### **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                          | 20190     | 20089       |                        |        |        | port   |                | CAND               | NDIDATE COMMITTEE LOBBYIST |           |        |                     |                |         |           |          |          |
|---|-----------------------------|-----------|-------------|------------------------|--------|--------|--------|----------------|--------------------|----------------------------|-----------|--------|---------------------|----------------|---------|-----------|----------|----------|
| Name of Filing C                          | ommittee, Ca                | andida    | te or Lo    | obbyist:               |        | ME     | GAN    | MCCA           | ARTHY K            | HY KING                    |           |        |                     |                |         |           |          |          |
| Street Address:                           |                             |           |             |                        |        |        |        |                |                    |                            |           |        |                     |                |         |           |          |          |
| City:                                     |                             |           |             |                        |        |        |        |                | State:             |                            |           |        | Zip Code            | : 19           | 312     |           |          |          |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY  |           | 1. <b>X</b> | 2ND FRIDAY<br>PRIMARY  | PRE    | -      | 2.     | 30 DA<br>PRIMA |                    | POST-                      | 3.        |        | AMENDME<br>REPORT?  | NT             | Yes     | No        | •        | <b>/</b> |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION |           | 4.          | 2ND FRIDAY<br>ELECTION | PRE    | ≣-     | 5.     | 30 DA          |                    | POST-                      | 6.        |        | TERMINAT<br>REPORT? | ION            | Yes     | No        | •        | <b>/</b> |
| report type)                              | ANNUAL REF                  | PORT      | 7.          | <b>Year</b> 2019       |        |        |        |                | IG METH<br>CHECK C |                            |           | PAPER  |                     | <b>/</b>       | DISKE   | TTE       |          |          |
| Name of Office S                          | ought by Car                | ndidate   | e:          |                        |        |        |        |                | DATE (             | )F ELE                     | CTION     |        | District<br>Number  | Office<br>Code | Par     | ty Code   | Coun     |          |
|   | - ,                         |           |             |                        |        |        |        |                | МО                 | DAY                        | YEAR      | l      | -1                  | SPR            | REP     |           | 0022     |          |
| JUDGE OF THE                              | SUPERIOR C                  | COURT     |             |                        |        |        |        |                | 11                 |                            | 5 2       | 019    |                     | (SEE INS       | TRUCTIO | ONS FOR O | ODES)    | ,        |
| Summary of                                |                             | nd        | МО          | DAY                    | YEAR   | R .    |        |                | МО                 | DAY                        | YEAR      | 2      | FOR                 | OFFIC          | E USE   | ONLY      |          |          |
| Expenditures                              | Trom:                       |           |             | 1 1                    | 2      | 019    | T      | 0              | 4                  | 1                          | 1 2       | 019    |                     |                |         |           |          |          |
| A. Amount Bro                             | ught Forward                | d From    | Last R      | eport                  |        |        |        | \$             | _                  |                            | C         | 0.00   |                     |                |         |           |          |          |
| B. Total Moneta                           | ary Contribut               | tions A   | nd Rec      | eipts (From            | Sche   | dule   | e I)   | \$             |                    |                            | C         | 0.00   |                     |                |         |           |          |          |
| C. Total Funds                            | Available (Su               | um Of I   | Lines A     | and B)                 |        |        |        | \$             |                    |                            | C         | 0.00   |                     |                |         |           |          |          |
| D. Total Expend                           | ditures (Fron               | n Sche    | dule II     | [)                     |        |        |        | \$             |                    |                            | 1,164     | .57    |                     |                |         |           |          |          |
| E. Ending Cash                            | Balance (Su                 | btract    | Line D      | From Line C            | :)     |        |        | \$             |                    |                            | 0         | .00    |                     |                |         |           |          |          |
| F. Value Of In-                           | Kind Contribu               | utions    | Receive     | ed (From Sc            | hedu   | le I   | I)     | \$             |                    |                            | 0         | .00    |                     |                |         |           |          |          |
| G. Unpaid Debt                            | s And Obliga                | itions (  | (From S     | ichedule IV)           | )      |        |        | \$             |                    |                            | 0         | .00    |                     | '              |         |           |          |          |
|   |                             |           |             |                        | AFF    | ΊD     | AVI    | T SE           | CTION              |                            |           |        |                     |                |         |           |          |          |
| PART I - If this is                       |                             | •         | •           | _                      |        |        |        |                |                    | •                          |           | _      |                     |                |         |           |          |          |
| I swear (or affirm)<br>correct and comple |                             | rt, inclu | ding the    | attached sch           | edules | s file | ed on  | paper (        | or by elec         | tronic m                   | edium, ar | e to t | he best of r        | ny know        | /ledge  | and belie | ef , tru | 1e       |
| Sworn to and subs                         | cribed before n<br>day of   | ne this   |             | 20                     |        |        |        |                |                    |                            | Sign      | ature  | of Person           | Submitti       | ing Rep | ort       |          | -        |
|   | - <u>-</u>                  | ignature  |             |                        |        |        |        | _              |                    |                            |           |        | Printe              | d Name         |         |           |          | -        |
| My Commission Ex                          |                             | ignature  | -           |                        |        |        |        |                |                    |                            |           |        | Email               |                |         |           |          | -        |
|   | мо                          |           | D#          | AY                     | YR     |        |        |                |                    | Ar                         | ea Code   |        | Daytime             | Telepho        | one Nu  | mber      |          |          |
| Part II- If this is                       | a report of a               | a candi   | idate's     | authorized (           | Comn   | nitte  | ee, C  | andida         | ate shall          | sign h                     | ere.      |        |                     |                |         |           |          |          |
| I swear (or affirm)<br>No 320) as amende  |                             | st of my  | y knowle    | edge and belie         | f this | poli   | itical | commi          | ittee has i        | not viola                  | ted any p | rovisi | ions of the a       | act of Ju      | ne 3,19 | 937 (P.L  | . 1333   | 3,       |
| Sworn to and subsc                        |                             | e this    |             |                        |        |        |        |                |                    |                            |           | Si     | ignature of         | Candida        | te      |           |          | -        |
|   | day of<br>— —               |           |             |                        |        |        |        | _              |                    |                            |           |        | Printed             | Name           |         |           |          | -        |
|   | Signa                       | ature     |             |                        |        |        |        | -              |                    |                            |           | _      |                     |                |         |           | _        | _        |
| My Commission Exp                         | _                           |           |             |                        |        |        |        |                |                    |                            |           |        | Email               |                |         |           |          |          |
|   | м                           | 10        | D/          | AY                     | YR     | l      |        | -              |                    | Area                       | Code      |        | Day                 | time Te        | lephon  | e Numb    | er       | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |          |              |          |
|--|-----------|----------|--------------|----------|
| Name of Filing Committee or Candidate  | Reporting | g Period |              |          |
| MEGAN MCCARTHY KING  | From:     | 1/1/201  | <u>9</u> To: | 4/1/2019 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |          |
| TOTAL for the Reporting  | ) Period  | (1)      | \$           | 0.00     |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |          |              |          |
| Contributions Received From Political Committees (Part A)  | _         |          | \$           | 0.00     |
| All Other Contributions (Part B)   |           |          | \$           | 0.00     |
| TOTAL for the Reporting  | ) Period  | (2)      | \$           | 0.00     |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |          |              |          |
| Contributions Received From Political Committees (Part C)  |           |          | \$           | 0.00     |
| All Other Contributions (Part D)   |           |          | \$           | 0.00     |
| TOTAL for the Reporting  | Period    | (3)      | \$           | 0.00     |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |          |              |          |
| TOTAL for the Reporting  | ) Period  | (4)      | \$           | 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 |           |          | \$           | 0.00     |

#### **PART A**

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

\$50.01 TO \$250.00

|                         | this Part to itemize onl<br>with an aggregate val |                |    |         |        |      |               |            |
|-------------------------|---|----------------|----|---------|--------|------|---------------|------------|
| Name of Filing Comm     | nittee or Candidate                               |                | Re | porting | Period |      |               |            |
|                         |   |                | Fr | om:     |        | То   | :             |            |
|                         |   | •              |    |         | DATE   |      |               | AMOUNT     |
| Full Name of Contributi | ing Committee                                     |                |    | МО      | DAY    | YEAR |               |            |
| Mailing Address         |   |                |    |         |        |      | \$            | 0.00       |
| City                    | State   | Zip Code (Plus | 4) |         |        |      |               |            |
|                         | •   | •              |    | •       | •      | •    | $\overline{}$ | PAGE TOTAL |

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

| PAGE TOTAL |
|------------|
| \$<br>0.00 |

## 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 Cand | idate |                  | Rep | oorting P | eriod |      |    |      |
|----------------------------------|-------|------------------|-----|-----------|-------|------|----|------|
|                                  |       |                  | Fro | m:        |       | To   | ): |      |
|                                  |       |                  |     |           | DATE  |      | АМ | OUNT |
| Full Name of Contributor         |       |                  |     | МО        | DAY   | YEAR |    |      |
| Mailing Address                  |       |                  |     |           |       |      | \$ | 0.00 |
| City                             | State | Zip Code (Plus 4 | )   |           |       |      |    |      |

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

**PAGE TOTAL \$** 0.00

#### **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 |     |      |    |            |
|---------------------------------------|-----------------------|----------|-------------|--------|-----|------|----|------------|
|                                       |                       |          | From:       |        |     | То:  |    |            |
|                                       |                       |          |             | DA     | TE  |      | А  | MOUNT      |
| Full Name of Contributing Committee   |                       |          |             | мо     | DAY | YEAR |    |            |
| Mailing Address                       |                       |          |             |        |     |      | \$ | 0.00       |
| City                                  | State                 | Zip Cod  | e (Plus 4)  |        |     |      |    |            |
|                                       |                       |          |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on Scho   | edule I, Detailed Sun | nmary Pa | age, Sectio | n 3.   |     |      | \$ | 0.00       |

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

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

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

| Name of Filing Committee or Candidate               |                    |               | Rep     | orting Pe | riod  |      |            |                    |
|---|--------------------|---------------|---------|-----------|-------|------|------------|--------------------|
|   |                    |               | Fror    | n:        |       | To   | <b>)</b> : |                    |
|   |                    |               |         | D         | ATE   |      | А          | MOUNT              |
| Full Name of Contributor                            |                    |               |         | мо        | DAY   | YEAR |            |                    |
| Mailing<br>Address                                  |                    |               |         |           |       |      | \$         | 0.00               |
| City  | State              | Zip Code (Plu | s 4)    |           |       |      |            |                    |
| Employer Name                                       |                    | •             |         | Occupa    | tion  |      | •          |                    |
| Employer Mailing Address/Principal Plac<br>Business | e of               | City          |         |           | State |      | Zip Coo    | de (Plus 4)        |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed S | ummary Page   | Section | on 3.     |       |      | \$         | PAGE TOTAL<br>0.00 |

## OTHER RECEIPTS

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

| Name of Filing Committee or   | Candidate               |                   | Repor   | ting Perio | od  |      |    |          |
|-------------------------------|-------------------------|-------------------|---------|------------|-----|------|----|----------|
|                               |                         |                   | From:   |            |     | To:  |    |          |
|                               |                         |                   | •       | D          | ATE |      | AI | MOUNT    |
| Full Name                     |                         |                   |         | МО         | DAY | YEAR |    |          |
| Mailing Address               |                         |                   |         |            |     |      | \$ | 0.00     |
| City                          | State                   | Zip Code (        | Plus 4) |            |     |      |    |          |
| Receipt Description           | •                       | •                 |         | •          |     | •    | •  |          |
| Enter Grand Total of Part E o | on Schedule I. Detailed | d Summary Page    | Section | 4          |     |      | PA | GE TOTAL |
| - Inc. Statia Total of Fall E | Jonedane 1, Betanet     | . Jammar y r uge, | 500.011 |            |     |      | \$ | 0.00     |

#### **SCHEDULE II**

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

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

Detailed Summary Page

| Name of Filing Committee or Candidate  | Reporting Period | l                          |          |
|--|------------------|----------------------------|----------|
| MEGAN MCCARTHY KING  | From:            | <u>1/1/2019</u> <b>To:</b> | 4/1/2019 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |                            |          |
| TOTAL for the Reporting Pe   | eriod (1)        | \$                         | 0.00     |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)             |                            |          |
| TOTAL for the Reporting Pe   | eriod (2)        | \$                         | 0.00     |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                  |                            |          |
| TOTAL for the Reporting Pe   | eriod (3)        | \$                         | 0.00     |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, |                  | \$                         | 0.00     |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

| Name of Filing Committee or Candidat | :e                 |                       | Reporting   | g Period    |       |           |            |
|--------------------------------------|--------------------|-----------------------|-------------|-------------|-------|-----------|------------|
|                                      |                    |                       | From:       |             |       | То:       |            |
|                                      |                    |                       |             | DATE        |       |           | AMOUNT     |
| Full Name of Contributor             |                    |                       | МО          | DAY         | YEAR  |           |            |
| Mailing Address                      |                    |                       |             |             |       | <b>\$</b> | 0.00       |
| City                                 | State              | Zip Code (Plus 4)     |             |             |       |           |            |
| Description of Contribution:         |                    |                       |             |             |       |           |            |
| Enter Grand Total of Part F on Sch   | andula II. In-Kir  | nd Contributions Data | ilad Sum    | mary Pag    |       |           | DACE TOTAL |
| Section 2.                           | iedule II, III-KII | ia contributions Deta | iiieu Suiii | iliai y Pag | , je, |           | PAGE TOTAL |
|                                      |                    |                       |             |             |       | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidat                          | e            |         |            |         | Re    | porting F | Period    |        |           |                    |
|---|--------------|---------|------------|---------|-------|-----------|-----------|--------|-----------|--------------------|
|   |              |         |            |         | Fro   | om:       |           | To:    |           |                    |
|   |              |         |            |         |       |           | DATE      |        |           | AMOUNT             |
| Full Name of Contributor                                      |              |         |            |         |       | мо        | DAY       | YEAR   |           |                    |
| Mailing Address   |              |         |            |         |       |           |           |        | <b>\$</b> | 0.00               |
| City  | State        |         | Zip Code(F | Plus 4) |       |           |           |        |           |                    |
| Employer of Contributor                                       |              |         | •          |         |       | Occupa    | tion      |        | •         |                    |
| Employer Mailing Address/Principal Pla<br>Business            | ace of       | City    |            | State   |       | Zip<br>4) | Code(Plus | Descri | ption     | of Contribution    |
| Enter Grand Total of Part G on Sc<br>Summary Page, Section 3. | hedule II, I | In-Kind | Contributi | ons De  | taile | ed        |           |        |           | PAGE TOTAL<br>0.00 |

### **SCHEDULE III STATEMENT OF EXPENDITURES**

| Name of Filing Committee or                 | r Candidate        |                                   | Reporti                | ng Period                 |           |           |                 |
|---|--------------------|-----------------------------------|------------------------|---------------------------|-----------|-----------|-----------------|
| MEGAN MCCARTHY KING                         |                    |                                   | From                   | <u>1/</u>                 | 1/2019    | То:       | <u>4/1/2019</u> |
|   |                    |                                   |                        | DATE                      |           |           | AMOUNT          |
| To Whom Paid<br>STAPLES                     |                    |                                   | МО                     | DAY                       | YEAR      |           |                 |
| Mailing Address 453 ARE                     | NA HUB PLAZA       |                                   | 1                      | 19                        | 2019      | \$        | 48.56           |
| City WILKESBARRE                            | State<br>PA        | <b>Zip Code (Plus 4)</b><br>18702 | <b>Descrip</b> COPIES  | ption of Exp              | penditure |           |                 |
| To Whom Paid<br>HERSHEY LODGE               |                    |                                   | мо                     | DAY                       | YEAR      |           |                 |
| Mailing Address 325 UNIV                    | VERSITY DRIVE      |                                   | 2                      | 2                         | 2019      | \$        | 209.79          |
| City HERSHEY                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 17033    | 1                      | ption of Exp<br>STAY - ST |           |           | ENDORSEMENT)    |
| To Whom Paid<br>HERSHEY LODGE               |                    |                                   | мо                     | DAY                       | YEAR      |           |                 |
| Mailing Address 325 UNIV                    | VERSITY DRIVE      |                                   | 2                      | 2                         | 2019      | \$        | 35.25           |
| City HERSHEY                                | State<br>PA        | <b>Zip Code (Plus 4)</b> 17033    | <b>Descri</b><br>LUNCH | ption of Exp              | penditure |           |                 |
| To Whom Paid<br>HERSHEY LODGE               |                    |                                   | мо                     | DAY                       | YEAR      |           |                 |
| Mailing Address 325 UNIV                    | VERSITY DRIVE      |                                   | 2                      | 2                         | 2019      | \$        | 55.00           |
| City HERSHEY                                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 17033    | <b>Descrip</b> DINNE   | ption of Exp<br>R         | penditure |           |                 |
| <b>To Whom Paid</b><br>MARKET STREET GARAGE |                    |                                   | МО                     | DAY                       | YEAR      |           |                 |
| Mailing Address 34 C 2N                     | D CTREET           |                                   | 2                      | 13                        | 2019      | <b>\$</b> |                 |
| 34 S. 2N                                    | DSIKLLI            |                                   |                        | 13                        | 15.00     |           |                 |

17101

PΑ

COMMITTEE MEETING

| To Whom Paid STAPLES  | мо   | DAY  | YEAR                                   |    |         |                 |
|---|--|--|--|----|---------|-----------------|
| Mailing Address 145 SWEDESFORD ROAD   | 2  | 20   | 2019                                   | \$ |         | 64.83           |
| City WAYNE State Zip Code (Plus 4) PA 19087   | Description of Expenditure COPIES PETITIONS  |  |  |    |         |                 |
| To Whom Paid STAPLES  | МО   | DAY  | YEAR                                   |    |         |                 |
| Mailing Address 145 SWEDESFORD ROAD   | 2  | 20   | 2019                                   | \$ |         | 21.19           |
| City WAYNE State Zip Code (Plus 4) PA 19087   | ı  | Description of Expenditure COPIES PETITIONS          |  |    |         |                 |
| To Whom Paid USPS   | МО   | DAY  | YEAR                                   |    |         |                 |
| Mailing Address 101 EAST GAY STREET   | 2 21 2019  |  |  | \$ |         | 68.30           |
| City WEST CHESTER PA Zip Code (Plus 4) 19380  | Description of Expenditure MAILING PETITIONS   |  |  |    |         |                 |
|   |  |  |  |    |         |                 |
| To Whom Paid EXPEDIA-ALLENTOWN SUITES   | МО   | DAY  | YEAR                                   |    |         |                 |
|   | <b>MO</b> 2  | <b>DAY</b> 23  | <b>YEAR</b> 2019                       | \$ |         | 68.31           |
| EXPEDIA-ALLENTOWN SUITES  | 2  |  | 2019                                   |    |         | 68.31           |
| EXPEDIA-ALLENTOWN SUITES  Mailing Address 3712 HAMILTON BLVD  City ALLENTOWN State Zip Code (Plus 4)  | 2<br>Descrip   | 23   | 2019                                   |    |         | 68.31           |
| EXPEDIA-ALLENTOWN SUITES  Mailing Address 3712 HAMILTON BLVD  City ALLENTOWN State PA  To Whom Paid   | 2  Descrip HOTEL   | 23   | 2019<br>penditure                      |    |         | 68.31<br>174.83 |
| EXPEDIA-ALLENTOWN SUITES  Mailing Address 3712 HAMILTON BLVD  City ALLENTOWN State PA  To Whom Paid VISTA PRINT   | Description HOTEL  MO  2  Description Desc | 23  otion of Exp                                     | 2019  Penditure  YEAR  2019  Denditure | \$ | , STATI | 174.83          |
| EXPEDIA-ALLENTOWN SUITES  Mailing Address 3712 HAMILTON BLVD  City ALLENTOWN State PA  To Whom Paid VISTA PRINT  Mailing Address ONLINE   | Description HOTEL  MO  2  Description Desc | DAY  22  ption of Exp                                | 2019  Penditure  YEAR  2019  Denditure | \$ | , STATI | 174.83          |
| EXPEDIA-ALLENTOWN SUITES  Mailing Address 3712 HAMILTON BLVD  City ALLENTOWN State PA  To Whom Paid VISTA PRINT  Mailing Address ONLINE  City State Zip Code (Plus 4)  Zip Code (Plus 4)  Zip Code (Plus 4) | Description MO  2  Description BUSINE  | DAY  22  Dition of Exp  22  Dition of Exp  ESS CARDS | 2019  YEAR  2019  Denditure            | \$ | , STATI | 174.83          |

| To Whom Paid BROTHERS PIZZA-CENTRE COUNTY                       |                     |                                   |  | DAY | YEAR |    |                            |
|---|---------------------|-----------------------------------|--|-----|------|----|----------------------------|
| Mailing Address 239 PENSYLVANIA AVE                             |                     |                                   | 3  | 9   | 2019 | \$ | 40.00                      |
| City CENTRE HALL  | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b><br>16828 | Description of Expenditure LUNCH         |     |      |    |                            |
| To Whom Paid NORTHAMPTON COUNTY REPUBLICAN COMMITTEE            |                     |                                   |  | DAY | YEAR |    |                            |
| Mailing Address 4431 EASTON AVE                                 |                     |                                   | 2  | 23  | 2019 | \$ | 75.00                      |
| City BETHLEHEM  | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b> 18020    | Description of Expenditure ADVERTISEMENT |     |      |    |                            |
| To Whom Paid UPPER ST CLAIR REPUBLICAN COMMITTEE  MO DAY YEA    |                     |                                   |  |     | YEAR |    |                            |
| Mailing Address 2300 ST. CLAIR COUNTRY CLUB OLD WASHINGTON ROAD |                     |                                   |  |     |      | \$ | 80.00                      |
| City PITTSBURGH   | <b>State</b><br>PA  | <b>Zip Code (Plus 4)</b> 15341    | Description of Expenditure BREAKFAST     |     |      |    |                            |
| Enter Grand Total of Expenditures                               | on Page 1, Report C | over Page, Item D.                |  |     |      | \$ | <b>PAGE TOTAL</b> 1,006.47 |