### **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 2018                         | 0026      |                       |          | Rep<br>File |             |                | CANDI        | DATE     |        | СОМ        | 1ITTEE             | ✓              | LOBE     | SYIST     |                |
|--|---------------------------------|-----------|-----------------------|----------|-------------|-------------|----------------|--------------|----------|--------|------------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C                         | ommittee, Candid                | ate or Lo | obbyist:              |          | FRIE        | ND:         | S OF           | DONNA I      | ANNO     | NE     |            |                    | •              |          |           |                |
| Street Address:                          | PO BOX 32                       |           |                       |          |             |             |                |              |          |        |            |                    |                |          |           |                |
| City:                                    | DUSHORE                         |           |                       |          |             |             |                | State:       | PA       |        |            | Zip Cod            | <b>ie:</b> 18  | 8614     |           |                |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY      | 1.        | 2ND FRIDA<br>PRIMARY  | Y PRE    | - 2         | 2.          | 30 DA<br>PRIMA |              | POST-    | 3.     |            | AMENDM<br>REPORT?  |                | Yes      | No        | <b>~</b>       |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION     | 4.        | 2ND FRIDA<br>ELECTION | Y PRI    | E- 5        | 5. <b>X</b> | 30 DA<br>ELECT |              | POST-    | 6.     |            | TERMINA<br>REPORT? |                | Yes      | No        | <b>\</b>       |
| report type)                             | ANNUAL REPORT                   | 7.        | <b>Year</b> 2018      |          |             |             |                | IG METHO     |          |        |            | PAPER              |                | /        | DISKE     | TTE            |
| Name of Office S                         | ought by Candida                | te:       | _                     |          |             |             |                | DATE O       | F ELE    | СТІС   | N          | District<br>Number | Office<br>Code | Par      | ty Code   | County<br>Code |
|  |                                 |           |                       |          |             |             |                | МО           | DAY      | YI     | AR         |                    | 1              | DEM      | 1         |                |
|  |                                 |           |                       |          |             |             |                | 11           |          | 6      | 2018       |                    | (SEE IN        | STRUCTIO | ONS FOR C | ODES)          |
|  | Receipts and                    | МО        | DAY                   | YEAR     | 2           |             |                | МО           | DAY      | YI     | EAR        | FO                 | R OFFI         | CE USE   | ONLY      |                |
| Expenditures                             | from:                           |           | 9 18                  | 2        | 018         | T           | 0              | 10           | 2        | 22     | 2018       |                    |                |          |           |                |
| A. Amount Bro                            | ught Forward Fron               | n Last R  | eport                 |          |             |             | \$             |              | •        | 2,6    | 513.96     |                    |                |          |           |                |
| B. Total Moneta                          | ary Contributions A             | And Rec   | eipts (Fron           | n Sche   | dule        | I)          | \$             |              |          | 20,3   | 367.00     |                    |                |          |           |                |
| C. Total Funds                           | Available (Sum Of               | Lines A   | and B)                |          |             |             | \$             |              |          | 22,9   | 980.96     |                    |                |          |           |                |
| D. Total Expend                          | ditures (From Scho              | edule II  | I)                    |          |             |             | \$             |              |          | 21,3   | 302.40     |                    |                |          |           |                |
| E. Ending Cash                           | Balance (Subtract               | Line D    | From Line             | C)       |             |             | \$             |              |          | 1,6    | 78.56      |                    |                |          |           |                |
| F. Value Of In-                          | Kind Contributions              | Receiv    | ed (From S            | chedu    | le II)      | )           | \$             |              |          |        | 0.00       |                    |                |          |           |                |
| G. Unpaid Debt                           | s And Obligations               | (From S   | Schedule IV           | /)       |             |             | \$             |              |          |        | 0.00       |                    |                |          |           |                |
|  |                                 |           |                       | AFF      | IDA         | VI          | ΓSE            | CTION        |          |        |            |                    |                |          |           |                |
|  | a Committee rep                 | -         | _                     |          |             |             |                |              |          |        | _          |                    |                |          |           |                |
| correct and comple                       | that this report, inclete.      | uaing the | e attacned sc         | neaule   | s filea     | i on        | paper (        | or by electi | ronic me | eaium  | , are to t | ne best o          | r my kno       | wieage a | and belle | er , true      |
| Sworn to and subs                        | cribed before me this<br>day of | •         | 20                    |          |             |             |                |              |          | S      | Signature  | of Perso           | n Submit       | ting Rep | ort       |                |
|  | Signatu                         | re        |                       |          |             |             | -              |              |          |        |            | Prin               | ted Name       | •        |           |                |
| My Commission Ex                         | pires                           |           |                       |          |             |             |                |              |          |        |            | Ema                | il             |          |           |                |
|  | МО                              | D         | AY                    | YR       |             |             |                |              | Are      | ea Coc | le         | Daytim             | e Teleph       | one Nu   | mber      |                |
| Part II- If this is                      | a report of a cand              | lidate's  | authorized            | Comr     | nittee      | e, C        | andida         | ate shall    | sign he  | ere.   |            |                    |                |          |           |                |
| I swear (or affirm)<br>No 320) as amende | that to the best of n           | ny knowle | edge and beli         | ief this | politi      | ical        | commi          | ittee has n  | ot viola | ted an | y provisi  | ions of the        | e act of J     | une 3,19 | 937 (P.L. | . 1333,        |
| Sworn to and subsc                       | ribed before me this            |           |                       |          |             |             |                |              |          |        | Si         | ignature o         | of Candid      | ate      |           |                |
|  | day of                          |           |                       |          |             |             | -              |              |          |        |            | Printe             | d Name         |          |           |                |
| My Commission Exp                        | Signature                       |           |                       |          |             |             | -              |              |          |        |            | Ema                | il             |          |           |                |
| , сеолоп Ехр                             |                                 |           |                       |          |             |             | •              |              |          |        |            |                    |                |          |           |                |
|  | МО                              | D         | AY                    | YR       | <b>t</b>    |             |                |              | Area     | Code   |            | Da                 | aytime T       | elephon  | e Numbe   | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period |             |              |
|--|-----------|----------|-------------|--------------|
| FRIENDS OF DONNA IANNONE   | From:     | 9/18/201 | <u>8</u> To | : 10/22/2018 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |             |              |
| TOTAL for the Reporting  | ) Period  | (1)      | \$          | 8,354.00     |
| 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)   |           |          | \$          | 6,888.00     |
| TOTAL for the Reporting  | Period    | (2)      | \$          | 7,138.00     |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |          |             |              |
| Contributions Received From Political Committees (Part C)  |           |          | \$          | 500.00       |
| All Other Contributions (Part D)   |           |          | \$          | 4,375.00     |
| TOTAL for the Reporting  | ) Period  | (3)      | \$          | 4,875.00     |
| 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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |          | \$          | 20,367.00    |

#### **PART A**

#### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

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

| Name of Filing Committee or Candidate | Reporting | Period    |     |            |
|---------------------------------------|-----------|-----------|-----|------------|
| FRIENDS OF DONNA IANNONE              | From:     | 9/18/2018 | То: | 10/22/2018 |
|                                       |           | DATE      |     | AMOUNT     |

| Full Name of Contributing Committee PA FEDERATION OF DEMOCRATIC WO | MEN STATE PAC      |                                | МО | DAY | YEAR |           |
|--|--------------------|--------------------------------|----|-----|------|-----------|
| Mailing Address 127R BATES PAT                                     | CH RD              |                                |    |     |      | \$ 250.00 |
| City GREENFIELD TWP  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 18407 | 9  | 13  | 2018 |           |

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

**PAGE TOTAL \$** 250.00

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committee or Candidate               | e                  |                                   | Rep | orting Pe | eriod  |                 |    |            |
|---|--------------------|-----------------------------------|-----|-----------|--------|-----------------|----|------------|
| FRIENDS OF DONNA IANNONE                            |                    |                                   | Fro | m:        | 9/18/2 | 2 <u>018</u> To | ): | 10/22/2018 |
|   |                    |                                   |     |           | DATE   |                 |    | AMOUNT     |
| Full Name of Contributor THOMAS COSGROVE            |                    |                                   |     | МО        | DAY    | YEAR            |    |            |
| Mailing Address 377 COMMERCIAL S                    | STREET             |                                   |     |           |        |                 | \$ | 100.00     |
| City PROVINCETOWN                                   | <b>State</b><br>MA | <b>Zip Code (Plus 4)</b> 02657    |     | 9         | 15     | 2018            |    |            |
| Full Name of Contributor IRMA GREEN                 |                    |                                   |     | МО        | DAY    | YEAR            |    |            |
| Mailing Address 3949 LADO DRIVE  City WESLEY CHAPEL | <b>State</b><br>FL | <b>Zip Code (Plus 4)</b> 33543    |     | 9         | 26     | 2018            | \$ | 70.00      |
| Full Name of Contributor NANCY STONE                |                    |                                   |     | МО        | DAY    | YEAR            |    |            |
| Mailing Address 3371 SPRING HILL                    | RD                 |                                   |     |           |        |                 | \$ | 100.00     |
| City WYALUSING                                      | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18853 |     | 9         | 26     | 2018            |    |            |
| Full Name of Contributor NANCY AUTOLINO             |                    |                                   |     | МО        | DAY    | YEAR            |    |            |
| Mailing Address 944 VENANGO AVE  City LOS ANGELES   | <b>State</b><br>CA | <b>Zip Code (Plus 4)</b><br>90029 |     | 6         | 18     | 2018            | \$ | 100.00     |
| Full Name of Contributor SANDRA RIGBY               |                    |                                   |     | МО        | DAY    | YEAR            |    |            |
| Mailing Address 15915 RTE 87                        |                    |                                   |     |           |        |                 | \$ | 100.00     |
| City DUSHORE  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18614 |     | 8         | 10     | 2018            |    |            |

| Full Name of Cont  | tributor  |                    |                                 |               |               |                  |              |
|--|---|--------------------|---------------------------------|---------------|---------------|------------------|--------------|
| JOHN PALMER  |   |                    |                                 | МО            | DAY           | YEAR             |              |
| Mailing Address  | 102 W. ORCHARD S  | ST                 |                                 |               |               |                  | \$<br>100.00 |
| City ATHENS  |   | State              | Zip Code (Plus 4)               | 9             | 7             | 2018             |              |
|  |   | PA                 | 18810                           |               |               |                  |              |
| Full Name of Cont  |   |                    |                                 | МО            | DAY           | YEAR             |              |
| Mailing Address  | 1664 GRANT HILL I   | ROAD               |                                 |               |               |                  | \$<br>100.00 |
| City SUGAR RI  | LIN   | State              | Zip Code (Plus 4)               | 9             | 13            | 2018             |              |
| JOGAN NO   | OIV   | PA                 | 18846                           |               |               |                  |              |
| Full Name of Cont  | tributor  |                    |                                 | МО            | DAY           | YEAR             |              |
| Mailing Address  | 34 BIDEFORD ROW   | ,                  |                                 |               |               |                  | \$<br>100.00 |
| City ASHEVILL  | <br>_E  | State              | Zip Code (Plus 4)               | 9             | 15            | 2018             |              |
|  |   | NC                 | 28803                           |               |               |                  |              |
| Full Name of Cont  | tributor  |                    |                                 |               |               |                  |              |
| LISA REISTETER   | indutoi   |                    |                                 | мо            | DAY           | YEAR             |              |
| LISA REISTETER  Mailing Address  | 120 ROUND RIDGE   | RD                 |                                 | МО            | DAY           | YEAR             | \$<br>100.00 |
| Mailing Address  | 120 ROUND RIDGE   | RD State           | Zip Code (Plus 4)               | <b>MO</b> 9   | <b>DAY</b> 15 | <b>YEAR</b> 2018 | \$<br>100.00 |
| Mailing Address  | 120 ROUND RIDGE   |                    | <b>Zip Code (Plus 4)</b> 17055  |               |               |                  | \$<br>100.00 |
| Mailing Address  | 120 ROUND RIDGE   | State              |                                 |               |               |                  | \$<br>100.00 |
| Mailing Address  City MECHANI  Full Name of Cont   | 120 ROUND RIDGE   | State              |                                 | 9             | DAY           | 2018<br>YEAR     | \$<br>100.00 |
| Mailing Address  City MECHANI  Full Name of Cont DEBRA COOK  Mailing Address   | 120 ROUND RIDGE<br>CSBURG<br>tributor                           | State              |                                 | 9             | 15            | 2018             |              |
| Mailing Address  City MECHANI  Full Name of Cont DEBRA COOK  Mailing Address   | 120 ROUND RIDGE<br>CSBURG<br>tributor                           | State<br>PA        | 17055                           | 9             | DAY           | 2018<br>YEAR     |              |
| Mailing Address  City MECHANI  Full Name of Cont DEBRA COOK  Mailing Address   | 120 ROUND RIDGE CSBURG tributor 61 RT 467                       | State PA  State    | 17055  Zip Code (Plus 4)        | 9             | DAY           | 2018<br>YEAR     |              |
| Mailing Address  City MECHANI  Full Name of Cont DEBRA COOK  Mailing Address  City WYSOX  Full Name of Cont                                | 120 ROUND RIDGE CSBURG tributor 61 RT 467                       | State PA  State    | 17055  Zip Code (Plus 4)        | 9 <b>MO</b> 9 | 15 DAY        | 2018  YEAR  2018 |              |
| Mailing Address  City MECHANI  Full Name of Cont DEBRA COOK  Mailing Address  City WYSOX  Full Name of Cont JUDITH YEAGER  Mailing Address | 120 ROUND RIDGE CSBURG tributor 61 RT 467 tributor 428 BYRON RD | State PA  State    | 17055  Zip Code (Plus 4)        | <b>мо</b>     | 15 DAY        | 2018  YEAR  2018 | \$<br>100.00 |
| Mailing Address  City MECHANI  Full Name of Cont DEBRA COOK  Mailing Address  City WYSOX  Full Name of Cont JUDITH YEAGER  Mailing Address | 120 ROUND RIDGE CSBURG tributor 61 RT 467 tributor 428 BYRON RD | State PA  State PA | 17055  Zip Code (Plus 4)  18854 | 9 <b>MO</b> 9 | 15 DAY        | 2018  YEAR  2018 | \$<br>100.00 |

| Full Name  | of Contrib   | utor                     |                    |                                 |               |     |   |                  |              |
|--|--|--------------------------|--------------------|---------------------------------|---------------|-----|---|------------------|--------------|
| CAROL WE   |  |                          |                    |                                 | МО            | DAY |   | YEAR             |              |
| Mailing Ad   | dress  | 453 OVERTON RD           |                    |                                 |               |     |   |                  | \$<br>100.00 |
| City NE  | W ALBANY   | (                        | State              | Zip Code (Plus 4)               | 9             |     | 5 | 2018             |              |
|  |  |                          | PA                 | 18833                           |               |     |   |                  |              |
| Full Name  |  | utor                     |                    |                                 | МО            | DAY |   | YEAR             |              |
| Mailing Ad   | dress  | 314 MAIN STREET          |                    |                                 |               |     |   |                  | \$<br>100.00 |
| City IO  | PEZ  |                          | State              | Zip Code (Plus 4)               | 9             |     | 5 | 2018             |              |
| - 10   | 1 62   |                          | PA                 | 18628                           |               |     |   |                  |              |
| Full Name<br>DIANE GO  |  | utor                     |                    |                                 | МО            | DAY |   | YEAR             |              |
| Mailing Ad   | dress  | 3046 OLD PLANK RI        | D                  |                                 |               |     |   |                  | \$<br>100.00 |
| City TO  | WANDA  |                          | State              | Zip Code (Plus 4)               | 9             |     | 5 | 2018             |              |
|  |  |                          | PA                 | 18848                           |               |     |   |                  |              |
|  |  |                          |                    |                                 |               |     |   |                  |              |
| Full Name<br>JOHN FERI   |  | utor                     |                    |                                 | мо            | DAY |   | YEAR             |              |
|  | RI   | utor<br>306 YORK AVE     |                    |                                 | МО            | DAY |   | YEAR             | \$<br>120.00 |
| JOHN FERI  | RI<br>I <b>dress</b>   |                          | State              | Zip Code (Plus 4)               | <b>MO</b>     | DAY | 5 | <b>YEAR</b> 2018 | \$<br>120.00 |
| JOHN FERI  | RI   |                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 18848  |               | DAY | 5 |                  | \$<br>120.00 |
| JOHN FERI  | RI<br>dress<br>DWANDA<br>of Contribu   | 306 YORK AVE             |                    |                                 |               | DAY | 5 |                  | \$<br>120.00 |
| JOHN FERI  | of Contribu  | 306 YORK AVE             |                    |                                 | 9             |     |   | 2018<br>YEAR     | \$<br>120.00 |
| JOHN FERI  | RI dress  OWANDA  of Contribution HANDS dress  | 306 YORK AVE  utor  ZUS  |                    |                                 | 9             |     | 5 | 2018             |              |
| JOHN FERI  | of Contribu  | 306 YORK AVE  utor  ZUS  | РА                 | 18848                           | 9             |     |   | 2018<br>YEAR     |              |
| JOHN FERI  | of Contribution of Contributio | utor ZUS PO BOX 72       | PA                 | 18848  Zip Code (Plus 4)        | 9             |     |   | 2018<br>YEAR     |              |
| JOHN FERI  | of Contribution of Contributio | utor ZUS PO BOX 72       | PA                 | 18848  Zip Code (Plus 4)        | 9 <b>MO</b> 9 | DAY | 5 | 2018  YEAR  2018 |              |
| JOHN FERI  | RI  Idress  OWANDA  Of Contributes HAND2  Idress  PORTE  Of Contributes HAND2  Idress  Idress  Idress  Idress  Idress  Idress  | utor<br>ZUS<br>PO BOX 72 | PA                 | 18848  Zip Code (Plus 4)        | <b>мо</b>     | DAY |   | 2018  YEAR  2018 | \$<br>100.00 |
| Mailing Add  City TO  Full Name MARY AGN  Mailing Add  City LAI  Full Name CATHERIN  Mailing Add | of Contribution of Contributio | utor<br>ZUS<br>PO BOX 72 | State PA           | 18848  Zip Code (Plus 4)  18626 | 9 <b>MO</b> 9 | DAY | 5 | 2018  YEAR  2018 | \$<br>100.00 |

|   |  |                    |                                 |             |              |                  | PAGE | ,      |
|---|--|--------------------|---------------------------------|-------------|--------------|------------------|------|--------|
| Full Name of Cont   |  |                    |                                 | мо          | DAY          | YEAR             |      |        |
| PATRICIA PIPER-   | SMITER   |                    |                                 |             |              |                  |      |        |
| Mailing Address   | 134 VICTORIA LAN   | E                  |                                 |             |              |                  | \$   | 100.00 |
| City LEWISBU  | RG   | State              | Zip Code (Plus 4)               | 8           | 25           | 2018             |      |        |
|   |  | PA                 | 17837                           |             |              |                  |      |        |
| Full Name of Cont   |  |                    |                                 | мо          | DAY          | YEAR             |      |        |
| Mailing Address   | 1154 NEWBURY LN  |                    |                                 |             |              |                  | \$   | 100.00 |
| City WEST CH  | FCTED  | State              | Zip Code (Plus 4)               | 8           | 26           | 2018             |      |        |
| City WEST CH  | ESTER  | PA                 | 19380                           |             |              |                  |      |        |
| Full Name of Cont   |  |                    |                                 | МО          | DAY          | YEAR             |      |        |
| Mailing Address   | 225 RIENZ ROAD   |                    |                                 |             |              |                  | \$   | 200.00 |
| City WYALUSI  | NG   | State              | Zip Code (Plus 4)               | 8           | 30           | 2018             |      |        |
| ,   |  | PA                 | 18853                           |             |              |                  |      |        |
| Full Name of Cont   |  |                    |                                 | МО          | DAY          | YEAR             |      |        |
|   |  |                    |                                 |             |              |                  |      |        |
| Mailing Address   | 120 RAILROAD ST  |                    |                                 |             |              |                  | \$   | 100.00 |
|   |  | State              | Zip Code (Plus 4)               | 8           | 30           | 2018             | \$   | 100.00 |
|   |  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 18614  | 8           | 30           | 2018             | \$   | 100.00 |
| C.L.  | tributor   |                    |                                 | 8<br>MO     |              | 2018<br>YEAR     | \$   | 100.00 |
| City DUSHORE  | tributor   |                    |                                 |             |              | YEAR             | \$   | 100.00 |
| City DUSHORE  Full Name of Cont HOLCOMBE PHOT  Mailing Address  | tributor TO SERVICE PO BOX 387                             |                    |                                 |             |              |                  |      |        |
| City DUSHORE Full Name of Cont HOLCOMBE PHOT Mailing Address  | tributor TO SERVICE PO BOX 387                             | PA                 | 18614                           | МО          | DAY          | YEAR             |      |        |
| City DUSHORE  Full Name of Cont HOLCOMBE PHOT  Mailing Address  | tributor TO SERVICE PO BOX 387                             | PA                 | 18614  Zip Code (Plus 4)        | МО          | DAY          | YEAR             |      |        |
| City DUSHORE  Full Name of Cont HOLCOMBE PHOT  Mailing Address  City DUSHORE                                      | tributor TO SERVICE PO BOX 387                             | State PA           | 18614  Zip Code (Plus 4)        | <b>мо</b>   | <b>DAY</b> 4 | YEAR 2018        |      |        |
| Full Name of Cont HOLCOMBE PHOT Mailing Address  City DUSHORE  Full Name of Cont MARY SIEMINSKI Mailing Address   | Tributor TO SERVICE PO BOX 387  Tributor I 419 SHADY KNOLL | State PA           | 18614  Zip Code (Plus 4)        | <b>мо</b>   | <b>DAY</b> 4 | <b>YEAR</b> 2018 | \$   | 100.00 |
| Full Name of Contemporary Mailing Address  City DUSHORE  Full Name of Contemporary MARY SIEMINSKI Mailing Address | Tributor TO SERVICE PO BOX 387  Tributor I 419 SHADY KNOLL | State PA  RD       | 18614  Zip Code (Plus 4)  18614 | <b>мо</b> 9 | DAY 4        | YEAR 2018        | \$   | 100.00 |

|  |   |                        |                                 |           |               |                  | PAGE |                  |
|--|---|------------------------|---------------------------------|-----------|---------------|------------------|------|------------------|
| Full Name of Con   | tributor  |                        |                                 |           |               |                  |      |                  |
| JOSEPH JOYCE   |   |                        |                                 | МО        | DAY           | YEAR             |      |                  |
| Mailing Address  | 78 HICKORY DRIVE                                  | :                      |                                 |           |               |                  | \$   | 100.00           |
| City ATHENS  |   | State                  | Zip Code (Plus 4)               | 8         | 22            | 2018             |      |                  |
|  |   | PA                     | 18810                           |           |               |                  |      |                  |
| Full Name of Con   |   |                        |                                 | МО        | DAY           | YEAR             |      |                  |
| Mailing Address  | 924 S. MAIN ST                                    |                        |                                 |           |               |                  | \$   | 100.00           |
| City TOWAND  | ^   | State                  | Zip Code (Plus 4)               | 8         | 22            | 2018             |      |                  |
| TOWAND   | A   | PA                     | 18848                           |           |               |                  |      |                  |
| Full Name of Con<br>WENDY MCCALL   | tributor  |                        |                                 | МО        | DAY           | YEAR             |      |                  |
| Mailing Address  | 411 WEST CENTER                                   | ST                     |                                 |           |               |                  | \$   | 250.00           |
| City NAZARET   | TH  | State                  | Zip Code (Plus 4)               | 8         | 25            | 2018             |      |                  |
|  |   | PA                     | 18064                           |           |               |                  |      |                  |
|  |   | ·                      |                                 |           |               |                  |      |                  |
| Full Name of Con   |   |                        |                                 | МО        | DAY           | YEAR             |      |                  |
|  |   | ET                     |                                 | МО        |               | YEAR             | \$   | 100.00           |
| VALERIE DELANE Mailing Address   | 275 MAYOCK STRE                                   | ET<br>State            | Zip Code (Plus 4)               | <b>MO</b> | <b>DAY</b> 25 | <b>YEAR</b> 2018 | \$   | 100.00           |
| VALERIE DELANE  Mailing Address  | 275 MAYOCK STRE                                   |                        | <b>Zip Code (Plus 4)</b> 18705  |           |               |                  | \$   | 100.00           |
| VALERIE DELANE Mailing Address   | 275 MAYOCK STRE<br>BARRE                          | State                  |                                 |           | 25            | 2018             | \$   | 100.00           |
| VALERIE DELANE  Mailing Address  City WILKES-I   | 275 MAYOCK STRE<br>BARRE                          | State<br>PA            |                                 | мо        | DAY           | 2018<br>YEAR     |      | 100.00<br>250.00 |
| Mailing Address  City WILKES-I  Full Name of Con JESSICA FLUCK   | 275 MAYOCK STRE BARRE tributor 1269 DIEFFENBACH   | State<br>PA            |                                 | 8         | 25            | 2018             |      |                  |
| Mailing Address  City WILKES-I  Full Name of Con JESSICA FLUCK  Mailing Address  | 275 MAYOCK STRE BARRE tributor 1269 DIEFFENBACH   | State<br>PA            | 18705                           | мо        | DAY           | 2018<br>YEAR     |      |                  |
| Mailing Address  City WILKES-I  Full Name of Con JESSICA FLUCK  Mailing Address  | 275 MAYOCK STRE BARRE  tributor  1269 DIEFFENBACH | State PA RD State      | 18705  Zip Code (Plus 4)        | мо        | DAY           | 2018<br>YEAR     |      |                  |
| VALERIE DELANE  Mailing Address  City WILKES-I  Full Name of Con JESSICA FLUCK  Mailing Address  City DUSHORI  Full Name of Con                | 275 MAYOCK STRE BARRE  tributor  1269 DIEFFENBACH | State PA RD State      | 18705  Zip Code (Plus 4)        | <b>MO</b> | 25<br>DAY     | 2018  YEAR  2018 |      |                  |
| Mailing Address  City WILKES-I  Full Name of Con JESSICA FLUCK  Mailing Address  City DUSHORI  Full Name of Con LAURA KELSALL  Mailing Address | 275 MAYOCK STRE BARRE tributor 1269 DIEFFENBACH   | State PA RD State      | 18705  Zip Code (Plus 4)        | <b>MO</b> | 25<br>DAY     | 2018  YEAR  2018 | \$   | 250.00           |
| Mailing Address  City WILKES-I  Full Name of Con JESSICA FLUCK  Mailing Address  City DUSHORI  Full Name of Con LAURA KELSALL  Mailing Address | 275 MAYOCK STRE BARRE tributor 1269 DIEFFENBACH   | State PA  RD  State PA | 18705  Zip Code (Plus 4)  18614 | мо<br>8   | 25 DAY 25     | 2018  YEAR  2018 | \$   | 250.00           |

| Full Name of Cont  | ributor  |                     |                                   |                |     |   |                  |              |
|--|--|---------------------|-----------------------------------|----------------|-----|---|------------------|--------------|
| DR. ALICE MOYER  | र  |                     |                                   | МО             | DAY |   | YEAR             |              |
| Mailing Address  | PO BOX 114   |                     |                                   |                |     |   |                  | \$<br>99.00  |
| City EAST SMI  | THFIELD  | State               | Zip Code (Plus 4)                 | 8              |     | 4 | 2018             |              |
|  |  | PA                  | 18817                             |                |     |   |                  |              |
| Full Name of Cont  |  |                     |                                   | МО             | DAY |   | YEAR             |              |
| DR. MARCIA KES   | I EN   |                     |                                   |                |     |   |                  |              |
| Mailing Address  | PO BOX 66  |                     |                                   |                |     |   |                  | \$<br>99.00  |
| City EAST SMI  | THFIELD  | State               | Zip Code (Plus 4)                 | 8              |     | 4 | 2018             |              |
|  |  | PA                  | 18817                             |                |     |   |                  |              |
| Full Name of Cont<br>GREGORY WHITE   |  |                     |                                   | МО             | DAY |   | YEAR             |              |
| Mailing Address  | 96 AVERYS LANE   |                     |                                   |                |     |   |                  | \$<br>100.00 |
| City FORKSVIL  | <br>LE   | State               | Zip Code (Plus 4)                 | 8              |     | 4 | 2018             |              |
|  |  | PA                  | 18616                             |                |     |   |                  |              |
| Full Name of Cont  |  |                     |                                   |                |     |   |                  |              |
| GREGORY WHITE  |  |                     |                                   | МО             | DAY |   | YEAR             |              |
|  |  |                     |                                   | МО             | DAY |   | YEAR             | \$<br>100.00 |
| GREGORY WHITE  Mailing Address   | 96 AVERYS LANE   | State               | Zip Code (Plus 4)                 | <b>MO</b> 9    | DAY | 5 | <b>YEAR</b> 2018 | \$<br>100.00 |
| GREGORY WHITE  | 96 AVERYS LANE   | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>18616 |                | DAY | 5 |                  | \$<br>100.00 |
| GREGORY WHITE  Mailing Address   | 96 AVERYS LANE   |                     |                                   |                | DAY |   |                  | \$<br>100.00 |
| GREGORY WHITE  Mailing Address  City FORKSVIL  | 96 AVERYS LANE   | PA                  |                                   | 9              |     |   | 2018             | \$<br>100.00 |
| GREGORY WHITE  Mailing Address  City FORKSVIL  Full Name of Cont AMY MOWBRAY  Mailing Address  | 96 AVERYS LANE  LE  ributor  141 CANTERBURY                                | PA                  |                                   | 9              |     |   | 2018             |              |
| GREGORY WHITE  Mailing Address  City FORKSVIL  Full Name of Cont AMY MOWBRAY  Mailing Address  | 96 AVERYS LANE  LE  ributor  141 CANTERBURY                                | PA                  | 18616                             | 9              |     |   | 2018<br>YEAR     |              |
| GREGORY WHITE  Mailing Address  City FORKSVIL  Full Name of Cont AMY MOWBRAY  Mailing Address  | 96 AVERYS LANE  LE  ributor  141 CANTERBURY  ER                            | FURN State          | 18616  Zip Code (Plus 4)          | 9              |     |   | 2018<br>YEAR     |              |
| GREGORY WHITE  Mailing Address  City FORKSVIL  Full Name of Cont AMY MOWBRAY  Mailing Address  City LANCASTE   | 96 AVERYS LANE  LE  ributor  141 CANTERBURY  ER                            | FURN State          | 18616  Zip Code (Plus 4)          | 9<br><b>MO</b> | DAY |   | 2018  YEAR  2018 |              |
| GREGORY WHITE  Mailing Address  City FORKSVIL  Full Name of Cont AMY MOWBRAY  Mailing Address  City LANCASTE  Full Name of Cont ANTHONY COREY  Mailing Address | 96 AVERYS LANE  LE  Tributor  141 CANTERBURY  ER  Tributor  3 WATER STREET | FURN State          | 18616  Zip Code (Plus 4)          | 9<br><b>MO</b> | DAY |   | 2018  YEAR  2018 | \$<br>100.00 |
| GREGORY WHITE  Mailing Address  City FORKSVIL  Full Name of Cont AMY MOWBRAY  Mailing Address  City LANCASTE  Full Name of Cont ANTHONY COREY  Mailing Address | 96 AVERYS LANE  LE  Tributor  141 CANTERBURY  ER  Tributor  3 WATER STREET | PA  FURN  State  PA | 18616  Zip Code (Plus 4)  17601   | 9 <b>MO</b> 8  | DAY | 4 | 2018  YEAR  2018 | \$<br>100.00 |

|  |                |               |                  | PAGE |        |
|--|----------------|---------------|------------------|------|--------|
| Full Name of Contributor  LAURIE DAMORE  | мо             | DAY           | YEAR             |      |        |
| Mailing Address PO BOX 297   |                |               |                  | \$   | 100.00 |
| City DUSHORE State Zip Code (Plus 4) PA 18614  | 8              | 4             | 2018             |      | 200.00 |
| Full Name of Contributor CATHERINE MARCSON   | МО             | DAY           | YEAR             |      |        |
| Mailing Address PO BOX 295   |                |               |                  | \$   | 100.00 |
| City LAPORTE State Zip Code (Plus 4) PA 18626  | 7              | 19            | 2018             |      |        |
| Full Name of Contributor ROBERT L. STEVENS   | МО             | DAY           | YEAR             |      |        |
| Mailing Address 3446 LAKE ROAD   |                |               |                  | \$   | 100.00 |
| City TOWANDA State Zip Code (Plus 4) PA 18848  | 7              | 19            | 2018             |      |        |
|  |                |               |                  |      |        |
| Full Name of Contributor RUTH TONACHEL   | МО             | DAY           | YEAR             |      |        |
|  | МО             | DAY           |                  | \$   | 100.00 |
| RUTH TONACHEL  | <b>MO</b> 7    | <b>DAY</b> 19 | <b>YEAR</b> 2018 | \$   | 100.00 |
| RUTH TONACHEL  Mailing Address 1184 LIBERTY CORNERS ROAD  City TOWANDA State Zip Code (Plus 4)   |                | 19            | 2018             | \$   | 100.00 |
| RUTH TONACHEL  Mailing Address 1184 LIBERTY CORNERS ROAD  City TOWANDA State Zip Code (Plus 4) PA 18848  Full Name of Contributor  | 7<br><b>MO</b> | 19            | 2018<br>YEAR     |      | 100.00 |
| RUTH TONACHEL  Mailing Address 1184 LIBERTY CORNERS ROAD  City TOWANDA State Zip Code (Plus 4) PA 18848  Full Name of Contributor JEAN FOUST   | 7              | 19            | 2018             |      |        |
| RUTH TONACHEL  Mailing Address 1184 LIBERTY CORNERS ROAD  City TOWANDA State PA 18848  Full Name of Contributor JEAN FOUST  Mailing Address 251 STAR ROAD  City DUSHORE State Zip Code (Plus 4)  Zip Code (Plus 4)  251 Code (Plus 4)          | 7<br><b>MO</b> | 19            | 2018<br>YEAR     |      |        |
| RUTH TONACHEL  Mailing Address 1184 LIBERTY CORNERS ROAD  City TOWANDA State Zip Code (Plus 4) 18848  Full Name of Contributor JEAN FOUST  Mailing Address 251 STAR ROAD  City DUSHORE State Zip Code (Plus 4) 18614  Full Name of Contributor | 7 <b>MO</b> 7  | 19<br>DAY     | 2018  YEAR  2018 |      |        |

|   |   |  |                          |                                 |             |              |                  | FAGL II      |       |
|---|---|--|--------------------------|---------------------------------|-------------|--------------|------------------|--------------|-------|
| Full Na   | ame of Contribu   | utor   |                          |                                 |             |              | V=45             |              |       |
| RICHA   | ARD AINEY   |  |                          |                                 | МО          | DAY          | YEAR             |              |       |
| Mailin  | g Address   | PO BOX 471   |                          |                                 |             |              |                  | <b>\$</b> 10 | 00.00 |
| City  | NEW MILFOR  | RD   | State                    | Zip Code (Plus 4)               | 7           | 1            | 2018             |              |       |
|   |   |  | PA                       | 18834                           |             |              |                  |              |       |
|   | ame of Contribu   |  |                          |                                 | мо          | DAY          | YEAR             |              |       |
| Mailin  | g Address   | PO BOX 264   |                          |                                 |             |              |                  | <b>\$</b> 10 | 00.00 |
| City  | LAPORTE   |  | State                    | Zip Code (Plus 4)               | 7           | 2            | 2018             |              |       |
|   | D'II ORTE   |  | PA                       | 18626                           |             |              |                  |              |       |
|   | ame of Contribu   |  |                          |                                 | МО          | DAY          | YEAR             |              |       |
| Mailin  | g Address   | PO BOX 264   |                          |                                 |             |              |                  | <b>\$</b> 15 | 50.00 |
| City  | LAPORTE   |  | State                    | Zip Code (Plus 4)               | 8           | 26           | 2018             |              |       |
|   |   |  | PA                       | 18626                           |             |              |                  |              |       |
|   |   |  |                          |                                 |             |              |                  |              |       |
|   | ame of Contribu<br>KS ELDRIDGE-   |  |                          |                                 | МО          | DAY          | YEAR             |              |       |
| BROO  | KS ELDRIDGE-  |  | RIVE                     |                                 | МО          | DAY          | YEAR             | <b>\$</b> 10 | 00.00 |
| BROO  | KS ELDRIDGE-  | -MARTIN  | RIVE<br><b>State</b>     | Zip Code (Plus 4)               | <b>MO</b> 7 | <b>DAY</b> 3 | <b>YEAR</b> 2018 | \$ 10        | 00.00 |
| BROO<br><b>Mailin</b>                             | KS ELDRIDGE-  | -MARTIN  |                          | <b>Zip Code (Plus 4)</b> 18848  |             |              |                  | <b>\$</b> 10 | 00.00 |
| Mailin City                                       | KS ELDRIDGE-  | MARTIN  136 WESAUKING D  | State                    |                                 |             |              |                  | <b>\$</b> 10 | 00.00 |
| BROO  Mailin  City  Full Na  BROO                 | TOWANDA  TOWANDA  TOWANDA  TOWANDA  | MARTIN  136 WESAUKING D  | State<br>PA              |                                 | 7           | 3            | 2018             |              | 00.00 |
| BROO  Mailin  City  Full Na  BROO                 | KS ELDRIDGE- g Address  TOWANDA  ame of Contribute KS ELDRIDGE- g Address   | MARTIN  136 WESAUKING D  utor  MARTIN  | State<br>PA              |                                 | 7           | 3            | 2018             |              |       |
| Mailin City Full Na BROO                          | TOWANDA  TOWANDA  TOWANDA  TOWANDA  | MARTIN  136 WESAUKING D  utor  MARTIN  | State<br>PA<br>RIVE      | 18848                           | 7           | DAY          | 2018<br>YEAR     |              |       |
| BROO Mailin City BROO Mailin City                 | KS ELDRIDGE- g Address  TOWANDA  ame of Contribute KS ELDRIDGE- g Address   | MARTIN  136 WESAUKING D  utor  MARTIN  136 WESAUKING D                         | State PA  RIVE  State    | 18848  Zip Code (Plus 4)        | 7           | DAY          | 2018<br>YEAR     |              |       |
| Full Na BROO Mailin City Full Na BROO Mailin City | TOWANDA  TOWANDA  TOWANDA  TOWANDA  TOWANDA  TOWANDA  TOWANDA  TOWANDA  | MARTIN  136 WESAUKING D  utor  MARTIN  136 WESAUKING D                         | State PA  RIVE  State PA | 18848  Zip Code (Plus 4)        | 7 <b>MO</b> | 3 DAY        | 2018  YEAR  2018 | \$ 10        |       |
| Full Na BROO Mailin City Full Na BROO Mailin City | TOWANDA  TOWANDA | MARTIN  136 WESAUKING D  utor  MARTIN  136 WESAUKING D  utor  733 SHADY LANE R | State PA  RIVE  State PA | 18848  Zip Code (Plus 4)        | 7 <b>MO</b> | 3 DAY        | 2018  YEAR  2018 | \$ 10        | 00.00 |
| Full Na SHARG                                     | TOWANDA  TOWANDA  TOWANDA  TOWANDA  TOWANDA  TOWANDA  TOWANDA  TOWANDA  | MARTIN  136 WESAUKING D  utor  MARTIN  136 WESAUKING D  utor  733 SHADY LANE R | State PA  RIVE State PA  | 18848  Zip Code (Plus 4)  18848 | 7 MO 10     | 18 DAY       | 2018  YEAR  2018 | \$ 10        | 00.00 |

|  |                |           |                  | PAGE 12          |  |
|--|----------------|-----------|------------------|------------------|--|
| Full Name of Contributor KATHY BOHENSKY  | МО             | DAY       | YEAR             |                  |  |
| Mailing Address PO BOX 403   |                |           |                  | \$ 200.00        |  |
| City DUSHORE State Zip Code (Plus 4) PA 18614  | 7              | 19        | 2018             |                  |  |
| Full Name of Contributor MATTHEW KEARNEY   | МО             | DAY       | YEAR             |                  |  |
| Mailing Address 909 MARSHALL DR  |                |           |                  | <b>\$</b> 100.00 |  |
| City WARMINSTER PA Zip Code (Plus 4) 18974   | 6              | 22        | 2018             |                  |  |
| Full Name of Contributor MICHAEL HEDGCOCK  | мо             | DAY       | YEAR             |                  |  |
| Mailing Address PO BOX 329   |                |           |                  | \$ 100.00        |  |
| City LAPORTE State PA 18626  | 6              | 6 22 2018 |                  |                  |  |
|  |                |           |                  |                  |  |
| Full Name of Contributor BRENDA MORROW   | МО             | DAY       | YEAR             |                  |  |
|  |                | DAY       |                  | \$ 60.00         |  |
| BRENDA MORROW  | <b>MO</b> 7    | DAY 1     | <b>YEAR</b> 2018 | \$ 60.00         |  |
| BRENDA MORROW  Mailing Address 1381 KINGSTON AVE  City SCHENECTADY  State Zip Code (Plus 4)  |                | 1         | 2018             | \$ 60.00         |  |
| BRENDA MORROW  Mailing Address 1381 KINGSTON AVE  City SCHENECTADY State NY 12308  Full Name of Contributor  | 7<br><b>MO</b> | DAY       | 2018<br>YEAR     |                  |  |
| BRENDA MORROW  Mailing Address 1381 KINGSTON AVE  City SCHENECTADY  State Zip Code (Plus 4) 12308  Full Name of Contributor GIB BLEVINS, JR  | 7              | 1         | 2018             |                  |  |
| BRENDA MORROW  Mailing Address 1381 KINGSTON AVE  City SCHENECTADY  State NY 12308  Full Name of Contributor GIB BLEVINS, JR  Mailing Address 10873 OIL CITY RD  City HEALDTON  State Zip Code (Plus 4) 12308  Zip Code (Plus 4) 2ip Code (Plus 4) | 7<br><b>MO</b> | DAY       | 2018<br>YEAR     |                  |  |
| Mailing Address 1381 KINGSTON AVE  City SCHENECTADY State NY 12308  Full Name of Contributor GIB BLEVINS, JR  Mailing Address 10873 OIL CITY RD  City HEALDTON State OK 73438  Full Name of Contributor  | <b>MO</b>      | 1 DAY     | 2018 YEAR 2018   |                  |  |

| Full Name of Contributor NANCY SLABICKI   | МО            | DAY             | YEAR             | _                    |
|---|---------------|-----------------|------------------|----------------------|
| Mailing Address 495 TOWNSHIP RD   |               |                 |                  | <b>\$</b> 100.00     |
| City WYALUSONG State PA 18853   | 7             | 1               | 2018             |                      |
| Full Name of Contributor DEREK DAVIS  | мо            | DAY             | YEAR             |                      |
| Mailing Address PO BOX 63   |               |                 |                  | <b>\$</b> 50.00      |
| City DUSHORE State Zip Code (Plus 4) PA 18614   | 7             | 1               | 2018             |                      |
| Full Name of Contributor DEREK DAVIS  | МО            | DAY             | YEAR             |                      |
| Mailing Address PO BOX 63   |               |                 |                  | <b>\$</b> 100.00     |
| City DUSHORE State Zip Code (Plus 4) PA 18614   | 9             | 5               | 2018             |                      |
|   |               |                 |                  |                      |
| Full Name of Contributor HEATHER RICKERT-GILBERT  | МО            | DAY             | YEAR             |                      |
|   | МО            | DAY             | YEAR             | \$ 50.00             |
| HEATHER RICKERT-GILBERT   | <b>мо</b>     | <b>DAY</b> 22   | <b>YEAR</b> 2018 | \$ 50.00             |
| HEATHER RICKERT-GILBERT  Mailing Address 160 E. WHITE HALL RD  City STATE COLLEGE State Zip Code (Plus 4)   |               |                 |                  | \$ 50.00             |
| HEATHER RICKERT-GILBERT  Mailing Address 160 E. WHITE HALL RD  City STATE COLLEGE State PA 16801  Full Name of Contributor  | 6             | 22<br>DAY       | 2018<br>YEAR     | \$ 50.00<br>\$ 50.00 |
| Mailing Address  160 E. WHITE HALL RD  City STATE COLLEGE PA  Full Name of Contributor HEATHER RICKERT-GILBERT  Mailing Address  160 E. WHITE HALL RD  State PA  16801  | 6             | 22              | 2018             |                      |
| Mailing Address 160 E. WHITE HALL RD  City STATE COLLEGE State PA 16801  Full Name of Contributor HEATHER RICKERT-GILBERT  Mailing Address 160 E. WHITE HALL RD  City STATE COLLEGE State Zip Code (Plus 4)  City STATE COLLEGE State Zip Code (Plus 4) | 6             | 22<br>DAY       | 2018<br>YEAR     |                      |
| Mailing Address 160 E. WHITE HALL RD  City STATE COLLEGE State PA 16801  Full Name of Contributor HEATHER RICKERT-GILBERT  Mailing Address 160 E. WHITE HALL RD  City STATE COLLEGE State PA 16801  Full Name of Contributor HEATHER RICKERT-GILBERT    | 6 <b>MO</b> 8 | 22<br>DAY<br>26 | 2018  YEAR  2018 |                      |

|   |                    |                                   |      |     |      |           | . 14   |
|---|--------------------|-----------------------------------|------|-----|------|-----------|--------|
| Full Name of Contributor KATHLEEN FERGUSON  |                    |                                   | мо   | DAY | YEAR |           |        |
| Mailing Address 246 SR 4003                 | State              | Zip Code (Plus 4)                 | 6    | 22  | 2018 | \$        | 65.00  |
| City SUGAR RUN                              | PA                 | 18846                             |      |     |      |           |        |
| Full Name of Contributor KATHLEEN FERGUSON  | МО                 | DAY                               | YEAR |     |      |           |        |
| Mailing Address 246 SR 4003                 |                    |                                   |      |     |      | \$        | 100.00 |
| City SUGAR RUN                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 18846    | 9 5  |     | 2018 |           |        |
| Full Name of Contributor LISA MOLLE PADILLA | МО                 | DAY                               | YEAR |     |      |           |        |
| Mailing Address PO BOX 328                  |                    |                                   |      |     |      | \$        | 100.00 |
| City LAPORTE                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18626 | 6    | 22  | 2018 |           |        |
| Full Name of Contributor MARY COSGROVE      |                    |                                   | МО   | DAY | YEAR |           |        |
| Mailing Address PO BOX 15  City LAPORTE     | State<br>PA        | <b>Zip Code (Plus 4)</b> 18626    | - 6  | 22  | 2018 | \$        | 100.00 |
| Full Name of Contributor MARY COSGROVE      |                    |                                   | МО   | DAY | YEAR |           |        |
| Mailing Address PO BOX 15                   |                    |                                   |      |     |      | <b>\$</b> | 50.00  |
| City LAPORTE                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 18626    | 9    | 5   | 2018 |           |        |
|   | •                  | •                                 | •    | •   | •    | PAGI      | TOTAL  |

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

**PAGE TOTAL \$** 6,888.00

#### **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 |           |     |            |  |  |  |
|---------------------------------------|------------------|-----------|-----|------------|--|--|--|
| FRIENDS OF DONNA IANNONE              | From:            | 9/18/2018 | То: | 10/22/2018 |  |  |  |

DATE AMOUNT

| Full Name of Contributing Committee DISTRICT COUNCIL 21 PAC | МО                 | DAY | YEAR |                  |  |
|---|--------------------|-----|------|------------------|--|
| Mailing Address 2980 SOUTHAMPTON                            |                    | _   |      | <b>\$</b> 500.00 |  |
| City PHILADELPHIA   | <b>State</b><br>PA | 10  | 6    | 2018             |  |

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

**PAGE TOTAL \$** 500.00

## ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

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

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

| Name of Filing Committee or Candidate                     |       |     |            | Rep                            | orting Pe              | riod   |                   |                      |  |  |
|---|-------|-----|------------|--------------------------------|------------------------|--------|-------------------|----------------------|--|--|
| FRIENDS OF DONNA IANNONE                                  |       |     |            | Fror                           | n:                     | 9/18/2 | <u>018</u> To     | o: <u>10/22/2018</u> |  |  |
|   |       |     |            |                                | D/                     | ATE    |                   | AMOUNT               |  |  |
| Full Name of Contributor BRADFORD COUNTY DEMOCRATIC PAR   | TY    |     |            |                                | мо                     | DAY    | YEAR              |                      |  |  |
| Mailing 3046 OLD PLANK RD                                 |       |     |            |                                |                        |        |                   | \$ 500.00            |  |  |
| City TOWANDA  | State | Zip | Code (Plus | 4)                             | 7                      | 14     | 2018              |                      |  |  |
|   | PA    | 188 | 348        |                                |                        |        |                   |                      |  |  |
| Employer Name   |       |     |            |                                | Occupat                | ion    | •                 |                      |  |  |
| Employer Mailing Address/Principal Place of City          |       |     |            | <u> </u>                       | State                  |        | Zip Code (Plus 4) |                      |  |  |
| Business  |       |     |            |                                |                        |        |                   |                      |  |  |
| Full Name of Contributor BRADFORD COUNTY DEMOCRATIC PARTY |       |     |            |                                | МО                     | DAY    | YEAR              |                      |  |  |
| Mailing 3046 OLD PLANK RD                                 |       |     |            |                                |                        |        |                   | \$ 600.00            |  |  |
| City TOWANDA  | State | Zip | Code (Plus | 4)                             | 10                     | 11     | 2018              |                      |  |  |
|   | PA    | 188 | 348        |                                |                        |        |                   |                      |  |  |
| Employer Name   |       |     |            |                                | Occupation             |        |                   |                      |  |  |
| Employer Mailing Address/Principal Plac<br>Business       | e of  |     | City       |                                | 1                      | State  |                   | Zip Code (Plus 4)    |  |  |
| Dusilless   |       |     |            |                                |                        |        |                   |                      |  |  |
| Full Name of Contributor                                  |       |     |            |                                |                        |        |                   | 1                    |  |  |
| DONNA IANNONE   |       |     |            |                                | МО                     | DAY    | YEAR              |                      |  |  |
| Mailing 1269 DIEFFENBACH F                                | RD    |     |            |                                |                        |        |                   | \$ 300.00            |  |  |
| City DUSHORE  | State | Zip | Code (Plus | 4)                             | 7                      | 30     | 2018              |                      |  |  |
|   | PA    | 186 | 514        |                                |                        |        |                   |                      |  |  |
| Employer Name SULLIVAN COUNTY                             |       |     |            | Occupation COUNTY COMMISSIONER |                        |        |                   |                      |  |  |
| Employer Mailing Address/Principal Plac<br>Business       | e of  |     | City       |                                | State Zip Code (Plus 4 |        |                   | Zip Code (Plus 4)    |  |  |
| PO BOX 157  |       |     | LAPORTE    |                                |                        | PA     |                   | 18626                |  |  |

| Full Name of Contributor DONNA IANNONE                    |  | мо       | DAY                  | YEAR                           |                   |          |                   |  |  |
|---|--|----------|----------------------|--------------------------------|-------------------|----------|-------------------|--|--|
| Mailing 1269 DIEFFENBACH                                  | RD   |          |                      |                                |                   |          | \$ 300.00         |  |  |
| City DUSHORE  | State<br>PA                                  |          | Code (Plus 4)        | 9                              | 26                | 2018     |                   |  |  |
| Employer Name SULLIVAN COUNTY                             |  | l        |                      | Occupation COUNTY COMMISSIONER |                   |          |                   |  |  |
| Employer Mailing Address/Principal Pla<br>Business        | ce of  |          | City                 |                                | Zip Code (Plus 4) |          |                   |  |  |
| PO BOX 157 LAPORTE  |  |          |                      |                                | PA                |          | 18626             |  |  |
| Full Name of Contributor DONNA IANNONE                    |  |          |                      |                                | DAY               | YEAR     |                   |  |  |
| Address   | 1269 DIEFFENBACH RD  State Zip Code (Plus 4) |          |                      |                                | 20                | 2018     | \$ 500.00         |  |  |
| <b>City</b> DUSHORE                                       | PA   |          | 614                  |                                |                   |          |                   |  |  |
| Employer Name SULLIVAN COUNTY                             |  |          |                      | Occupation COUNTY COMMISSIONER |                   |          |                   |  |  |
| Employer Mailing Address/Principal Place of City Business |  |          |                      |                                | State             |          | Zip Code (Plus 4) |  |  |
| PO BOX 157  |  |          | LAPORTE              |                                | PA                |          | 18626             |  |  |
| Full Name of Contributor J. WILSON FERGUSON               |  |          |                      | мо                             | DAY               | YEAR     |                   |  |  |
| Mailing PO BOX 171  |  |          |                      |                                |                   |          | <b>\$</b> 500.00  |  |  |
| City LAPORTE  | <b>State</b><br>PA                           |          | Code (Plus 4)        | 7                              | 30                | 2018     |                   |  |  |
| Employer Name RETIRED                                     |  | <u> </u> |                      | Occupation                     |                   |          |                   |  |  |
| Employer Mailing Address/Principal Pla<br>Business        | ce of  |          | City                 |                                | State             |          | Zip Code (Plus 4) |  |  |
| Full Name of Contributor JOAN GUSTIN                      |  |          |                      | МО                             | DAY               | YEAR     |                   |  |  |
| Mailing 1212 LIBERTY CORN                                 | ERS RD                                       |          |                      |                                |                   |          | <b>\$</b> 300.00  |  |  |
| City TOWANDA  | State<br>PA                                  |          | Code (Plus 4)<br>848 | 8                              | 4                 | 2018     |                   |  |  |
| Employer Name RETIRED                                     |  |          |                      | Occupat                        | ion               |          | •                 |  |  |
| Employer Mailing Address/Principal Place of City Business |  |          |                      | l                              | State             |          | Zip Code (Plus 4) |  |  |
|   |  | - 1      |                      |                                | -                 | <u>'</u> |                   |  |  |

| Full Name of Contributor JOAN GUSTIN   | МО              | DAY                               | YEAR    |                   |                  |                                    |  |  |
|--|-----------------|-----------------------------------|---------|-------------------|------------------|------------------------------------|--|--|
| Mailing 1212 LIBERTY CORN  City TOWANDA  | ERS RD State    | Zip Code (Plus 4)                 | 9       | 5                 | 2018             | \$ 75.00                           |  |  |
| TOWANDA  | PA              | 18848                             |         |                   |                  |                                    |  |  |
| Employer Name RETIRED  | •               |                                   | Occupa  | Occupation        |                  |                                    |  |  |
| Employer Mailing Address/Principal Plac<br>Business  | ce of           | City                              |         | State             |                  | Zip Code (Plus 4)                  |  |  |
| Full Name of Contributor SULLIVAN COUNTY DEMOCRATIC COM  | MITTEE          |                                   | МО      | DAY               | YEAR             |                                    |  |  |
| Mailing Address 251 STAR RD  City DUSHORE  | <b>State</b> PA |                                   |         | 4                 | 2018             | \$ 500.00                          |  |  |
| Employer Name  | Occupa          | tion                              |         |                   |                  |                                    |  |  |
| Employer Mailing Address/Principal Place of City Business  |                 |                                   | . [     | State             |                  | Zip Code (Plus 4)                  |  |  |
| Full Name of Contributor CATHERINE WISE  |                 |                                   |         |                   |                  |                                    |  |  |
|  |                 |                                   | МО      | DAY               | YEAR             |                                    |  |  |
|  |                 |                                   | МО      | DAY               | YEAR             | \$ 500.00                          |  |  |
| CATHERINE WISE  Mailing PO BOX 12  | <b>State</b> PA | <b>Zip Code (Plus 4)</b><br>17731 | мо 10   | <b>DAY</b> 13     | <b>YEAR</b> 2018 | \$ 500.00                          |  |  |
| CATHERINE WISE  Mailing PO BOX 12  Address   |                 |                                   |         | 13                |                  | \$ 500.00                          |  |  |
| CATHERINE WISE  Mailing PO BOX 12  City EAGLES MERE  | PA              |                                   | 10      | 13                |                  | \$ 500.00  Zip Code (Plus 4)       |  |  |
| CATHERINE WISE  Mailing PO BOX 12  City EAGLES MERE  Employer Name RETIRED   | PA              | 17731                             | 10      | 13                |                  |                                    |  |  |
| CATHERINE WISE  Mailing Address PO BOX 12  City EAGLES MERE  Employer Name RETIRED  Employer Mailing Address/Principal Place Business  | PA              | 17731                             | Occupat | 13 tion State     | 2018             |                                    |  |  |
| CATHERINE WISE  Mailing PO BOX 12  City EAGLES MERE  Employer Name RETIRED  Employer Mailing Address/Principal Place Business  Full Name of Contributor  MICHAEL O'MARA  Mailing 7583 44TH AVE SW                | PA              | 17731                             | Occupat | 13 tion State     | 2018             | <b>Zip Code (Plus 4)</b> \$ 300.00 |  |  |
| CATHERINE WISE  Mailing Address PO BOX 12  City EAGLES MERE  Employer Name RETIRED  Employer Mailing Address/Principal Place Business  Full Name of Contributor MICHAEL O'MARA  Mailing Address 7583 44TH AVE SW | PA State        | City  Zip Code (Plus 4)           | Occupat | 13 tion State DAY | 2018<br>YEAR     | <b>Zip Code (Plus 4)</b> \$ 300.00 |  |  |

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

PAGE TOTAL

4,375.00

\$

## 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 Ca  | Name of Filing Committee or Candidate |                  |         | Reporting Period |     |      |    |            |  |
|---------------------------------|---------------------------------------|------------------|---------|------------------|-----|------|----|------------|--|
|                                 |                                       |                  | From:   |                  |     | To:  |    |            |  |
|                                 |                                       |                  |         | D                | ATE |      |    | AMOUNT     |  |
| Full Name                       |                                       |                  |         | МО               | DAY | YEAR |    |            |  |
| Mailing Address                 |                                       |                  |         |                  |     |      | \$ | 0.00       |  |
| City                            | State                                 | Zip Code (       | Plus 4) |                  |     |      |    |            |  |
| Receipt Description             | ·                                     | •                |         |                  |     | •    | •  |            |  |
| Enter Grand Total of Part E on  | Schedule T Detailed                   | l Summary Page   | Section | 4                |     |      | ı  | PAGE TOTAL |  |
| zinci. Grana rotal or rait z on | ocilculate 1, Detailet                | . Janimary rage, | Section |                  |     |      | \$ | 0.00       |  |

#### **SCHEDULE II**

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

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

Detailed Summary Page

| Name of Filing Committee or Candidate  | Reporting Perio | od                          |            |  |  |  |  |  |  |
|--|-----------------|-----------------------------|------------|--|--|--|--|--|--|
| FRIENDS OF DONNA IANNONE   | From:           | <u>9/18/2018</u> <b>To:</b> | 10/22/2018 |  |  |  |  |  |  |
| 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)       | <b>\$</b>                   | 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 | lame of Filing Committee or Candidate |                       |          | Reporting Period |       |     |            |  |  |  |
|------------------------------------|---------------------------------------|-----------------------|----------|------------------|-------|-----|------------|--|--|--|
| F                                  |                                       |                       | From:    |                  |       | То: |            |  |  |  |
|                                    |                                       | DATE                  |          | AMOUNT           |       |     |            |  |  |  |
| Full Name of Contributor           |                                       |                       | МО       | DAY              | YEAR  |     |            |  |  |  |
| Mailing Address                    |                                       |                       |          |                  |       | \$  | 0.00       |  |  |  |
| City                               | State                                 | Zip Code (Plus 4)     |          |                  |       |     |            |  |  |  |
| Description of Contribution:       | Description of Contribution:          |                       |          |                  |       |     |            |  |  |  |
| Enter Grand Total of Part F on So  | chedule II, In-Kir                    | nd Contributions Deta | iled Sum | ımary Pag        | je, [ |     | PAGE TOTAL |  |  |  |
| Section 2.                         |                                       |                       |          |                  |       | \$  | 0.00       |  |  |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                         |            |         | Reporting Period |        |            |                     |      |                             |     |                        |  |
|---|------------|---------|------------------|--------|------------|---------------------|------|-----------------------------|-----|------------------------|--|
|   |            |         |                  |        | From:      |                     |      | To:                         | То: |                        |  |
|   |            |         |                  |        |            |                     | DATE |                             |     | AMOUNT                 |  |
| Full Name of Contributor                                      |            |         |                  |        |            | мо                  | DAY  | YEAR                        |     |                        |  |
| Mailing Address   |            |         |                  |        |            |                     |      |                             | \$  | 0.00                   |  |
| City  | State      |         | Zip Code(Plus 4) |        |            |                     |      |                             |     |                        |  |
| Employer of Contributor                                       | -1         |         | •                |        | Occupation |                     |      |                             |     |                        |  |
| Employer Mailing Address/Principal Place of<br>Business       |            |         | City State       |        |            | Zip Code(Plus<br>4) |      | Description of Contribution |     |                        |  |
| Enter Grand Total of Part G on So<br>Summary Page, Section 3. | hedule II, | In-Kind | Contributi       | ons De | taile      | ed                  |      |                             |     | <b>PAGE TOTAL</b> 0.00 |  |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Ca         | ndidate   |                                   | Reporti       | ng Period                  |                                 |     |            |  |  |  |
|--|---|-----------------------------------|---------------|----------------------------|---------------------------------|-----|------------|--|--|--|
| FRIENDS OF DONNA IANNONE               |   |                                   | From          | 9/1                        | 8/2018                          | То: | 10/22/2018 |  |  |  |
|  |   |                                   |               | DATE                       | AMOUNT                          |     |            |  |  |  |
| To Whom Paid KEELER NEWSPAPER          |   |                                   |               | DAY                        | YEAR                            |     |            |  |  |  |
| Mailing Address PO BOX 187             |   |                                   |               | 8                          | 2018                            | \$  | 82.00      |  |  |  |
| City WYALUSING                         | State WYALUSING PA Zip Code (Plus 4)              |                                   |               |                            | penditure                       |     |            |  |  |  |
| To Whom Paid WYALUSING COMMUNITY CORP  | МО  | DAY                               | YEAR          |                            |                                 |     |            |  |  |  |
| Mailing Address PO BOX 813             | 6   | 21                                | 2018          | \$                         | 500.00                          |     |            |  |  |  |
| City WYALUSING                         | City WYALUSING  State PA  2ip Code (Plus 4) 18853 |                                   |               |                            | Description of Expenditure RENT |     |            |  |  |  |
| To Whom Paid PARROT GRAPHICS           |   |                                   |               | DAY                        | YEAR                            |     |            |  |  |  |
| Mailing Address 807 IRON B             | RIDGE RD  |                                   | 6             | 21                         | 2018                            | \$  | 384.00     |  |  |  |
| City NEW ALBANY  State  PA  18833      |   |                                   |               | otion of Exp               | oenditure                       | !   |            |  |  |  |
| To Whom Paid BRADFORD-SULLIVAN COUNTIE | ES OUTSTANDING YO                                 | UNG WOMEN                         | мо            | DAY                        | YEAR                            |     |            |  |  |  |
| Mailing Address WHITE DEER             | R LANE  |                                   | 6             | 26                         | 2018                            | \$  | 85.00      |  |  |  |
| City ROME                              | <b>State</b><br>PA                                | <b>Zip Code (Plus 4)</b><br>18837 | <b>Descri</b> | Description of Expenditure |                                 |     |            |  |  |  |
| To Whom Paid  AMERICAN EXPRESS         |   |                                   | МО            | DAY                        | YEAR                            |     |            |  |  |  |
| Mailing Address PO BOX 127             | 0   |                                   | 7             | 7                          | 2018                            | \$  | 519.86     |  |  |  |
| City NEWARK                            | State   | Zip Code (Plus 4)                 | Docarie       | tion of Exp                | ı<br>senditure                  |     |            |  |  |  |

07101

SIGNS, POSTCARDS, BANNERS

|   |                                 |                                   |                         |                                   |                  | PA | GE 25  |  |  |
|---|---------------------------------|-----------------------------------|-------------------------|-----------------------------------|------------------|----|--------|--|--|
| To Whom Paid<br>COLLEY PUB                      | МО                              | DAY                               | YEAR                    |                                   |                  |    |        |  |  |
| Mailing Address 15615 RR 87                     |                                 |                                   | 7                       | 7                                 | 2018             | \$ | 930.00 |  |  |
| City COLLEY                                     |                                 | otion of Exp<br>ING AND B         |                         |                                   |                  |    |        |  |  |
| To Whom Paid OUR LADY OF PERPETUAL HELP         |                                 |                                   |                         | DAY                               | YEAR             |    |        |  |  |
| Mailing Address 245 STATE STREET                |                                 |                                   |                         | 9                                 | 2018             | \$ | 100.00 |  |  |
| City WYALUSING State Zip Code (Plus 4) PA 18853 |                                 |                                   |                         | otion of Exp                      | penditure        |    |        |  |  |
| To Whom Paid<br>KEELER NEWSPAPERS               |                                 |                                   | МО                      | DAY                               | YEAR             |    |        |  |  |
| Mailing Address PO BOX 187                      |                                 |                                   | 7                       | 9                                 | 2018             | \$ | 70.40  |  |  |
| City WYALUSING                                  | SING PA Zip Code (Plus 4) 18853 |                                   |                         |                                   | penditure        |    |        |  |  |
| To Whom Paid DUSHORE AREA BUSINESS ASSOC        | ;                               |                                   | МО                      | DAY                               | YEAR             |    |        |  |  |
| Mailing Address PO BOX 75                       |                                 |                                   | 7                       | 9                                 | 2018             | \$ | 15.00  |  |  |
| City DUSHORE                                    | <b>State</b><br>PA              | <b>Zip Code (Plus 4)</b><br>18614 | <b>Descrip</b><br>TABLE | otion of Exp                      | penditure        |    |        |  |  |
| <b>To Whom Paid</b> USPS                        |                                 |                                   | МО                      | DAY                               | YEAR             |    |        |  |  |
| Mailing Address 205 CENTER ST                   | REET                            |                                   | 7                       | 14                                | 2018             | \$ | 175.00 |  |  |
| City DUSHORE State Zip Code (Plus 4) PA 18614   |                                 |                                   |                         | Description of Expenditure STAMPS |                  |    |        |  |  |
|   | PA                              | 18614                             | STAMP                   | S                                 |                  |    |        |  |  |
| To Whom Paid WYALUSING COMMUNITY CORP           | PA                              | 18614                             | STAMP                   | DAY                               | YEAR             |    |        |  |  |
|   | PA                              | 18614                             |                         |                                   | <b>YEAR</b> 2018 | \$ | 500.00 |  |  |

|  |                                      |                    |                                |                                      |  |  |    | 26               |
|--|--------------------------------------|--------------------|--------------------------------|--------------------------------------|--|--|----|------------------|
| <b>To Whom Paid</b><br>JESSE BENNETT   |                                      |                    |                                | МО                                   | DAY                                    | YEAR   |    |                  |
| Mailing Address 3  | 373 BROAD ST                         |                    |                                | 8                                    | 1                                      | 2018   | \$ | 100.00           |
| City WAVERLY   |                                      | State              | Zip Code (Plus 4)              | Descrip                              | tion of Exp                            | enditure   |    |                  |
| NY 14892   |                                      |                    |                                |                                      | TAINMENT                               |  |    |                  |
| To Whom Paid AMERICAN EXPRESS  |                                      |                    |                                | мо                                   | DAY                                    | YEAR   |    |                  |
| Mailing Address PO BOX 1270  |                                      |                    |                                | 8                                    | 3                                      | 2018   | \$ | 2,643.30         |
| City NEWARK  |                                      | State              | Zip Code (Plus 4)              | Descrip                              | tion of Exp                            | enditure   |    |                  |
|  |                                      | NJ                 | 07101                          |                                      | SIGNS, POS                             |  | -S |                  |
| To Whom Paid<br>SAMS CLUB SYNCHR   | RONY BANK                            |                    |                                | МО                                   | DAY                                    | YEAR   |    |                  |
| Mailing Address P  | PO BOX 965003                        |                    |                                | 8                                    | 17                                     | 2018   | \$ | 937.22           |
| City ORLANDO   | City ORLANDO State Zip Code (Plus 4) |                    |                                |                                      | tion of Exp                            | enditure   |    |                  |
|  | FL 32896                             |                    |                                |                                      |  |  |    |                  |
|  |                                      |                    |                                |                                      |  |  |    |                  |
| To Whom Paid<br>MORNING TIMES  |                                      |                    |                                | МО                                   | DAY                                    | YEAR   |    |                  |
| MORNING TIMES  | 201 NORTH LEHIGH                     | AVE                |                                | <b>MO</b> 8                          | <b>DAY</b> 17                          | <b>YEAR</b> 2018                                   | \$ | 398.76           |
| MORNING TIMES  | 201 NORTH LEHIGH                     | AVE<br>State       | Zip Code (Plus 4)              | 8                                    |  | 2018   |    | 398.76           |
| MORNING TIMES  Mailing Address 2   | 201 NORTH LEHIGH                     |                    | <b>Zip Code (Plus 4)</b> 18840 | 8                                    | 17                                     | 2018   |    | 398.76           |
| MORNING TIMES  Mailing Address 2   |                                      | State              |                                | 8  Descrip                           | 17                                     | 2018   |    | 398.76           |
| MORNING TIMES  Mailing Address 2  City SAYRE  To Whom Paid  PARK OUTDOOR ADV                                   |                                      | State              |                                | 8  Descrip AD                        | 17                                     | 2018<br>penditure                                  |    | 398.76<br>650.00 |
| MORNING TIMES  Mailing Address 2  City SAYRE  To Whom Paid  PARK OUTDOOR ADV                                   | VERTISING<br>PO BOX 447              | State              |                                | 8  Descrip AD  MO                    | 17  Ition of Exp                       | 2018  penditure  YEAR  2018                        | \$ |                  |
| MORNING TIMES  Mailing Address 2  City SAYRE  To Whom Paid PARK OUTDOOR ADV  Mailing Address P                 | VERTISING<br>PO BOX 447              | State<br>PA        | 18840                          | 8  Descrip AD  MO                    | DAY  17                                | 2018  penditure  YEAR  2018                        | \$ |                  |
| MORNING TIMES  Mailing Address 2  City SAYRE  To Whom Paid PARK OUTDOOR ADV  Mailing Address P                 | VERTISING<br>PO BOX 447              | State PA State     | 18840  Zip Code (Plus 4)       | 8  Descrip AD  MO  8  Descrip        | DAY  17                                | 2018  penditure  YEAR  2018                        | \$ |                  |
| MORNING TIMES  Mailing Address 2  City SAYRE  To Whom Paid PARK OUTDOOR ADV  Mailing Address P  City BINGHAMTO | VERTISING<br>PO BOX 447              | State PA  State NY | 18840  Zip Code (Plus 4)       | 8  Descrip AD  MO  8  Descrip BILLBO | DAY  17  tion of Exp  tion of Exp  ARD | 2018  Penditure  YEAR  2018  Penditure             | \$ |                  |
| MORNING TIMES  Mailing Address 2  City SAYRE  To Whom Paid PARK OUTDOOR ADV  Mailing Address P  City BINGHAMTO | VERTISING PO BOX 447 IN JNITY CORP   | State PA  State NY | 18840  Zip Code (Plus 4)       | 8 Descrip AD  MO  8 Descrip BILLBO   | DAY  17  DAY  DAY  DAY                 | 2018  Penditure  YEAR  2018  Penditure  YEAR  2018 | \$ | 650.00           |

| To Whom Paid SUSQUEHANNA DEMOCRAT PARTY   | мо                 | DAY                               | YEAR                                  |                     |  |    |                |
|---|--------------------|-----------------------------------|---------------------------------------|---------------------|--|----|----------------|
| Mailing Address 294 FOREST ST   |                    |                                   | 8                                     | 25                  | 2018   | \$ | 55.00          |
| City HOP BOTTOM   | State              | Zip Code (Plus 4)                 | Descrip                               | tion of Exp         | enditure   |    |                |
|   | TICKET             |                                   |                                       |                     |  |    |                |
| <b>To Whom Paid</b><br>PSECU  | МО                 | DAY                               | YEAR                                  |                     |  |    |                |
| Mailing Address PO BOX 67013  |                    |                                   |                                       | 8                   | 2018   | \$ | 1,000.00       |
| City HARRISBURG State Zip Code (Plus 4)   |                    |                                   |                                       | tion of Exp         | enditure   |    |                |
| TWWW.   | PA                 | 17106                             | RADIO                                 |                     |  |    |                |
| To Whom Paid<br>COLLEY PUB  |                    |                                   | МО                                    | DAY                 | YEAR   |    |                |
| Mailing Address 15615 RR 87   | 9                  | 8                                 | 2018                                  | \$                  | 1,404.50   |    |                |
| City COLLEY State Zip Code (Plus 4)   |                    |                                   |                                       | tion of Exp         | enditure   |    |                |
|   | PA State Plus 4)   |                                   |                                       |                     |  |    |                |
|   |                    |                                   |                                       |                     |  |    |                |
| To Whom Paid<br>SULLIVAN REVIEW   |                    | <u> </u>                          | МО                                    | DAY                 | YEAR   |    |                |
|   | 1                  | <b>'</b>                          | <b>мо</b>                             | DAY<br>8            | <b>YEAR</b> 2018                                   | \$ | 25.20          |
| Mailing Address PO BOX 305  | State              | Zip Code (Plus 4)                 | 9                                     | 8                   | 2018   |    | 25.20          |
| SULLIVAN REVIEW  Mailing Address PO BOX 305   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>18614 | 9                                     |                     | 2018   |    | 25.20          |
| Mailing Address PO BOX 305  |                    |                                   | 9<br><b>Descri</b> p                  | 8                   | 2018   |    | 25.20          |
| SULLIVAN REVIEW  Mailing Address PO BOX 305  City DUSHORE  To Whom Paid   |                    |                                   | 9  Descrip                            | 8<br>Otion of Exp   | 2018<br>penditure                                  |    | 25.20<br>36.75 |
| Mailing Address PO BOX 305  City DUSHORE  To Whom Paid KEELER NEWSPAPERS  Mailing Address PO BOX 187  |                    |                                   | 9  Descrip AD  MO                     | 8 otion of Exp      | 2018  penditure  YEAR  2018                        | \$ |                |
| Mailing Address PO BOX 305  City DUSHORE  To Whom Paid KEELER NEWSPAPERS  Mailing Address PO BOX 187  | PA                 | 18614                             | 9  Descrip AD  MO                     | DAY                 | 2018  penditure  YEAR  2018                        | \$ |                |
| Mailing Address PO BOX 305  City DUSHORE  To Whom Paid KEELER NEWSPAPERS  Mailing Address PO BOX 187  | PA  State PA       | 2ip Code (Plus 4)                 | 9  Descrip AD  MO  9  Descrip         | DAY                 | 2018  penditure  YEAR  2018                        | \$ |                |
| Mailing Address PO BOX 305  City DUSHORE  To Whom Paid KEELER NEWSPAPERS  Mailing Address PO BOX 187  City WYALUSING  | PA  State PA       | 2ip Code (Plus 4)                 | 9 Descrip AD  MO  9 Descrip AD        | DAY  8 btion of Exp | 2018  Penditure  YEAR  2018  Penditure             | \$ |                |
| Mailing Address PO BOX 305  City DUSHORE  To Whom Paid KEELER NEWSPAPERS  Mailing Address PO BOX 187  City WYALUSING  To Whom Paid GREATER WYALUSING CHAMBER OF | PA  State PA       | 2ip Code (Plus 4)                 | 9 Descrip AD  MO  9 Descrip AD  MO  9 | DAY  8 DAY          | 2018  Penditure  YEAR  2018  Penditure  YEAR  2018 | \$ | 36.75          |

|   |  |                                   |                                |                           |  | F  |                  |
|---|--|-----------------------------------|--------------------------------|---------------------------|--|----|------------------|
| To Whom Paid WVHS (WYALUSING HIGH SC  | МО   | DAY                               | YEAR                           |                           |  |    |                  |
| Mailing Address 11450 WY  | ALUSING NEW ALBANY                           | ROAD                              | 9                              | 8                         | 2018                                   | \$ | 75.00            |
| City WYALUSING  | <b>Descrip</b><br>STREAI                     | otion of Exp                      | enditure                       |                           |  |    |                  |
| <b>To Whom Paid</b><br>SULLIVAN REVIEW  | МО   | DAY                               | YEAR                           |                           |  |    |                  |
| Mailing Address PO BOX 305  |  |                                   |                                | 20                        | 2018                                   | \$ | 28.80            |
| City DUSHORE  | <b>Descrip</b><br>AD                         | otion of Exp                      | enditure                       |                           |  |    |                  |
| To Whom Paid<br>SAMS CLUB SCHRONY BANK  |  |                                   | МО                             | DAY                       | YEAR                                   |    |                  |
| Mailing Address PO BOX 9  | 65003  |                                   | 9                              | 21                        | 2018                                   | \$ | 2,139.99         |
| City ORLANDO  | ORLANDO  State  FL  Zip Code (Plus 4)  32896 |                                   |                                |                           | enditure<br>AD, SIGI                   |    |                  |
|   |  |                                   |                                |                           |  |    |                  |
| To Whom Paid<br>KEELER NEWSPAPERS   |  |                                   | МО                             | DAY                       | YEAR                                   |    |                  |
|   | 87   |                                   | <b>MO</b> 9                    | <b>DAY</b> 21             | <b>YEAR</b> 2018                       | \$ | 308.70           |
| KEELER NEWSPAPERS   | 87<br>State<br>PA                            | <b>Zip Code (Plus 4)</b><br>18853 | 9                              |                           | 2018                                   |    | 308.70           |
| Mailing Address PO BOX 1  | State<br>PA                                  |                                   | 9<br><b>Descri</b> p           | 21                        | 2018                                   |    | 308.70           |
| Mailing Address PO BOX 1  City WYALUSING  To Whom Paid  | State<br>PA                                  |                                   | 9  Descrip                     | 21<br>otion of Exp        | 2018<br>penditure                      |    | 308.70<br>500.00 |
| Mailing Address PO BOX 1  City WYALUSING  To Whom Paid WYALUSING COMMUNITY CO   | State<br>PA                                  |                                   | 9  Descrip AD  MO              | 21 Day                    | 2018  penditure  YEAR  2018            | \$ |                  |
| Mailing Address PO BOX 1  City WYALUSING  To Whom Paid WYALUSING COMMUNITY CO  Mailing Address PO BOX 8                 | State PA RP 13 State                         | 18853  Zip Code (Plus 4)          | 9  Descrip AD  MO  9  Descrip  | DAY 21                    | 2018  penditure  YEAR  2018            | \$ |                  |
| Mailing Address PO BOX 1  City WYALUSING  To Whom Paid WYALUSING COMMUNITY CO  Mailing Address PO BOX 8  City WYALUSING | State PA  RP  13  State PA                   | 18853  Zip Code (Plus 4)          | 9 Descrip AD MO 9 Descrip RENT | DAY  21  Day  21  Day  21 | 2018  Penditure  YEAR  2018  Denditure | \$ |                  |

| To Whom Paid PARK OUTDOOR ADVERTISING   | МО   | DAY  | YEAR                          |    |         |        |
|---|--|--|-------------------------------|----|---------|--------|
| Mailing Address PO BOX 447  | 9  | 28   | 2018                          | \$ |         | 85.00  |
| City BINGHAMTON State NY 13902  | Descrip  | otion of Exp   |                               |    |         |        |
| To Whom Paid AMERICAN EXPRESS   | МО   | DAY  | YEAR                          |    |         |        |
| Mailing Address PO BOX 1270   | 9  | 30   | 2018                          | \$ | 3,5     | 545.35 |
| City NEWARK NJ Zip Code (Plus 4) 07101  | Descrip  | otion of Exp   |                               |    | RKETING |        |
| To Whom Paid TOWANDA AREA SCHOOL DISTRICT   | МО   | DAY  | YEAR                          |    |         |        |
| Mailing Address 410 STATE STREET  | 10   | 7  | 2018                          | \$ |         | 40.00  |
|   | Description of Expenditure USE OF LIBRARY  |  |                               |    |         |        |
| City TOWANDA PA Zip Code (Plus 4)   | Descrip  |  | penditure                     |    |         |        |
| TOWANDA   | Descrip  |  | YEAR                          |    |         |        |
| To Whom Paid  | USE OF   | LIBRARY  |                               | \$ | 5       | 525.00 |
| To Whom Paid USPS   | USE OF   | DAY  11  ption of Exp                                | <b>YEAR</b> 2018              | \$ | Ę       | 525.00 |
| To Whom Paid USPS  Mailing Address 205 CENTER STREET  City DUSHORE  PA 18848  Zip Code (Plus 4)   | MO 10  | DAY  11  ption of Exp                                | <b>YEAR</b> 2018              | \$ | 5       | 525.00 |
| To Whom Paid USPS  Mailing Address 205 CENTER STREET  City DUSHORE State PA 18614  To Whom Paid   | MO  10  Descrip  | DAY  11  otion of Exp                                | YEAR 2018 penditure           | \$ | ŗ       | 525.00 |
| To Whom Paid USPS  Mailing Address 205 CENTER STREET  City DUSHORE State PA 18614  To Whom Paid BLUE RIDGE CABLE  | MO  10  Description STAMP  MO  10  | DAY  11  Dition of Exp S  DAY  18                    | YEAR 2018 Penditure YEAR 2018 | \$ |         |        |
| To Whom Paid USPS  Mailing Address 205 CENTER STREET  City DUSHORE State PA 18614  To Whom Paid BLUE RIDGE CABLE  Mailing Address PO BOX 141  City TUNKHANNOCK State Zip Code (Plus 4)      | MO  10  Description  MO  10  Description  MO  Description   | DAY  11  Dition of Exp S  DAY  18                    | YEAR 2018 Penditure YEAR 2018 | \$ | 5       |        |
| To Whom Paid USPS  Mailing Address 205 CENTER STREET  City DUSHORE State PA 18614  To Whom Paid BLUE RIDGE CABLE  Mailing Address PO BOX 141  City TUNKHANNOCK State PA 18657  To Whom Paid | MO  10  Description of the control o | DAY  11  Dition of Exp S  DAY  18  Dition of Exp NET | YEAR 2018 Penditure 2018 2018 | \$ |         |        |

| To Whom Paid KEELER NEWSPAPERS    |   |                                | МО                   | DAY          | YEAR     |                 |
|-----------------------------------|---|--------------------------------|----------------------|--------------|----------|-----------------|
| Mailing Address PO BOX 187        | 10  | 18                             | 2018                 | \$<br>554.35 |          |                 |
| City WYALUSING                    | ty WYALUSING  State  PA  Zip Code (Plus 4)  18853 |                                |                      |              |          |                 |
| To Whom Paid<br>SULLIVAN REVIEW   |   |                                | МО                   | DAY          | YEAR     |                 |
| Mailing Address PO BOX 305        |   |                                | 10                   | 18           | 2018     | \$<br>704.00    |
| City DUSHORE                      | <b>State</b><br>PA                                | <b>Zip Code (Plus 4)</b> 18614 | <b>Descrip</b><br>AD | otion of Exp | enditure |                 |
| Enter Grand Total of Expenditures | on Page 1 Penert C                                | over Page Item D               |                      |              |          | PAGE TOTAL      |
| Lines Grand Total of Expenditures | on rage 1, Report C                               | over raye, item D.             |                      |              |          | \$<br>21,302.40 |