### **Campaign Finance Report**

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

| Filer Identificati<br>Number :                              | on                     | 20160        | C0460     |             |                |         | Repo<br>Filed |      |                | CA                        | NDII   | DATE     | <b>\</b> | СО          | MMITTE             |                | LOBE     | BYIST    |         |          |
|---|------------------------|--------------|-----------|-------------|----------------|---------|---------------|------|----------------|---------------------------|--------|----------|----------|-------------|--------------------|----------------|----------|----------|---------|----------|
| Name of Filing C  | ommittee,              | , Candida    | ate or Lo | obbyi       | st:            |         | CARO          | LYI  | N T. (         | СОМ                       | TTA    |          |          |             |                    |                |          |          |         |          |
| Street Address:   |                        |              |           |             |                |         |               |      |                |                           |        |          |          |             |                    |                |          |          |         |          |
| City:   |                        |              |           |             |                |         |               |      |                | State                     | e:     |          |          |             | Zip Cod            | <b>e:</b> 19   | 9382     |          |         |          |
| TYPE OF<br>REPORT   | 6TH TUESE<br>PRE-PRIMA |              | 1.        | 2ND<br>PRIM | FRIDAY<br>ARY  | / PRE-  | - 2.          |      | 30 DA<br>PRIMA |                           | Р      | POST- 3. |          |             | AMENDMI<br>REPORT? | ENT            | Yes      | No       | 1       | <b>\</b> |
| (place X to<br>the right of                                 | 6TH TUESE<br>PRE-ELECT |              | 4.        |             | FRIDAY<br>TION | / PRE   | - 5.          |      | 30 DA          |                           | Р      | OST-     | 6.       |             | TERMINA<br>REPORT? | TION           | Yes      | No       | )       | <b>\</b> |
| report type)  | ANNUAL F               | REPORT       | 7.        | Year        | 2016           |         |               |      |                | ING METHOD<br>) CHECK ONE |        |          |          | PAPER       | <b>/</b>           | DISKE          | TTE      |          |         |          |
| Name of Office S  | ought by (             | Candidat     | e:        |             |                |         |               |      |                | DAT                       | ΕO     | F ELE    | CTI      | ON          | District<br>Number | Office<br>Code | Par      | ty Code  | Cour    |          |
|   | ,                      |              |           |             |                |         |               |      |                | МО                        |        | DAY      | Υ        | 'EAR        | 156                | STH            | DEN      | 1        | Jour    |          |
| REPRESENTATI  | VE IN THE              | GENER        | AL ASS    | EMBL        | .Y             |         |               |      |                |                           | 11     |          | 8        | 2016        |                    | (SEE IN        | STRUCTIO | ONS FOR  | CODES   | )        |
| Summary of  |                        | and          | МО        | DA          | lΥ             | YEAR    |               |      |                | МО                        |        | DAY      | Y        | /EAR        | FOI                | ROFFIC         | E USE    | ONLY     |         |          |
| Expenditures  | from:                  |              |           | 9           | 20             | 20      | 016           | T    | 0              |                           | 10     | :        | 24       | 2016        |                    |                |          |          |         |          |
| A. Amount Bro   | ught Forwa             | ard From     | Last R    | eport       |                |         |               |      | \$             |                           |        |          | (6,5     | 505.20)     |                    |                |          |          |         |          |
| B. Total Moneta   | ary Contrib            | outions A    | and Rec   | eipts       | (From          | Sche    | dule I        | )    | \$             |                           |        |          | 8,       | ,401.21     |                    |                |          |          |         |          |
| C. Total Funds Available (Sum Of Lines A and B) \$ 1,896.01 |                        |              |           |             |                |         |               |      |                |                           |        |          |          |             |                    |                |          |          |         |          |
| D. Total Expenditures (From Schedule III)                   |                        |              |           |             |                |         |               |      | 1,             | 896.01                    |        |          |          |             |                    |                |          |          |         |          |
| E. Ending Cash Balance (Subtract Line D From Line C)        |                        |              |           |             |                |         |               |      | \$             |                           |        |          |          | 0.00        |                    |                |          |          |         |          |
| F. Value Of In-   | Kind Contr             | ibutions     | Receive   | ed (Fr      | rom Sc         | hedul   | le II)        |      | \$ 0.00        |                           |        |          |          |             |                    |                |          |          |         |          |
| G. Unpaid Debt  | s And Obli             | igations     | (From S   | Sched       | ule IV         | )       |               |      | \$             |                           |        |          |          | 0.00        |                    |                | •        |          |         |          |
|   |                        |              |           |             |                | AFF     | IDA۱          | /I7  | SE             | CTI                       | NC     |          |          |             |                    |                |          |          |         |          |
| PART I - If this is   | a Commit               | ttee repo    | ort, trea | surer       | sign h         | nere. 1 | If this       | is   | a Car          | ndida                     | te re  | port, o  | cand     | idate sig   | ın here.           |                |          |          |         |          |
| I swear (or affirm) correct and comple                      |                        | eport, inclu | uding the | attacl      | hed sch        | edules  | filed o       | on p | paper          | or by                     | electr | onic m   | ediun    | n, are to t | he best of         | my knov        | vledge   | and beli | ef , tr | ue       |
| Sworn to and subs   | cribed befor<br>day of | re me this   |           | 20          |                |         |               |      |                |                           |        |          |          | Signature   | of Person          | Submitt        | ing Rep  | ort      |         | _        |
|   |                        | Signatur     | 'e        | _           |                |         |               |      | -              |                           |        |          |          |             | Print              | ed Name        | 1        |          |         | _        |
| My Commission Ex  | pires                  | 3            |           |             |                |         |               |      |                |                           | •      |          |          |             | Email              |                |          |          |         | -        |
|   | M                      | 10           | D/        | AY          |                | YR      |               |      | -              |                           | ,      | Are      | ea Co    | ode         | Daytime            | Teleph         | one Nu   | mber     |         |          |
| Part II- If this is   | a report o             | of a cand    | idate's   | autho       | rized          | Comm    | nittee,       | Ca   | ndid           | ate s                     | hall s | sign he  | ere.     |             |                    |                |          |          |         |          |
| I swear (or affirm)<br>No 320) as amende                    |                        | best of m    | y knowle  | edge aı     | nd belie       | ef this | politic       | al d | comm           | ittee l                   | nas no | ot viola | ted a    | ny provisi  | ions of the        | act of Ju      | ıne 3,19 | 937 (P.L | . 133   | з,       |
| Sworn to and subsc  |                        | e me this    |           |             |                |         |               |      |                |                           |        |          |          | Si          | ignature of        | Candida        | ate      |          |         | - $ $    |
|   | day of<br>——           |              |           | 20<br>–     |                |         |               |      |                |                           |        |          |          |             | Printed            | l Name         |          |          |         | _        |
|   | Si                     | gnature      |           |             |                |         |               |      |                |                           |        |          | _        |             |                    |                |          |          |         | _        |
| My Commission Exp   |                        |              |           |             |                |         |               |      |                |                           |        |          |          |             | Email              |                |          |          |         |          |
|   |                        | мо           | D/        | AY          |                | YR      |               |      |                |                           |        | Area     | Code     | 1           | Da                 | ytime To       | elephon  | e Numb   | er      |          |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |          |              |            |
|--|-----------|----------|--------------|------------|
| Name of Filing Committee or Candidate  | Reporting | g Period |              |            |
| CAROLYN T. COMITTA   | From:     | 9/20/201 | <u>6</u> То: | 10/24/2016 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |            |
| TOTAL for the Reporting  | J Period  | (1)      | \$           | 0.00       |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |          |              |            |
| Contributions Received From Political Committees (Part A)  |           |          | \$           | 0.00       |
| All Other Contributions (Part B)   |           |          | \$           | 0.00       |
| TOTAL for the Reporting  | ) Period  | (2)      | \$           | 0.00       |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |          |              |            |
| Contributions Received From Political Committees (Part C)  |           |          | \$           | 0.00       |
| All Other Contributions (Part D)   |           |          | \$           | 0.00       |
| TOTAL for the Reporting  | ) Period  | (3)      | \$           | 0.00       |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)  |           |          |              |            |
| TOTAL for the Reporting  | ) Period  | (4)      | \$           | 8,401.21   |
| 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 |           |          | \$           | 8,401.21   |

#### **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 Candida | te    | F                 | Reporting Period |      |      |          |        |  |  |
|-------------------------------------|-------|-------------------|------------------|------|------|----------|--------|--|--|
|                                     |       | F                 | From:            |      | То   | <b>!</b> |        |  |  |
|                                     |       | •                 |                  | DATE |      |          | AMOUNT |  |  |
| Full Name of Contributing Committee |       |                   | МО               | DAY  | YEAR |          |        |  |  |
| Mailing Address                     |       |                   |                  |      |      | \$       | 0.00   |  |  |
| City                                | State | Zip Code (Plus 4) |                  |      |      |          |        |  |  |

PAGE TOTAL
0.00

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

### **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

|                          | ee or Candidate |                   | Reporti | ng Per | riod |      |    |        |
|--------------------------|-----------------|-------------------|---------|--------|------|------|----|--------|
|                          |                 |                   | From:   |        |      | To   | ): |        |
|                          |                 | L                 |         | D      | ATE  |      |    | AMOUNT |
| Full Name of Contributor |                 |                   | м       | o      | DAY  | YEAR |    |        |
| Mailing Address          |                 |                   |         |        |      |      | \$ | 0.00   |
| City                     | State           | Zip Code (Plus 4) |         |        |      |      |    |        |

#### **PART C**

### **Contributions Received From Political Committees**

**OVER \$250.00** 

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

| Name of Filing Committee or Candidate | ame of Filing Committee or Candidate |         | Reporting Period |      |     |      |               |           |      |
|---------------------------------------|--------------------------------------|---------|------------------|------|-----|------|---------------|-----------|------|
|                                       |                                      |         | From:            |      |     | То:  |               |           |      |
|                                       |                                      |         |                  | DA   | TE  |      | P             | AMOUNT    |      |
| Full Name of Contributing Committee   |                                      |         |                  | мо   | DAY | YEAR |               |           | 0.00 |
| Mailing Address                       |                                      |         |                  |      |     |      | <b>-</b>   \$ |           | 0.00 |
| City                                  | State                                | Zip Cod | e (Plus 4)       |      |     |      |               |           |      |
|                                       |                                      |         |                  |      |     |      |               | PAGE TOTA | AL   |
| Enter Grand Total of Part C on Sche   | dule I, Detailed Sun                 | nmary P | age, Sectio      | n 3. |     |      | \$            | (         | 0.00 |

# ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

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

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

| Name of Filing Committee or Candidate | ame of Filing Committee or Candidate |                         |            |         | orting Pe | riod  |        |        |                 |  |
|---------------------------------------|--------------------------------------|-------------------------|------------|---------|-----------|-------|--------|--------|-----------------|--|
|                                       |                                      |                         |            | Fron    | n:        |       | To     | То:    |                 |  |
|                                       |                                      |                         |            |         | D         | ATE   | AMOUNT |        | AMOUNT          |  |
| Full Name of Contributor              |                                      |                         |            |         | мо        | DAY   | YEAR   | \$     | 0.00            |  |
| Mailing Address                       |                                      |                         |            |         |           |       |        |        |                 |  |
| City                                  | State                                | State Zip Code (Plus 4) |            |         |           |       |        |        |                 |  |
| Employer Name                         |                                      | •                       |            |         | Occupa    | tion  |        |        |                 |  |
| Employer Mailing Address/Principal Pl | ace of Business                      |                         | City       |         |           | State |        | Zip Co | ode (Plus 4)    |  |
| Enter Grand Total of Part C on Sch    | edule I, Detaile                     | ed Sumn                 | nary Page, | Section | on 3.     |       |        | \$     | PAGE TOTAL 0.00 |  |

## OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Name of Filing Committee or Candidate   |                         |                 | Report   | ing Perio | d          |               |      |            |  |
|---|-------------------------|-----------------|----------|-----------|------------|---------------|------|------------|--|
| CAROLYN T. COMITTA  |                         |                 | From:    |           | 9/20/201   | <u>.6</u> To: |      | 10/24/2016 |  |
|   |                         |                 |          | D         | ATE        |               |      | AMOUNT     |  |
| Full Name   |                         |                 |          | мо        | DAY        | YEAR          | ,    | 206.24     |  |
| FRIENDS OF CAROLYN COMITTA  |                         |                 |          | MO        | DAT        | TEAR          | \$   | 306.34     |  |
| Mailing Address   |                         |                 |          | 8         | 8          | 2016          | l    |            |  |
| City WEST CHESTER   | State                   | Zip Code (      | Plus 4)  |           |            | 2010          | Ī    |            |  |
|   | PA                      | 19382           |          |           |            |               |      |            |  |
| Receipt Description REIMBURSEMEN  | T FOR PYMT TO CAPIT     | TOL PROMO       | TIONS IN | V #7129   | 1 DTD 7/1  | 9/2016        | •    |            |  |
| Full Name   |                         |                 |          | мо        | DAY        | YEAR          | \$   | 1,505.20   |  |
| FRIENDS OF CAROLYN COMITTA  |                         |                 |          | 1-10      | יאם        | ILAK          | *    | 1,303.20   |  |
| Mailing Address   | <u> </u>                |                 |          | 8         | 8          | 2016          | İ    |            |  |
| City WEST CHESTER   | State                   | Zip Code (      | Plus 4)  |           |            |               |      |            |  |
|   | PA                      | 19382           |          |           |            |               |      |            |  |
| Receipt Description REIMBURSEMENT FOR PYMT TO CAPITOL PROMOTIONS INV # 70566 DTD 4/4/2016 |                         |                 |          |           |            |               |      |            |  |
| Full Name   |                         |                 |          |           |            |               |      |            |  |
| FRIENDS OF CAROLYN COMITTA  |                         |                 |          | МО        | DAY        | YEAR          | \$   | 306.34     |  |
| Mailing Address   |                         |                 |          | 9         | 6          | 2016          | 1    |            |  |
| City WEST CHESTER   | State                   | Zip Code (      | Plus 4)  | 9         | 0          | 2010          |      |            |  |
|   | PA                      | 19382           |          |           |            |               |      |            |  |
| Receipt Description DUPLICATE REIN  | I<br>1BURSEMENT FOR PYI | I<br>MT TO CAPI | TOL PRO  |           |            |               |      |            |  |
| Full Name   |                         |                 |          |           |            |               | Ī    |            |  |
| FRIENDS OF CAROLYN COMITTA  |                         |                 |          | мо        | DAY        | YEAR          | \$   | 67.41      |  |
| Mailing Address   |                         |                 |          |           |            |               | l    |            |  |
| City WEST CHESTER   | State                   | Zip Code (      | Plus 4)  | 9         | 22         | 2016          |      |            |  |
| City WEST CHESTER   | PA                      | 19382           | ius 4)   |           |            |               |      |            |  |
|   | I FA                    | 19302           |          |           |            |               |      |            |  |
| Receipt Description REIMBURSEMEN  | T FOR PYMT ON 9/1/2     | 2016 TO LO      | RENZO'S  | STEAKS    | FOR LUNC   | H FOR FA      | ME F | IRE CO     |  |
| Full Name   |                         |                 |          |           | <b>DAY</b> | \             | l .  |            |  |
| FRIENDS OF CAROLYN COMITTA  |                         |                 |          | МО        | DAY        | YEAR          | \$   | 5,000.00   |  |
| Mailing Address   |                         |                 |          | 9         | 22         | 2016          |      |            |  |
| City WEST CHESTER   | State                   | Zip Code (      | Plus 4)  |           |            | 2010          |      |            |  |
|   | PA                      | 19382           |          |           |            |               |      |            |  |
|   |                         | 1               |          | 1         |            |               |      |            |  |

REPAYMENT OF LOAN MADE BY CANDIDATE ON 4/11/2016 TO FRIENDS OF CAROLYN COMITTA COMMITTEE

**Receipt Description** 

| Full Name   |             |                                   |           |               |                  |    |        |  |
|---|-------------|-----------------------------------|-----------|---------------|------------------|----|--------|--|
| FRIENDS OF CAROLYN COMITTA  |             |                                   | МО        | DAY           | YEAR             | \$ | 463.22 |  |
| Mailing Address   |             |                                   | 10        | 4             | 2016             |    |        |  |
| City WEST CHESTER   | State       | Zip Code (Plus 4)                 |           |               | 2010             |    |        |  |
|   | PA          | 19382                             |           |               |                  |    |        |  |
| Receipt Description REIMBURSEMENT FOR PYMT TO CAPITOL PROMOTIONS INV # 1900 DTD 9/14/2016 |             |                                   |           |               |                  |    |        |  |
|   |             |                                   |           |               |                  |    |        |  |
| Full Name   |             |                                   |           | DAY           | VEAD             | _  | 752 70 |  |
| Full Name FRIENDS OF CAROLYN COMITTA  |             |                                   | МО        | DAY           | YEAR             | \$ | 752.70 |  |
|   |             |                                   |           |               |                  | \$ | 752.70 |  |
| FRIENDS OF CAROLYN COMITTA  | State       | Zip Code (Plus 4)                 | <b>MO</b> | <b>DAY</b> 18 | <b>YEAR</b> 2016 | \$ | 752.70 |  |
| FRIENDS OF CAROLYN COMITTA  Mailing Address   | State<br>PA | <b>Zip Code (Plus 4)</b><br>19382 |           |               |                  | \$ | 752.70 |  |

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

| PAGE TOTAL     |
|----------------|
| \$<br>8,401.21 |

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

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

Detailed Summary Page

| Name of Filing Committee or Candidate  | Reporting Perio | od                          |            |  |  |  |  |  |
|--|-----------------|-----------------------------|------------|--|--|--|--|--|
| CAROLYN T. COMITTA   | From:           | <u>9/20/2016</u> <b>To:</b> | 10/24/2016 |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | 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** 

| Name of Filing Committee or Candid | ame of Filing Committee or Candidate |                        |         | Reporting Period |      |             |            |  |
|------------------------------------|--------------------------------------|------------------------|---------|------------------|------|-------------|------------|--|
|                                    |                                      |                        | From:   |                  |      | То:         |            |  |
|                                    |                                      | -                      |         | DATE             |      |             | AMOUNT     |  |
| Full Name of Contributor           |                                      |                        | МО      | 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   | chedule 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                     |                |     |                  | Re     | porting    | Period         |       |      |                 |      |
|---|----------------|-----|------------------|--------|------------|----------------|-------|------|-----------------|------|
|   |                |     |                  | Fro    | m:         |                | To:   |      |                 |      |
|   |                |     |                  |        |            | DATE           |       |      | AMOUN           | т    |
| Full Name of Contributor                                  |                |     |                  |        | мо         | DAY            | YEAR  |      |                 |      |
| Mailing Address   |                |     |                  |        |            |                |       | 1    | \$              | 0.00 |
| City  | State          |     | Zip Code(Plus 4) |        |            |                |       |      |                 |      |
| Employer of Contributor                                   |                |     |                  |        | Occupation |                |       |      |                 |      |
| Employer Mailing Address/Principal Place of Business City |                |     | ty               | Stat   | e Zi       | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch                        | edule II, In-K | ind | Contributions D  | etaile | ed         |                |       |      | PAGE T          | OTAL |
| Summary Page, Section 3.                                  |                |     |                  |        |            |                |       |      |                 | 0.00 |

# STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate |                 |                   | Reporting Period                     |                            |               |     |            |  |
|---------------------------------------|-----------------|-------------------|--------------------------------------|----------------------------|---------------|-----|------------|--|
| CAROLYN T. COMITTA                    |                 |                   | From                                 | <u>9/2(</u>                | <u>0/2016</u> | То: | 10/24/2016 |  |
|                                       |                 |                   |                                      | DATE                       | AMOUNT        |     |            |  |
| To Whom Paid                          |                 |                   | МО                                   | DAY                        | YEAR          |     |            |  |
| CAPITOL PROMOTIONS                    |                 |                   |                                      |                            |               |     |            |  |
| Mailing Address                       |                 |                   |                                      | 19                         | 2016          | \$  | 306.34     |  |
| City GLENSIDE                         | State           | Zip Code (Plus 4) | Descrip                              | tion of Exp                | enditure      |     |            |  |
|                                       | PA              | 19038             | INV # 71291 FOR YARD SIGNS           |                            |               |     |            |  |
| To Whom Paid LORENZO'S STEAKS         |                 |                   | мо                                   | DAY                        | YEAR          |     |            |  |
| Mailing Address                       |                 |                   | 9                                    | 1                          | 2016          | \$  | 67.41      |  |
| City WEST CHESTER                     | State           | Zip Code (Plus 4) | Descript                             | Description of Expenditure |               |     |            |  |
|                                       | PA              | 19382             | LUNCH FOR FAME FIRE CO.              |                            |               |     |            |  |
| To Whom Paid                          |                 |                   | МО                                   | DAY                        | YEAR          |     |            |  |
| FRIENDS OF CAROLYN COMITTA            |                 |                   | MO                                   | DAT                        | TEAR          |     |            |  |
| Mailing Address                       |                 |                   | 9                                    | 12                         | 2016          | \$  | 306.34     |  |
| City WEST CHESTER                     | State           | Zip Code (Plus 4) | Description of Expenditure           |                            |               |     |            |  |
|                                       | PA              | 19382             | REPAYMENT OF DUPLICATE REIMBURSEMENT |                            |               |     |            |  |
| To Whom Paid                          |                 |                   | МО                                   | DAY                        | YEAR          |     |            |  |
| CAPITOL PROMOTIONS                    |                 |                   |                                      |                            |               |     |            |  |
| Mailing Address                       |                 |                   | 9                                    | 14                         | 2016          | \$  | 463.22     |  |
| City GLENSIDE                         | State           | Zip Code (Plus 4) | Descrip                              | Description of Expenditure |               |     |            |  |
|                                       | PA              | 19038             | INV # 1                              | INV # 1900 FOR YARD SIGNS  |               |     |            |  |
| To Whom Paid                          |                 |                   | МО                                   | DAY                        | YEAR          |     |            |  |
| CAPITOL PROMOTIONS                    |                 |                   | 1.0                                  |                            |               |     |            |  |
|                                       | Mailing Address |                   |                                      | 13                         | 2016          | \$  | 752.70     |  |
|                                       |                 |                   | 10                                   |                            |               | 1   |            |  |
|                                       | State           | Zip Code (Plus 4) |                                      | l<br>tion of Exp           |               |     |            |  |

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

1,896.01