period From: <u>5/17/2016</u> To: <u>9/19/2016</u> |
|--|--|

| | | | | DATE | AMOUNT | | |
|--|--------------------|---------------------------------------|--------------------------|---------------------------------|-----------------------------------|-------------|-----------|
| Full Name of Contributor MARIBETH LORUSSO DRUCTOR | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 841 HARRISON AVE | | | | 6 | 23 | 2016 | |
| City SCRANTON | State PA | Zip Code (Plus 4) 185101401 | | | | | |
| Employer Name RETIRED | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | | |
| Full Name of Contributor NICHOLAS ALFERO | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 6367 FRANKLIN HILL ROAD | | | | 6 | 23 | 2016 | |
| City BANGOR | State PA | Zip Code (Plus 4) 18013 | | | | | |
| Employer Name ALFERO COMPANY INC | | | | Occupation SELF-EMPLOYED | | | |
| Employer Mailing Address/Principal Place of Business 47-49 S 12TH ST. | | | City EASTON | State PA | Zip Code (Plus 4) 18042 | | |
| Full Name of Contributor JOE DEPUE | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 1033 CONSTITUTION AVE | | | | 6 | 23 | 2016 | |
| City PEN ARGYL | State PA | Zip Code (Plus 4) 18072 | | | | | |
| Employer Name DEPUE PROPERTY MANAGEMENT | | | | Occupation SELF-EMPLOYED | | | |
| Employer Mailing Address/Principal Place of Business 1033 CONSTITUTION AVE | | | City PEN ARGYL | State PA | Zip Code (Plus 4) 18072 | | |
| Full Name of Contributor CURTIS H BARNETTE | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 1112 PROSPECT AVE | | | | 6 | 20 | 2016 | |
| City BETHLEHEM | State PA | Zip Code (Plus 4) 18018 | | | | | |
| Employer Name SELF EMPLOYED | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code (Plus 4) | | |

| | | | | | | | |
|---|--------------------|-----------------------------------|--------------------------|----------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor DAVID M. MASER | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 361 WEST LANCASTER AVE ONE HAVERFORD CENTRE | | | | 9 | 7 | 2016 | |
| City HAVERFORD | State PA | Zip Code (Plus 4) 19041 | | | | | |
| Employer Name CHIMICLES & TIKELLIS LLP | | | | Occupation ATTORNEY | | | |
| Employer Mailing Address/Principal Place of Business 361 WEST LANCASTER AVEONE HAVERFORD CENTRE | | | City HAVERFORD | | State PA | | Zip Code (Plus 4) 19041 |

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|---|--------------------|-----------------------------------|-------------|-------------------|--------------|-------------|--------------------------|
| Full Name of Contributor MARK J. TANCZOS | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 4285 VASSAR AVE | | | | 6 | 10 | 2016 | |
| City BETHLEHEM | State PA | Zip Code (Plus 4) 18017 | | | | | |
| Employer Name SELF EMPLOYED | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |

| | | | | | | | |
|---|--------------------|---------------------------------------|-----------------------|-----------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor DEVENDRA K. AMIN | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 3737 TIFFANY DR | | | | 7 | 25 | 2016 | |
| City EASTON | State PA | Zip Code (Plus 4) 180453042 | | | | | |
| Employer Name NORTHWOOD CARDIOVASCULAR INSTITUTE | | | | Occupation PHYSICIAN | | | |
| Employer Mailing Address/Principal Place of Business 3735 NAZARETH RD.# 302 | | | City EASTON | | State PA | | Zip Code (Plus 4) 18045 |

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|---|--------------------|-----------------------------------|-------------|-------------------|--------------|-------------|--------------------------|
| Full Name of Contributor ELMER W. HEINEL | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 9 PROSPECT HILL AVE | | | | 7 | 6 | 2016 | |
| City SUMMIT | State NJ | Zip Code (Plus 4) 07901 | | | | | |
| Employer Name SELF EMPLOYED | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |

| | | | | | | | |
|---|--------------------|-----------------------------------|--------------------------|-----------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor SALVATORE CHECHO | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 287 PARK AVENUE | | | | 7 | 27 | 2016 | |
| City BANGOR | State PA | Zip Code (Plus 4) 18013 | | | | | |
| Employer Name FIRST NORTHERN BANK | | | | Occupation CEO | | | |
| Employer Mailing Address/Principal Place of Business 4TH ST AND LAFAYETTE AVE | | | City PALMERTON | | State PA | | Zip Code (Plus 4) 18071 |

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|---|--------------------|-----------------------------------|--------------------------|-----------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor JOHN MCGEEHAN | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 376 13TH AVE | | | | 7 | 27 | 2016 | |
| City BETHLEHEM | State PA | Zip Code (Plus 4) 18018 | | | | | |
| Employer Name BARKER & BARKER CORP | | | | Occupation PRESIDENT | | | |
| Employer Mailing Address/Principal Place of Business 910 14TH AVE | | | City BETHLEHEM | | State PA | | Zip Code (Plus 4) 18018 |

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|---|--------------------|-----------------------------------|--------------------------|-----------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor DAVID M. LOBACH, JR. | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 6932 KINGS HIGHWAY S. | | | | 7 | 27 | 2016 | |
| City ZIONSVILLE | State PA | Zip Code (Plus 4) 18092 | | | | | |
| Employer Name EMBASSY BANK | | | | Occupation CEO | | | |
| Employer Mailing Address/Principal Place of Business 100 GATEWAY DR | | | City BETHLEHEM | | State PA | | Zip Code (Plus 4) 18017 |

| | | | | | | | |
|--|--------------------|-----------------------------------|--------------------------|-----------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor KEVIN L. JOHNSON | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 1759 HAMILTON DRIVE | | | | 7 | 27 | 2016 | |
| City PHOENIXVILLE | State PA | Zip Code (Plus 4) 19460 | | | | | |
| Employer Name TRAFFIC PLANNING AND DESIGN INC | | | | Occupation PRESIDENT | | | |
| Employer Mailing Address/Principal Place of Business 2500 EAST HIGH ST.SUITE 650 | | | City POTTSTOWN | | State PA | | Zip Code (Plus 4) 19464 |

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|--|--------------------|-----------------------------------|-----------------------|-------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor GLENN A. GEISSINGER | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 1701 ROLLING MEADOWS DR | | | | 7 | 27 | 2016 | |
| City PEN ARGYL | State PA | Zip Code (Plus 4) 18072 | | | | | |
| Employer Name NORTHAMPTON COUNTY COUNCIL | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business 669 WASHINGTON ST | | | City EASTON | | State PA | | Zip Code (Plus 4) 18042 |

| | | | | | | | |
|---|--------------------|-----------------------------------|-------------|-------------------|--------------|-------------|--------------------------|
| Full Name of Contributor EDWIN R. LOZANO | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 30 CENTRAL DRIVE | | | | 7 | 27 | 2016 | |
| City EASTON | State PA | Zip Code (Plus 4) 18045 | | | | | |
| Employer Name SELF EMPLOYED | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |

| | | | | | | | |
|---|--------------------|-----------------------------------|-------------|-------------------|--------------|-------------|--------------------------|
| Full Name of Contributor DHRUV ACHARYA | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 3611 BRANDFORD CT | | | | 7 | 27 | 2016 | |
| City BETHLEHEM | State PA | Zip Code (Plus 4) 18020 | | | | | |
| Employer Name SELF EMPLOYED | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |

| | | | | | | | |
|--|--------------------|-----------------------------------|--------------------------|-----------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor LOUIS P. PEKTOR, III | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 559 MAIN ST SUITE 300 | | | | 7 | 27 | 2016 | |
| City BETHLEHEM | State PA | Zip Code (Plus 4) 18018 | | | | | |
| Employer Name ASHLEY DEVELOPMENT | | | | Occupation DEVELOPER | | | |
| Employer Mailing Address/Principal Place of Business 559 MAIN ST.3RD FLOOR | | | City BETHLEHEM | | State PA | | Zip Code (Plus 4) 18018 |

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|--|--------------------|-----------------------------------|--------------------------|-----------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor ANTHONY J. SALVAGGIO | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 1432 CEDARWOOD RD | | | | 7 | 25 | 2016 | |
| City ALLENTOWN | State PA | Zip Code (Plus 4) 18104 | | | | | |
| Employer Name COMPUTER AID, INC | | | | Occupation CEO | | | |
| Employer Mailing Address/Principal Place of Business 1390 RIDGEVIEW DR | | | City ALLENTOWN | | State PA | | Zip Code (Plus 4) 18104 |

| | | | | | | | |
|--|--------------------|-----------------------------------|------------------------------|------------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor TODD F. ONJACK | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 1600 PINE ST | | | | 7 | 25 | 2016 | |
| City PEN ARGYL | State PA | Zip Code (Plus 4) 18072 | | | | | |
| Employer Name NOVARTIS | | | | Occupation ACCOUNTING | | | |
| Employer Mailing Address/Principal Place of Business 220 E HANOVER AVE | | | City MORRIS PLAINS | | State NJ | | Zip Code (Plus 4) 07950 |

| | | | | | | | |
|---|--------------------|-----------------------------------|-------------|-------------------|--------------|-------------|--------------------------|
| Full Name of Contributor CURTIS H. BARNETTE | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 1112 PROSPECT AVE | | | | 7 | 25 | 2016 | |
| City BETHLEHEM | State PA | Zip Code (Plus 4) 18018 | | | | | |
| Employer Name SELF EMPLOYED | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |

| | | | | | | | |
|--|--------------------|---------------------------------------|-------------------------|-------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor L. ANDERSON DAUB | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 2600 DELAWARE DR | | | | 7 | 25 | 2016 | |
| City EASTON | State PA | Zip Code (Plus 4) 180407335 | | | | | |
| Employer Name BROWN DAUB | | | | Occupation OWNER | | | |
| Employer Mailing Address/Principal Place of Business 819 NAZARETH PIKEPO BOX 265 | | | City NAZARETH | | State PA | | Zip Code (Plus 4) 18064 |

| | | | | | | | |
|---|--------------------|-----------------------------------|--------------------------|-----------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor CHARLES R. DIACONT | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 648 BOK RD | | | | 7 | 25 | 2016 | |
| City NAZARETH | State PA | Zip Code (Plus 4) 18064 | | | | | |
| Employer Name ARCADIA PROPERTIES, LLC | | | | Occupation PRINCIPAL | | | |
| Employer Mailing Address/Principal Place of Business 100 GATEWAY DR.SUITE 310 | | | City BETHLEHEM | | State PA | | Zip Code (Plus 4) 18017 |

| | | | | | | | |
|---|--------------------|-----------------------------------|-------------------------|-------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor DAVID M. JAINDL | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 3150 COFFEETOWN RD | | | | 7 | 25 | 2016 | |
| City OREFIELD | State PA | Zip Code (Plus 4) 18069 | | | | | |
| Employer Name JAINDL FARMS | | | | Occupation OWNER | | | |
| Employer Mailing Address/Principal Place of Business 3150 COFFEETOWN RD | | | City OREFIELD | | State PA | | Zip Code (Plus 4) 18069 |

| | | | | | | | |
|--|--------------------|-----------------------------------|--------------------------|-----------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor CYNTHIA DI RENZO | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 3111 OLD CARRIAGE DR | | | | 7 | 5 | 2016 | |
| City EASTON | State PA | Zip Code (Plus 4) 18045 | | | | | |
| Employer Name PURITAN PRODUCTS | | | | Occupation EXECUTIVE | | | |
| Employer Mailing Address/Principal Place of Business 2290 AVENUE A | | | City BETHLEHEM | | State PA | | Zip Code (Plus 4) 18017 |

| | | | | | | | |
|---|--------------------|---------------------------------------|---------------------|--|--------------------|-------------|-----------------------------------|
| Full Name of Contributor ROBERT J. MIKLAS | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 647 GLADYS DR | | | | 7 | 5 | 2016 | |
| City NAZARETH | State PA | Zip Code (Plus 4) 180648859 | | | | | |
| Employer Name MIKLAS REALTY | | | | Occupation BROKER/OWNER/APPRaiser | | | |
| Employer Mailing Address/Principal Place of Business 222 S. WALNUT ST | | | City BATH | | State PA | | Zip Code (Plus 4) 18014 |

| | | | | | | | |
|---|--------------------|-----------------------------------|-------------------------|-----------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor MICHAEL S. DEPAOLO | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 849 CONSTITUTION AVE | | | | 7 | 5 | 2016 | |
| City PEN ARGYL | State PA | Zip Code (Plus 4) 18072 | | | | | |
| Employer Name SLATE BELT FAMILY PRACTICE | | | | Occupation PHYSICIAN | | | |
| Employer Mailing Address/Principal Place of Business 826 S BROADWAY | | | City WIND GAP | | State PA | | Zip Code (Plus 4) 18091 |

| | | | | | | | |
|---|--------------------|-----------------------------------|-------------|-------------------|--------------|-------------|--------------------------|
| Full Name of Contributor MICHAEL A. SNOVER | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 4010 PROMA DR | | | | 7 | 5 | 2016 | |
| City EASTON | State PA | Zip Code (Plus 4) 18045 | | | | | |
| Employer Name SELF EMPLOYED | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |

| | | | | | | | |
|--|--------------------|-----------------------------------|--------------------------|---|--------------------|-------------|-----------------------------------|
| Full Name of Contributor THOMAS C. STARNER | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 52 S. LIBERTY STREET | | | | 7 | 5 | 2016 | |
| City NAZARETH | State PA | Zip Code (Plus 4) 18064 | | | | | |
| Employer Name PURITAN PRODUCTS | | | | Occupation EXECUTIVE VP/TECHNICAL DI | | | |
| Employer Mailing Address/Principal Place of Business 2290 AVENUE A | | | City BETHLEHEM | | State PA | | Zip Code (Plus 4) 18017 |

| | | | | | | | |
|---|--------------------|-----------------------------------|-----------------------|-----------------------------|--------------------|-------------|-----------------------------------|
| Full Name of Contributor DAVID E. COLVER | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 3130 OLD CARRIAGE DR | | | | 7 | 5 | 2016 | |
| City PALMER | State PA | Zip Code (Plus 4) 18045 | | | | | |
| Employer Name DAVID E COLVER, INC | | | | Occupation PRESIDENT | | | |
| Employer Mailing Address/Principal Place of Business 3130 OLD CARRIAGE DR | | | City PALMER | | State PA | | Zip Code (Plus 4) 18045 |

| | | | | | | |
|---|--------------------|-----------------------------------|-------------------|--------------------------|-------------|------------------|
| Full Name of Contributor RICHARD D. MCATEER | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 433 PAXINOSA AVE | | | 7 | 5 | 2016 | |
| City EASTON | State PA | Zip Code (Plus 4) 18042 | | | | |
| Employer Name RETIRED | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code (Plus 4) | | |
| | | | | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-----------------------------|--------------------------|-------------|------------------|
| Full Name of Contributor MARCUS LEMON | | | MO | DAY | YEAR | \$ 970.70 |
| Mailing Address 14 OAK HILL DR | | | 8 | 9 | 2016 | |
| City LITITZ | State PA | Zip Code (Plus 4) 17543 | | | | |
| Employer Name LEMON HOLDINGS, LLC | | | Occupation PRINCIPAL | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code (Plus 4) | | |
| 14 OAKHILL DR | | LITITZ | PA | 17543 | | |

| | | | | | | |
|---|--------------------|-----------------------------------|-------------------|--------------------------|-------------|--------------------|
| Full Name of Contributor CHRISTINE TORETTI | | | MO | DAY | YEAR | \$ 4,854.70 |
| Mailing Address 2428 OAK DR | | | 9 | 12 | 2016 | |
| City INDIANA | State PA | Zip Code (Plus 4) 15701 | | | | |
| Employer Name SELF EMPLOYED | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code (Plus 4) | | |
| | | | | | | |

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

| |
|---------------------|
| PAGE TOTAL |
| \$ 26,425.40 |

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| | |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period From: To: |
|---------------------------------------|--|

| | | | DATE | | | AMOUNT |
|---------------------|-------|-------------------|------|-----|------|---------|
| Full Name | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Receipt Description | | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 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 Period | |
| BROWN, JOHN FRIENDS OF | | From: <u>5/17/2016</u> To: <u>9/19/2016</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period (1) | | | \$ 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period (2) | | | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period (3) | | | \$ 2,744.31 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) | | | \$ 2,744.31 |

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

| | |
|---------------------------------------|--|
| Name of Filing Committee or Candidate | Reporting Period From: To: |
|---------------------------------------|--|

| | | | DATE | | | AMOUNT |
|---|-------|-------------------|------|-----|------|----------------------------------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | | | PAGE TOTAL \$ 0.00 |

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

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| BROWN, JOHN FRIENDS OF | From: <u>5/17/2016</u> To: <u>9/19/2016</u> |

| | | | | DATE | | AMOUNT | |
|---|----------|------------------------|-------|------------------|-----|--|------------------------|
| Full Name of Contributor REPUBLICAN PARTY OF PA | | | | MO | DAY | YEAR | \$ 2,243.67 |
| Mailing Address 112 STATE ST | | | | 6 | 30 | 2016 | |
| City HARRISBURG | State PA | Zip Code(Plus 4) 17101 | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code(Plus 4) | | Description of Contribution CAMPAIGN LITERATURE AND POSTAGE | |
| Full Name of Contributor REPUBLICAN PARTY OF PA | | | | MO | DAY | YEAR | \$ 290.41 |
| Mailing Address 112 STATE ST | | | | 9 | 15 | 2016 | |
| City HARRISBURG | State PA | Zip Code(Plus 4) 17101 | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code(Plus 4) | | Description of Contribution CAMPAIGN LITERATURE AND POSTAGE | |
| Full Name of Contributor REPUBLICAN PARTY OF PA | | | | MO | DAY | YEAR | \$ 210.23 |
| Mailing Address 112 STATE ST | | | | 9 | 16 | 2016 | |
| City HARRISBURG | State PA | Zip Code(Plus 4) 17101 | | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | City | State | Zip Code(Plus 4) | | Description of Contribution CAMPAIGN LITERATURE AND POSTAGE | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | | PAGE TOTAL 2,744.31 |

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| BROWN, JOHN FRIENDS OF | From <u>5/17/2016</u> To: <u>9/19/2016</u> |

| DATE | | | | AMOUNT |
|----------------------------------|--------------|--------------------------|-----------------------------------|-------------|
| To Whom Paid | MO | DAY | YEAR | |
| SMART CENTS NAZARETH | | | | |
| Mailing Address | 5 | 25 | 2016 | \$ 12.00 |
| City | State | Zip Code (Plus 4) | Description of Expenditure | |
| | | | NOTARY FEES | |
| To Whom Paid | MO | DAY | YEAR | |
| MARY BARKET | | | | |
| Mailing Address | | | | \$ 6,090.01 |
| City | State | Zip Code (Plus 4) | Description of Expenditure | |
| NAZARETH | PA | 18064 | CAMPAIGN MANAGER & EXPENSE REIMB | |
| To Whom Paid | MO | DAY | YEAR | |
| BRABENDER COX | | | | |
| Mailing Address | 5 | 24 | 2016 | \$ 2,257.70 |
| City | State | Zip Code (Plus 4) | Description of Expenditure | |
| PITTSBURGH | PA | 15211 | SIGNS | |
| To Whom Paid | MO | DAY | YEAR | |
| PHOENIX FUNDRAISING PARTNERS LLC | | | | |
| Mailing Address | | | | \$ 6,000.00 |
| City | State | Zip Code (Plus 4) | Description of Expenditure | |
| HARRISBURG | PA | 17110 | FUNDRAISING CONSULTING | |
| To Whom Paid | MO | DAY | YEAR | |
| M&T BANK | | | | |
| Mailing Address | 9 | 9 | 2016 | \$ 8.30 |
| City | State | Zip Code (Plus 4) | Description of Expenditure | |
| | | | SERVICE CHARGES | |
| To Whom Paid | MO | DAY | YEAR | |
| VOIT FOR PA TREASURER | | | | |
| Mailing Address | 6 | 3 | 2016 | \$ 3,056.10 |
| City | State | Zip Code (Plus 4) | Description of Expenditure | |
| HARRISBURG | PA | 17108 | EVENT EXPENSE | |

| | | | | | | |
|---|-------------|----------------------------|---|-----|------|-------------|
| To Whom Paid VISTAPRINT.COM | | | MO | DAY | YEAR | \$ 56.93 |
| Mailing Address | | | 6 | 29 | 2016 | |
| City | State | Zip Code (Plus 4) | Description of Expenditure SIGNS | | | |
| | | | | | | |
| To Whom Paid CAPITOL PROMOTIONS INC | | | MO | DAY | YEAR | \$ 7,005.54 |
| Mailing Address 2362 OAKDALE AVE | | | | | | |
| City GLENSIDE | State PA | Zip Code (Plus 4) 19038 | Description of Expenditure YARD SIGNS | | | |
| To Whom Paid REPUBLICAN PARTY OF PA | | | MO | DAY | YEAR | \$ 1,050.00 |
| Mailing Address 112 STATE ST | | | 7 | 7 | 2016 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure EVENT EXPENSE | | | |
| To Whom Paid JOHN BROWN | | | MO | DAY | YEAR | \$ 1,269.89 |
| Mailing Address | | | 7 | 7 | 2016 | |
| City BANGOR | State PA | Zip Code (Plus 4) | Description of Expenditure EXPENSE REIMB | | | |
| To Whom Paid COMMUNICATION CONCEPTS | | | MO | DAY | YEAR | \$ 1,500.00 |
| Mailing Address 2906 WILLIAM PENN HWY STE 401 | | | 7 | 7 | 2016 | |
| City EASTON | State PA | Zip Code (Plus 4) 18045 | Description of Expenditure SURVEY | | | |
| To Whom Paid SIGN MEDIA | | | MO | DAY | YEAR | \$ 185.50 |
| Mailing Address 2340 BUTLER ST | | | 7 | 8 | 2016 | |
| City EASTON | State PA | Zip Code (Plus 4) 18042 | Description of Expenditure SIGNS | | | |
| To Whom Paid HISTORIC HOTEL BETHLEHEM | | | MO | DAY | YEAR | \$ 613.65 |
| Mailing Address 437 MAIN ST | | | 7 | 18 | 2016 | |
| City BETHLEHEM | State PA | Zip Code (Plus 4) 18018 | Description of Expenditure EVENT EXPENSE | | | |
| To Whom Paid LN CONSULTING | | | MO | DAY | YEAR | \$ 5,000.00 |
| Mailing Address 121 STATE ST | | | 7 | 28 | 2016 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure CAMPAIGN CONSULTING | | | |

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL

\$ 34,105.62

SCHEDULE IV
STATEMENT OF UNPAID DEBTS
 Use this Section to itemize all unpaid debts and obligations
 which are outstanding at the end of the reporting period

| | |
|--|--|
| Name of Filing Committee or Candidate BROWN, JOHN FRIENDS OF | Reporting Period From: <u>5/17/2016</u> To: <u>9/19/2016</u> |
|--|--|

| | | | | DATE | | Outstanding Balance of Debt | |
|---|----------|-------------------------|---|------|-----|--------------------------------|----------------------------|
| Name of Creditor LN CONSULTING | | | | MO | DAY | YEAR | \$ 35,980.00 |
| Mailing Address 121 STATE ST | | | | 6 | 1 | 2016 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Debt CONSULTING MAR, APR, MAY, JUN, JULY, AUG & POSTAGE | | | | |
| Name of Creditor JOHN BROWN | | | | MO | DAY | YEAR | \$ 8,860.05 |
| Mailing Address 500 S 7TH ST | | | | 9 | 5 | 2016 | |
| City BANGOR | State PA | Zip Code (Plus 4) 18013 | Description of Debt CANDIDATE EXPENSE REIMBURSEMENTS | | | | |
| Name of Creditor PHOENIX FUNDRAISING PARTNERS LLC | | | | MO | DAY | YEAR | \$ 2,000.00 |
| Mailing Address 2601 N FRONT ST STE 101 | | | | 6 | 1 | 2016 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17110 | Description of Debt FUNDRAISING CONSULTING | | | | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | | PAGE TOTAL \$ 46,840.05 |