Campaign Finance Report

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

Filer Identificati Number :	on 920	00339			-	ported E		CAN	DIE	DATE		COMN	1ITTEE	✓	LOB	BYIST		
Name of Filing C	ommittee, Cand	idate or L	.obbyist:		HUC	SHE	S, VIN	NCENT	CIT	IZENS	S FO	R		_				
Street Address:	4601 MARK	ET ST. 19	ST FLR															
City:	PHILADELPH	IIA						State:		PA			Zip Cod	le: 19	139			
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRID PRIMARY	AY PRE	-	2.	30 DA		P	OST-	3.		AMENDM REPORT?		Yes	N	0	\
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRID		E-	5.	30 DA		P	OST-	6.		TERMINA REPORT?		Yes	N	0	\
report type)	ANNUAL REPOR	T 7.	Year 200	4				NG MET		_			PAPER		√	DISK	ETTE	
Name of Office S	ought by Candic	late:	•		•			DATE	OF	ELE	СТІС	N	District Number	Office Code	Par	ty Cod	Code	
SENATOR IN TH	HE GENERAL AS	SEMRI V						МО		DAY	YI	AR		STS	DE	1	51	
SLINATOR IN TI	IL GLINLKAL AS	3LMDL1							11		2	2004		(SEE INS	TRUCTI	ONS FO	CODES)
Summary of Expenditures		МО	DAY	YEAR		_		МО		DAY		EAR	FO	R OFFIC	E USE	ONLY	•	
				1	1	•	· О		3		8	2004						
	ught Forward Fr —————— ary Contribution		-	m Scho	dula		\$					24.90) 328.99						
			• ` `	III SCITE	duie		\$											
	Available (Sum						\$					204.09						
-	ditures (From So						\$					129.42						
	Balance (Subtra						\$				7,0	74.67						
	Kind Contributio		•		iie 11	.)	\$					0.00						
or onpara Bose	S Alla Obligation				-15	A	\$ = G=		N.I.			0.00						
PART I - If this is	s a Committee re	enort, tre:	asurer siar					CTIO		nort. c	andi	date sid	ın here.					
I swear (or affirm)	that this report, in		_									_		f my knov	vledge	and be	lief , tr	ue
Sworn to and subs		nis	20						-		5	Signature	of Perso	n Submitt	ing Re _l	oort		-
	Signa						- -		-				Prin	ted Name				-
My Commission Ex	Signa pires	ture							-				Emai	il				-
	МО	D	AY	YR			_		-	Are	ea Coc	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a ca	ndidate's	authorize	d Comr	nitte	e, C	andid	ate sha	all s	ign he	ere.							
I swear (or affirm) No 320) as amende		f my knowl	edge and be	elief this	s polit	tical	comm	ittee ha	s no	t violat	ted an	y provisi	ions of the	e act of Ju	ine 3,1	937 (P	L. 133	з,
Sworn to and subsc		ís										Si	ignature o	f Candida	ite			-
	day of		_ 20				_						Printe	d Name				-
	Signatur	e					-		_									_
My Commission Exp	ires												Ema	il				
	МО	D	PAY	YR	2		-			Area	Code		Da	ytime Te	elephor	e Num	ber	_

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period		
HUGHES, VINCENT CITIZENS FOR	From:	То:	3/8/2004
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor			
TOTAL for the Reporting	g 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)		\$	250.00
All Other Contributions (Part B)		\$	0.00
TOTAL for the Reporting	g Period (2)	\$	250.00
3. Contributions Received Over \$250.00 (From Part C and Part D)			
Contributions Received From Political Committees (Part C)		\$	13,300.00
All Other Contributions (Part D)		\$	2,000.00
TOTAL for the Reporting	Period (3)	\$	15,300.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)			
TOTAL for the Reporting	g Period (4)	\$	1,778.99
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa		\$	17,328.99

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		
HUGHES, VINCENT CITIZENS FOR	From:	То:	<u>3/8/2004</u>
	DATE		AMOUNT

Full Name of Contributing Committee
FRIENDS OF MIKE O'PAKE

Mo DAY YEAR

Mailing Address PO BOX 12264

\$ 250.00

 Mailing Address
 PO BOX 12264
 \$ 250.00

 City
 READING
 State
 Zip Code (Plus 4)

 PA
 19612

PAGE TOTAL \$ 250.00

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

				Period			
			From:		To	o:	
		L		DATE			AMOUNT
Full Name of Contributor			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)			Ī		

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		Report	ing Period			
HUGHES, VINCENT CITIZENS FOR		From:			То:	3/8/2004
		•	D	ATE		AMOUNT
Full Name of Contributing Committee			мо	DAY	YEAR	
LAWPAC						\$ 4,000.00
	NORTH THIRD STREE	ı	_			
City HARRISBURG	State PA	Zip Code (Plus 4) 17102				
Full Name of Contributing Committee COPE			МО	DAY	YEAR	\$ 500.00
Mailing Address PENNSYLVANIA AFL-	·CIO 231 STATE STR	EET				. \$ 500.00
City HARRISBURG	State	Zip Code (Plus 4)	\dashv			
	PA	17101				
Full Name of Contributing Committee VERIZON PA PAC			МО	DAY	YEAR	\$ 300.00
Mailing Address ROBERT WURZBACH	STRAWBERRY SQUA	ARE, 4TH FLR				
City HARRISBURG	State	Zip Code (Plus 4)				
	PA	17101				
Full Name of Contributing Committee PENNSYLVANIA AUTOMOTIVE ASSN PA	С		мо	DAY	YEAR	\$ 500.00
Mailing Address MARK K. STINE 192	5 N. FRONT STREET	PO BOX 2955				300.00
City HARRISBURG	State	Zip Code (Plus 4)				
	PA	17108				
Full Name of Contributing Committee			мо	DAY	YEAR	
HIGHMARK INC. HEALTH PAC	DO DOV 00000					\$ 500.00
Mailing Address VALERIE KETCHEN		I	4			
City CAMP HILL	State PA	Zip Code (Plus 4) 17089				
Full Name of Contributing Committee	•		МО	DAY	YEAR	
GREENLEE PARTNERS STATE PAC						\$ 500.00
Mailing Address MARY M. KEENAN P	O BOX 11972	•				
City HARRISBURG	State	Zip Code (Plus 4)				
	PA	17108				

Full Name of Con	tributing Committee			мо	DAY	YEAR		
AFSCME AFL-CIO	O POLITICAL & LEGISLA	TIVE B		1.0		12/110	\$	1,000.00
Mailing Address	BARRY BOGARDE 4	031 EXECUTIVE PA	ARK DRIVE					•
City HARRISB	URG	State	Zip Code (Plus 4)					
		PA	17111					
Full Name of Con	tributing Committee		-	МО	DAY	YEAR		
PSEA PACE				140		IZAK	\$	1,500.00
Mailing Address	TERRY BARNABY 40	0 N. THIRD STREI	ET BOX 1724					•
City HARRISB	URG	State	Zip Code (Plus 4)					
		PA	17105					
Full Name of Con	tributing Committee		-	мо	DAY	YEAR		
PENNSYLVANIA	OPTOMETRIC PAC						\$	500.00
Mailing Address	TAD MOWATT PO B	OX 3406						
City HARRISB	URG	State	Zip Code (Plus 4)					
		PA	17105					
Full Name of Con	tributing Committee			мо	DAY	YEAR		
DENINGVI VANTA	PSYCHOLOGICAL PAC						\$	500.00
ILINIATIONALA	TOM DEWALL 416 F	ORSTER STREET						
Mailing Address	TOM DEWALL 416 F						1	
		State	Zip Code (Plus 4)					
Mailing Address		State PA	Zip Code (Plus 4) 17102					
Mailing Address City HARRISB				MO	DAY	YFAR		
Mailing Address City HARRISB	URG			мо	DAY	YEAR	\$	500.00
Mailing Address City HARRISB Full Name of Con	URG	РА		мо	DAY	YEAR	\$	500.00
Mailing Address City HARRISB Full Name of Con CAMPAIGN PENN	URG Itributing Committee ISYLVANIA	РА		мо	DAY	YEAR	\$	500.00
Mailing Address City HARRISB Full Name of Con CAMPAIGN PENN Mailing Address	URG Itributing Committee ISYLVANIA	PO BOX 244	17102	МО	DAY	YEAR	\$	500.00
Mailing Address City HARRISB Full Name of Con CAMPAIGN PENN Mailing Address City MEDIA	URG Itributing Committee ISYLVANIA	PO BOX 244 State	Zip Code (Plus 4)				\$	500.00
Mailing Address City HARRISB Full Name of Con CAMPAIGN PENN Mailing Address City MEDIA	URG Attributing Committee NSYLVANIA F. JOSEPH LOEPER Attributing Committee	PO BOX 244 State	Zip Code (Plus 4)	мо	DAY	YEAR	\$	500.00
Mailing Address City HARRISB Full Name of Con CAMPAIGN PENN Mailing Address City MEDIA Full Name of Con	URG Attributing Committee NSYLVANIA F. JOSEPH LOEPER Attributing Committee	PO BOX 244 State PA	17102 Zip Code (Plus 4) 19063					
Mailing Address City HARRISB Full Name of Con CAMPAIGN PENN Mailing Address City MEDIA Full Name of Con PENNSYLVANIA	URG Atributing Committee NSYLVANIA F. JOSEPH LOEPER Atributing Committee INSURANCE PAC SAM MARSHALL 160	PO BOX 244 State PA	17102 Zip Code (Plus 4) 19063					
Mailing Address City HARRISB Full Name of Con CAMPAIGN PENN Mailing Address City MEDIA Full Name of Con PENNSYLVANIA	URG Atributing Committee NSYLVANIA F. JOSEPH LOEPER Atributing Committee INSURANCE PAC SAM MARSHALL 160	PA PO BOX 244 State PA O MARKET STREE	Zip Code (Plus 4) 19063 T STE. 1520					
Mailing Address City HARRISB Full Name of Con CAMPAIGN PENN Mailing Address City MEDIA Full Name of Con PENNSYLVANIA Mailing Address City PHILADEL	URG Atributing Committee NSYLVANIA F. JOSEPH LOEPER Atributing Committee INSURANCE PAC SAM MARSHALL 160	PO BOX 244 State PA DO MARKET STREE	Zip Code (Plus 4) 19063 T STE. 1520 Zip Code (Plus 4)	МО	DAY	YEAR		
Mailing Address City HARRISB Full Name of Con CAMPAIGN PENN Mailing Address City MEDIA Full Name of Con PENNSYLVANIA Mailing Address City PHILADEL	URG Intributing Committee INSYLVANIA F. JOSEPH LOEPER INTRIBUTING COMMITTEE INSURANCE PAC SAM MARSHALL 160 LPHIA	PO BOX 244 State PA DO MARKET STREE	Zip Code (Plus 4) 19063 T STE. 1520 Zip Code (Plus 4)					
Mailing Address City HARRISB Full Name of Con CAMPAIGN PENN Mailing Address City MEDIA Full Name of Con PENNSYLVANIA Mailing Address City PHILADEL Full Name of Con	URG Intributing Committee INSYLVANIA F. JOSEPH LOEPER INTRIBUTING COMMITTEE INSURANCE PAC SAM MARSHALL 160 LPHIA	PO BOX 244 State PA DO MARKET STREE State PA	Zip Code (Plus 4) 19063 T STE. 1520 Zip Code (Plus 4)	МО	DAY	YEAR	\$	500.00
Mailing Address City HARRISB Full Name of Con CAMPAIGN PENN Mailing Address City MEDIA Full Name of Con PENNSYLVANIA : Mailing Address City PHILADEL Full Name of Con HEALTH ALLIANG	Itributing Committee INSYLVANIA F. JOSEPH LOEPER INSURANCE PAC SAM MARSHALL 160 LPHIA Itributing Committee CE PAC KATHY MEBUS PO B	PO BOX 244 State PA DO MARKET STREE State PA	Zip Code (Plus 4) 19063 T STE. 1520 Zip Code (Plus 4)	МО	DAY	YEAR	\$	500.00
Full Name of Con CAMPAIGN PENN Mailing Address City MEDIA Full Name of Con PENNSYLVANIA Mailing Address City PHILADEL Full Name of Con HEALTH ALLIANG Mailing Address	Itributing Committee INSYLVANIA F. JOSEPH LOEPER INSURANCE PAC SAM MARSHALL 160 LPHIA Itributing Committee CE PAC KATHY MEBUS PO B	PA PO BOX 244 State PA OO MARKET STREE State PA OX 8600	Zip Code (Plus 4) 19063 T STE. 1520 Zip Code (Plus 4) 19103	МО	DAY	YEAR	\$	500.00
Full Name of Con PENNSYLVANIA Mailing Address City MEDIA Full Name of Con PENNSYLVANIA Mailing Address City PHILADEL Full Name of Con HEALTH ALLIANG Mailing Address City HARRISB	Itributing Committee INSYLVANIA F. JOSEPH LOEPER INSURANCE PAC SAM MARSHALL 160 LPHIA Itributing Committee CE PAC KATHY MEBUS PO B	PA PO BOX 244 State PA DO MARKET STREE State PA OX 8600 State	Zip Code (Plus 4) 19063 T STE. 1520 Zip Code (Plus 4) 19103	мо	DAY	YEAR	\$	500.00
Full Name of Con PENNSYLVANIA Mailing Address City MEDIA Full Name of Con PENNSYLVANIA Mailing Address City PHILADEL Full Name of Con HEALTH ALLIANG Mailing Address City HARRISB	Intributing Committee INSYLVANIA F. JOSEPH LOEPER INTRIBUTING COMMITTEE INSURANCE PAC SAM MARSHALL 160 LPHIA Intributing Committee CE PAC KATHY MEBUS PO B URG	PA PO BOX 244 State PA DO MARKET STREE State PA OX 8600 State	Zip Code (Plus 4) 19063 T STE. 1520 Zip Code (Plus 4) 19103	МО	DAY	YEAR	\$	500.00
Full Name of Con PENNSYLVANIA Mailing Address City MEDIA Full Name of Con PENNSYLVANIA Mailing Address City PHILADEL Full Name of Con HEALTH ALLIANG Mailing Address City HARRISB	Intributing Committee INSYLVANIA F. JOSEPH LOEPER INTRIBUTING COMMITTEE INSURANCE PAC SAM MARSHALL 160 LPHIA Intributing Committee CE PAC KATHY MEBUS PO B URG	PA PO BOX 244 State PA DO MARKET STREE State PA OX 8600 State	Zip Code (Plus 4) 19063 T STE. 1520 Zip Code (Plus 4) 19103	мо	DAY	YEAR	\$	500.00
Full Name of Con PENNSYLVANIA Mailing Address City MEDIA Full Name of Con PENNSYLVANIA Mailing Address City PHILADEL Full Name of Con HEALTH ALLIANG Mailing Address City HARRISB	Itributing Committee INSYLVANIA F. JOSEPH LOEPER INSURANCE PAC SAM MARSHALL 160 LPHIA Itributing Committee CE PAC KATHY MEBUS PO B URG Itributing Committee IES PA PAC 116 PINE STREET	PA PO BOX 244 State PA DO MARKET STREE State PA OX 8600 State	Zip Code (Plus 4) 19063 T STE. 1520 Zip Code (Plus 4) 19103	мо	DAY	YEAR	\$	500.00

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

PAGE TOTAL \$ 13,300.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

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

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

Name of Filing Committee or Candidate			Rep	orting Pe	eriod			
HUGHES, VINCENT CITIZENS FOR			Fror	m:		To):	<u>3/8/2004</u>
				D	ATE		АМ	OUNT
Full Name of Contributor				мо	DAY	YEAR		500.00
ROBERT C. ROBB JR.				MO	DAI	ILAK	_ \$	500.00
Mailing Address						1		
City	State	Zip Code (Plus	s 4)					
Employer Name LEWIS ECKERT, ROBE	3 & CO.			Occupa	ition			
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip Code	(Plus 4)
ONE PLYMOUTH MEETING, STE. 425		PLYMOUT	Н МЕЕТ	ΓING	PA		19462	
Full Name of Contributor				МО	DAY	YEAR		
MARY M. KEENAN				MO	DAT	TEAR	\$	500.00
Mailing Address								
City	State	Zip Code (Plus	s 4)					
Employer Name GREENLEE PARTNERS	I IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			Occupa	ition	<u> </u>	<u> </u>	
Employer Mailing Address/Principal Plac	e of Business	City		•	State		Zip Code	(Plus 4)
19 1/2 NORTH FOURTH STREET								
Full Name of Contributor				МО	DAY	YEAR		
GERERAD H. SWEENEY				MO	DAT	TEAR	\$	1,000.00
Mailing Address 2 CRAIG LANE						1		
City HAVERFORD	State	Zip Code (Plus	s 4)					
	PA	19041			ļ	1		
Employer Name				Occupa	ition		•	
Employer Mailing Address/Principal Plac	ce of Business	City			State		Zip Code	(Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Su	immary Page,	, Sectio	on 3.	•		PA \$	2,000.00

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 Candi	date		Report	ing Peri	od			
HUGHES, VINCENT CITIZENS FOR	t.		From:			To:		<u>3/8/2004</u>
		I_			DATE		AM	IOUNT
Full Name				мо	DAY	YEAR		10.00
ALLYSON SCHWARTZ FOR CONGRE	SS			MO	DAY	TEAR	\$	10.00
Mailing Address PO BOX 586								
City FLOURTOWN	State	Zip Code (Pl	us 4)					
	PA	19031						
Receipt Description (REFUND)	•			l		·		
Full Name				мо	DAY	YEAR	\$	4.99
Mailing Address AB ADVANCE BA	ANK						1	
City	State	Zip Code (Pl	us 4)					
Receipt Description INTEREST 1	INCOME	•						
Full Name				мо	DAY	YEAR	\$	1,764.00
D. LEE				110	JA.	ILAK] *	1,704.00
Mailing Address 4601 MARKET S	TREET					1		
City PHILADELPHIA	State	Zip Code (PI	us 4)					
	PA	19139						
Receipt Description (REIMBURS	SEMENT)	·						
							PA	GE TOTAL

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

1,778.99

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		
HUGHES, VINCENT CITIZENS FOR	From:	То:	<u>3/8/2004</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
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)	\$	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 Candidate			Reporting	g Period				
			From:			To:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address		_				 		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:		•	•			•		
Enter Grand Total of Part F on Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Rep	orting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address									\$	0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	ation				
Employer Mailing Address/Principal Plac	e of Business	City	V	State	e Zip	Code(Plus 4)	Descr	ript	ion of Contribution	on
Enter Grand Total of Part G on Scho	edule II, In-Kir	nd C	Contributions De	etaile	ed				PAGE TO	ΓAL
Summary Page, Section 3.	,									0.00

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candi	date		Reporti	ng Period			
HUGHES, VINCENT CITIZENS FOR			From			То:	3/8/2004
				DATE			AMOUNT
To Whom Paid			мо	DAY	YEAR		
BEBASHI							
Mailing Address						\$	1,750.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
			CONTRI	BUTIONS			
To Whom Paid			мо	DAY	YEAR		
NCBW							
Mailing Address 7626 FOREST A	VENUE					\$	260.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19150	CONTRI	BUTIONS			
To Whom Paid			МО	DAY	YEAR		
44TH DEMOCRATIC WARD COMMI	TTEE		1-10		12/11		
Mailing Address						\$	5,000.00
City	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•	
			CONTRI	BUTIONS			
To Whom Paid			мо	DAY	YEAR		
MARCELLA DANIELS-GIBSON			1-10		12/11		
Mailing Address 5441 DIAMOND	STREET					\$	500.00
City PHILADELPHIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	19131	REIMBL	JRSEMENT	-HOLIDA	Y EVENT	
To Whom Paid			мо	DAY	YEAR		
CHIEF CLERK'S OFFICE			МО	DAI	ILAK		
Mailing Address 89EW CAPITOL	BUILDING					\$	93.60
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure		
	PA	17120	POSTAC	GE AND DE	LIVERY		
To Whom Paid			МО	DAY	YEAR		
KENNEDY PRINTING			MO	DAT	ILAR		
Mailing Address 5534 BALTIMOR	RE AVENUE					\$	1,000.00

Zip Code (Plus 4)

19143

State PA

City

PHILADELPHIA

Description of Expenditure

PRINTING AND REPRODUCTION

To Whom Paid				DAY	YEAR		
ADVANCED COMMUNICATIONS AGENCY, INC			МО	DAY	YEAK		
Mailing Address 3000 CAMBY STREET						\$	568.16
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	17103	PRINTING AND REPRODU			TION	
To Whom Paid VERIZON			мо	DAY	YEAR		
Mailing Address PO BOX 8585						\$	830.52
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19173	TELEPHONE				
To Whom Paid VERIZON				DAY	YEAR		
Mailing Address PO BOX 8585						\$	127.14
City PHILADELPHIA	State	Zip Code (Plus 4)	Description of Expenditure				
	PA	19173	TELEPH	IONE			
							PAGE TOTAL
Enter Grand Total of Expenditu	ires on Page 1, Re	eport Cover Page, Item D).			\$	10,129.42