Campaign Finance Report

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

| Filer Identificati Number : | on | 2019 | C0238 | | | | port | | CAND | IDATE | √ | COMMITTEE LOBBYIST | | | | | | |
|--|-------------|-------------------|-----------|-----------------------|---------|----------|-------------|--------|-------------|-----------|----------|--------------------|--------------------|----------------|---------|----------|----------|----|
| Name of Filing C | Committe | e, Candida | ate or L | obbyist: | | JEN | INIF | ER SC | ULTZ | | | | | | | | | _ |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | | | | | | | | | State: | | | | Zip Code | e: 19 | 128 | | | |
| TYPE OF REPORT | 6TH TUES | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. X | 30 DA | | POST- | 3. | | AMENDME REPORT? | NT | Yes | No | • | |
| (place X to the right of | 6TH TUES | | 4. | 2ND FRIDA ELECTION | y pri | E- | 5. | 30 DA | | POST- | 6. | | TERMINATEPORT? | ΓΙΟΝ | Yes | No | • | |
| report type) | ANNUAL | REPORT | 7. | Year 2019 | | | | | NG METH | | | | PAPER | | ✓ | DISKE | TTE | |
| Name of Office S | Sought by | Candidat | e: | | | | | | DATE (|)F ELE | СТІО | N | District Number | Office Code | Par | ty Code | Count | y |
| | | | | | | | | | МО | DAY | YE | AR | 1 | CPJ | DEN | 1 | Code | |
| JUDGE OF THE | COURT (| OF COMM | ON PLE | AS | | | | | 11 | | 5 | 2019 | - | ONS FOR (| CODES) | _ | | |
| Summary of | Receipts | s and | МО | DAY | YEAR | 2 | | | мо | DAY | YE | AR | FOF | ROFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 4 2 | 2 | 019 | T | 0 | 5 | 5 | 6 | 2019 | | | | | | |
| A. Amount Bro | ught Forv | ward Fron | Last R | eport | | | | \$ | • | • | • | 0.00 | | | | | | |
| B. Total Moneta | ary Contr | ibutions <i>F</i> | and Rec | eipts (From | Sche | dule | e I) | \$ | | | | 0.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) \$ | | | | | | | | | | 0.00 |] | | | | | | | |
| D. Total Expend | ditures (I | From Sche | dule II | I) | | | | \$ | | | 7,6 | 38.78 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line (| C) | | | \$ | | | | 0.00 |] | | | | | |
| F. Value Of In- | Kind Con | tributions | Receive | ed (From S | chedu | le I | I) | \$ | | | | 0.00 | _ | | | | | |
| G. Unpaid Debt | ts And Ob | ligations | (From S | Schedule IV |) | | | \$ | | | | 0.00 | | | | | | |
| | | | | | AFF | ID | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | s a Comm | ittee repo | ort, trea | surer sign | here. | If th | nis is | a Car | ndidate r | eport, | candid | late sig | gn here. | | | | | |
| I swear (or affirm) correct and comple | | report, incl | uding the | attached scl | hedule | s file | ed on | paper | or by elec | tronic m | edium, | are to | the best of | my know | /ledge | and beli | ef , tru | e, |
| Sworn to and subs | cribed befo | ore me this | | 20 | | | | | | | Si | gnature | e of Person | Submitt | ing Rep | ort | | - |
| | _ | Signatur | e | | | | | - - | | | | | Printe | ed Name | | | | - |
| My Commission Ex | cpires | | | | | | | _ | | | | | Email | | | | | - |
| | | мо | D | AY | YR | | | | | Ar | ea Cod | е | Daytime | Teleph | one Nu | mber | | |
| Part II- If this is | a report | of a cand | idate's | authorized | Comn | nitte | ee, C | andid | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | e best of m | y knowle | edge and beli | ef this | poli | itical | comm | ittee has ı | not viola | ted any | , provis | ions of the | act of Ju | ine 3,1 | 937 (P.L | . 1333 | , |
| Sworn to and subsc | | re me this | | | | | | | | | | s | ignature of | Candida | te | | | - |
| | day of — | | | | | | | - | | | | | Printed | Name | | | | - |
| | | Signature | | | | | | - | | | | | | | | | | _ |
| My Commission Exp | oires | | | | | | | | | | | | Email | | | | | |
| | _ | МО | D | AY | YR | <u> </u> | | - | | 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 | | |
|--|-----------|----------|--------------|----------|
| JENNIFER SCULTZ | From: | 4/2/201 | <u>9</u> To: | 5/6/2019 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | g Period | (1) | \$ | 0.00 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 0.00 |
| All Other Contributions (Part B) | | | \$ | 0.00 |
| TOTAL for the Reporting | g 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 | g Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | g Period | (4) | \$ | 0.00 |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 0.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | his Part to itemize only with an aggregate valu | | | | | | | |
|---------------------------|--|------------------|-----------|---------|--------|------|----|--------|
| Name of Filing Comm | ittee or Candidate | | Re | porting | Period | | | |
| | | | From: To: | | | | | |
| | | - | | | DATE | | | AMOUNT |
| Full Name of Contribution | ng Committee | | | 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 | |

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 | e or Candidate | | Reporting Period | | | | | | |
|--------------------------|----------------|-------------------|------------------|----|------|------|----|--------|--|
| F | | | | m: | | o: | | | |
| | | | | | DATE | | A | AMOUNT | |
| 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 Candi | ame of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|-----------------------------------|--------------------------------------|---------------|-------------|------------------|-----|------|----|------------|--|--|
| | | | From: | | | То: | | | | |
| | | | | DA | TE | | Α | MOUNT | | |
| Full Name of Contributing Commit | tee | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | \$ | 0.00 | | |
| City | State | Zip Cod | e (Plus 4) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part C on S | Schedule I, Detail | ed Summary 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 | ame of Filing Committee or Candidate | | | Rep | orting Pe | Reporting Period | | | | | |
|--|--------------------------------------|----------|--------------|------------|-----------|------------------|------|-------|-----------|-----------------|--|
| | | | | Fror | n: | | To | o: | | | |
| | | | | | D | ATE | | | AMOUNT | | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | | |
| Mailing Address City State Zip Code (Plus 4) | | | | | | | | \$ | | 0.00 | |
| City | State | Zi | p Code (Plus | 4) | | | | | | | |
| Employer Name | | • | | | Occupa | tion | • | • | | | |
| Employer Mailing Address/Principal Pla Business | ce of | | City | | | State | | Zip C | ode (Plus | 4) | |
| Enter Grand Total of Part C on Scho | edule I, Detail | led Sumr | mary Page, | Section | on 3. | | | \$ | PAGE TO | TAL 0.00 | |

OTHER RECEIPTS

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

| Name of Filing Committee or | Candidate | | Report | ing Perio | od | | | | |
|-----------------------------|-------------------------|-----------------|---------|-----------|-----|------|----|---------|------|
| | | | From: | | | To: | | | |
| | | | | D | ATE | | | AMOUNT | |
| Full Name | | | | мо | DAY | YEAR | 1 | | |
| Mailing Address | | | | | | | \$ | | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | | |
| Receipt Description | · | · | | • | | | • | | |
| Enter Grand Total of Part E | on Schedule I. Detailer | l Summary Page. | Section | 4. | | | | PAGE TO | ΓAL |
| - Communication of the Ex | Januara 1/ Betained | . Jaai y 1 ago, | Dection | •• | | | \$ | | 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 | I | |
|--|------------------|----------------------------|-----------------|
| JENNIFER SCULTZ | From: | <u>4/2/2019</u> To: | <u>5/6/2019</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T F) | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candid | ate | | Reportin | g Period | | | | |
|------------------------------------|--------------------|-----------------------|----------|----------|------|-----|------------|--|
| | | | From: | | | То: | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | | | | | | | | |
| Enter Grand Total of Part F on S | chedule II, In-Kir | nd Contributions Deta | iled Sun | ımary Pa | ge, | | PAGE TOTAL | |
| Section 2. | | | | | | \$ | 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | е | | | | Re | porting | Period | | | | |
|---|--------------|---------|------------|---------|--------|-----------|-----------|--------|-------|------------------------|--|
| | | | | | From: | | | То: | То: | | |
| | | | | | • | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | | \$ | 0.00 | |
| City | State | | Zip Code(I | Plus 4) | | | | | | | |
| Employer of Contributor | 1 | | • | | | Occupa | ation | | | | |
| Employer Mailing Address/Principal Pla Business | ace of | City | | State | | Zip 4) | Code(Plus | Descri | ption | of Contribution | |
| Enter Grand Total of Part G on Sc Summary Page, Section 3. | hedule II, I | in-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting | Period | | |
|---------------------------------------|-----------|----------|-----|-----------------|
| JENNIFER SCULTZ | From | 4/2/2019 | То: | <u>5/6/2019</u> |
| | | DATE | | AMOUNT |

| | | | | | | AMOUNT |
|---|---|-----------------------------------|-------------------------|--------------|------------------------|----------------|
| To Whom Paid CHELTENHAM PRINTING | | | мо | DAY | YEAR | |
| Mailing Address 518 RYERS AVE | | | 1 | 26 | 2019 | \$ 263.94 |
| City CHELTENHAM | CHELTENHAM State PA 2ip Code (Plus 4) 19012 | | | | penditure RIALS, PF | |
| To Whom Paid CHELTENHAM PRINTING | | | МО | DAY | YEAR | |
| Mailing Address 518 RYERS AVE | | | 2 | 15 | 2019 | \$ 381.60 |
| City CHELTENHAM | State PA | Zip Code (Plus 4) 19012 | | otion of Exp | | |
| To Whom Paid FRIENDS OF JENN FOR JUDGE | | | МО | DAY | YEAR | |
| Mailing Address 8500 HENRY AVEN | UE SUITE 45-38 | | 1 | 29 | 2019 | \$ 200.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19128 | Descrip DONAT | otion of Exp | penditure | |
| To Whom Paid FRIENDS OF JENN FOR JUDGE | | • | МО | DAY | YEAR | |
| Mailing Address 8500 HENRY AVEN | UE SUITE 45-38 | | 1 | 27 | 2019 | \$ 100.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19128 | Descrip DONAT | otion of Exp | penditure | |
| To Whom Paid FRIENDS OF JENN FOR JUDGE | | | МО | DAY | YEAR | |
| Mailing Address 8500 HENRY AVEN | UE SUITE 45-38 | | 4 | 23 | 2019 | \$ 3,000.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19128 | Descrip DONAT | otion of Exp | enditure | |

| To Whom Paid FRIENDS OF JENN FOR JUDGE | МО | DAY | YEAR | | | | |
|---|--|-----------------------------------|-------------------------|---------------------------------|-----------------------|-----------|----------|
| Mailing Address 8500 HENRY AVENU | E SUITE 45-38 | | 8 | 1 | 2019 | \$ | 1,000.00 |
| City PHILADELPHIA | PHILADELPHIA PA Zip Code (Plus 4) 19128 | | | | | | |
| To Whom Paid FRIENDS OF JENN FOR JUDGE | | | МО | DAY | YEAR | | |
| Mailing Address 8500 HENRY AVENUE SUITE 45-38 | | | 5 | 5 | 2019 | \$ | 800.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19128 | Descrip DONAT | tion of Exp | enditure | | |
| To Whom Paid WEEBLY | | | МО | DAY | YEAR | | |
| Mailing Address 564 PACIFIC AVE. | | | 1 | 28 | 2019 | \$ | 155.52 |
| City SAN FRANCISCO | State CA | Zip Code (Plus 4) 94133 | | otion of Exp | | | |
| To Whom Paid USPS | | | МО | DAY | YEAR | | |
| Mailing Address | | | 1 | 30 | 2019 | \$ | 7.35 |
| City | State | Zip Code (Plus 4) | 1 | | | | |
| | PA | | | G 2018 CA | enditure NDIDATE | REPORT | |
| To Whom Paid USPS | РА | | | | | EREPORT | |
| | РА | | MAILIN | G 2018 CA | NDIDATE | REPORT \$ | 7.35 |
| USPS | State PA | Zip Code (Plus 4) | MO 1 Descrip | G 2018 CA | YEAR 2019 | \$ | 7.35 |
| USPS Mailing Address | State | Zip Code (Plus 4) | MO 1 Descrip | DAY 30 | YEAR 2019 | \$ | 7.35 |
| USPS Mailing Address City To Whom Paid | State PA | Zip Code (Plus 4) | MO 1 Descrip | 30 btion of Exp G 2018 CC | YEAR 2019 Denditure | \$ | 7.35 |

| To Whom Paid PARCEL PLUS | мо | DAY | YEAR | | | | |
|---|------------------------------------|---|---|--|---|----------|--------|
| Mailing Address 8500 HENR | RY AVENUE SUITE 45-3 | 8 | 3 | 11 | 2019 | \$ | 8.00 |
| City PHILADELPHIA State Zip Code (Plus 4) PA 19128 | | | | otion of Exp | | | |
| To Whom Paid USPS | | | МО | DAY | YEAR | | |
| Mailing Address AIRPORT ROAD | | | 4 | 9 | 2019 | \$ | 165.00 |
| City EXTON | State Zip Code (Plus 4) PA 19380 | | | otion of Exp S FOR FRII | | JENN 4 . | JUDGE |
| To Whom Paid USPS | | | МО | DAY | YEAR | | |
| Mailing Address | | | 4 | 13 | 2019 | \$ | 55.00 |
| City | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | |
| | PA | | STAMP | S FOR FRIE | | JENN 4 | JUDGE |
| To Whom Paid DENNIS MONTAGUE | PA | | STAMP | DAY | | JENN 4 . | JUDGE |
| | PA | | | | ENDS OF | JENN 4 | 500.00 |
| DENNIS MONTAGUE | State PA | Zip Code (Plus 4) | MO 3 | DAY 1 ption of Exp | YEAR 2019 | | |
| DENNIS MONTAGUE Mailing Address | State | Zip Code (Plus 4) | MO 3 | DAY 1 ption of Exp | YEAR 2019 | | |
| Mailing Address City To Whom Paid MUSLIMS 4 HUMANITY | State | Zip Code (Plus 4) | MO 3 Descrip | DAY 1 ption of Exp | YEAR 2019 penditure | | |
| Mailing Address City To Whom Paid MUSLIMS 4 HUMANITY | State PA | Zip Code (Plus 4) Zip Code (Plus 4) 19143 | MO 3 Descrip PETITIO MO 3 Descrip | DAY 1 Ition of Exp DNS DAY | YEAR 2019 Penditure 2019 Penditure | \$ | 500.00 |
| Mailing Address City To Whom Paid MUSLIMS 4 HUMANITY Mailing Address 1031 S. 60 | State PA TH STREET SUITE B State | Zip Code (Plus 4) | MO 3 Descrip PETITIO MO 3 Descrip | DAY 1 ption of Expons DAY 9 ption of Expons | YEAR 2019 Penditure 2019 Penditure | \$ | 500.00 |
| Mailing Address City To Whom Paid MUSLIMS 4 HUMANITY Mailing Address 1031 S. 60 City PHILADELPHIA To Whom Paid DOLLAR TREE STORE | State PA TH STREET SUITE B State | Zip Code (Plus 4) | MO 3 Descrip PETITIO MO 3 Descrip BREAKI | DAY 1 DAY DAY 9 Dition of Exp FAST EVEN | YEAR 2019 Penditure YEAR 2019 Penditure T/DONAT | \$ | 500.00 |

| To Whom Paid DOLLAR TREE STORE | мо | DAY | YEAR | | |
|--|-------------------------|-----------------------|-------------------------|-----------|--------|
| Mailing Address 2888 DEKALB PIKE | 2 | 16 | 2019 | \$ | 15.30 |
| City NORRISTOWN State PA 19401 | | ption of Exp | | | |
| To Whom Paid DOLLAR TREE STORE | мо | DAY | YEAR | | |
| Mailing Address 801 E. CATHEDRAL RD | 4 | 13 | 2019 | \$ | 7.40 |
| City PHILADELPHIA State Zip Code PA 19128 | Descri | ption of Exp | penditure | | |
| To Whom Paid STAPLES | мо | DAY | YEAR | | |
| Mailing Address 8500 HENRY AVENUE | 4 | 13 | 2019 | \$ | 12.19 |
| City PHILADELPHIA State Zip Code PA 19128 | | ption of Exp | penditure | | |
| To Whom Paid STAPLES | мо | DAY | YEAR | | |
| Mailing Address 8500 HENRY AVENUE | 4 | 1 | 2019 | \$ | 11.29 |
| | | | | | |
| City EXTON State Zip Code PA 19128 | | ption of Exp | oenditure | | |
| LATON | Descri | - | YEAR | | |
| To Whom Paid | MAILII | NG LABELS | | \$ | 100.00 |
| To Whom Paid DEPARTMENT OF STATE Mailing Address | MO 3 e (Plus 4) Descri | DAY | YEAR 2019 | \$ | 100.00 |
| To Whom Paid DEPARTMENT OF STATE Mailing Address City HARRISBURG State Zip Code | MO 3 e (Plus 4) Descri | DAY 10 ption of Exp | YEAR 2019 | \$ | 100.00 |
| To Whom Paid DEPARTMENT OF STATE Mailing Address City HARRISBURG To Whom Paid To Whom Paid | MO 3 e (Plus 4) Descri | DAY 10 ption of Exp | YEAR 2019 penditure FEE | \$ | 100.00 |

| | | | | | | PAG | E 15 |
|-------------------------------------|-------------------------------------|-----------------------------------|--------------------------|-----------------------|-----------|------|-------|
| To Whom Paid NAACP | МО | DAY | YEAR | | | | |
| Mailing Address 4458-B GE | ERMANTOWN AVE. | | 4 | 16 | 2019 | \$ | 30.00 |
| City PHILADELPHIA | ADELPHIA PA Zip Code (Plus 4) 19140 | | | | | ΓΙΟΝ | |
| To Whom Paid NONNA'S | | | МО | DAY | YEAR | | |
| Mailing Address 7200 GERMANTOWN AVE | | | 2 | 15 | 2019 | \$ | 56.63 |
| City PHILADELPHIA | ity PHILADELPHIA State PA 19119 | | | ption of Exp | penditure | | |
| To Whom Paid SHOP RITE | | | МО | DAY | YEAR | | |
| Mailing Address RIDGE AV | ENUE | | 4 | 4 | 2019 | \$ | 55.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19128 | | ption of Exp | | | |
| To Whom Paid MCDONALD'S | | | МО | DAY | YEAR | | |
| Mailing Address 3100 W. A | LLEGHANEY AVE | | 4 | 6 | 2019 | \$ | 17.74 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19132 | Descrip LUNCH | ption of Exp | penditure | | |
| To Whom Paid TROLLEY CAR DINER | | | МО | DAY | YEAR | | |
| Mailing Address 7619 GER | MANTOWN AVE. | | 2 | 23 | 2019 | \$ | 59.22 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19119 | Descrip LUNCH | ption of Exp | penditure | | |
| To Whom Paid TROLLEY CAR DINER | | | МО | DAY | YEAR | | |
| Mailing Address 7619 GER | MANTOWN AVENUE | | 4 | 1 | 2019 | \$ | 5.40 |
| City EXTON | State PA | Zip Code (Plus 4) 19119 | Descrip COFFEI | ption of Exp E MTG | penditure | | |
| | i i | • | | | | | |

| To Whom Paid QDOBA | мо | DAY | YEAR | | | | |
|--|--|-----------------------------------|---|---|--|----|----------------|
| Mailing Address 1600 N. BROAD ST | | | 4 | 16 | 2019 | \$ | 21.55 |
| City PHILADELPHIA | ELPHIA State Zip Code (Plus 4) PA 19123 | | | | | | |
| To Whom Paid TAYLOR'S CAFE | | | МО | DAY | YEAR | | |
| Mailing Address 4701 RIDGE AVE | | | 4 | 18 | 2019 | \$ | 52.20 |
| City PHILADELPHIA | PHILADELPHIA PA Zip Code (Plus 4) 19128 | | | otion of Exp | penditure | | |
| To Whom Paid CITY DINER | | | МО | DAY | YEAR | | |
| Mailing Address 521 S. BROAD ST. | | | 4 | 25 | 2019 | \$ | 65.32 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19147 | Descrip LUNCH | tion of Exp | enditure | | |
| | | | | | | | |
| To Whom Paid MICHAEL'S FAMILY RESTAURANT | <u> </u> | | МО | DAY | YEAR | | |
| | 1 | | мо 3 | DAY 27 | YEAR 2019 | \$ | 15.66 |
| MICHAEL'S FAMILY RESTAURANT | State PA | Zip Code (Plus 4) 19038 | 3 | 27 | 2019 | \$ | 15.66 |
| Mailing Address 501 EASTON ROAD | State | | 3 Descrip | 27 | 2019 | \$ | 15.66 |
| MICHAEL'S FAMILY RESTAURANT Mailing Address 501 EASTON ROAD City GLENSIDE To Whom Paid | State PA | | 3 Descrip | 27 Ition of Exp | 2019 penditure | \$ | 15.66 35.31 |
| MICHAEL'S FAMILY RESTAURANT Mailing Address 501 EASTON ROAD City GLENSIDE To Whom Paid CITY VIEW PIZZA | State PA | | Description DINNER | 27 Ition of Exp R MTG DAY 27 | 2019 penditure YEAR 2019 | | |
| MICHAEL'S FAMILY RESTAURANT Mailing Address 501 EASTON ROAD City GLENSIDE To Whom Paid CITY VIEW PIZZA Mailing Address 3619 N. BROAD ST | State PA State | 19038 Zip Code (Plus 4) | 3 Descrip DINNER MO 3 Descrip | 27 Ition of Exp R MTG DAY 27 | 2019 penditure YEAR 2019 | | |
| MICHAEL'S FAMILY RESTAURANT Mailing Address 501 EASTON ROAD City GLENSIDE To Whom Paid CITY VIEW PIZZA Mailing Address 3619 N. BROAD ST City PHILADELPHIA | State PA State PA | 19038 Zip Code (Plus 4) | 3 Descrip DINNER MO 3 Descrip LUNCH | 27 Ition of Exp R MTG DAY 27 Ition of Exp MTG | 2019 Penditure YEAR 2019 Penditure | | |

| | | | | | | | TOL 17 |
|-------------------------------------|-------------------|-------------------------|---------|-------------|---------------|----------|------------|
| To Whom Paid SAIGE | | | МО | DAY | YEAR | | |
| Mailing Address 1802 N WARN | NOCK ST | | 4 | 9 | 2019 | \$ | 36.03 |
| City PHILADELPHIA | State | Zip Code (Plus 4) | Descrir | tion of Exp | l enditure | <u> </u> | |
| FILLADELFILA | PA | 19122 | LUNCH | | Jenuiture | | |
| To Whom Paid SAIGE | | | МО | DAY | YEAR | | |
| Mailing Address 1802 N. WARNOCK ST. | | | 4 | 17 | 2019 | \$ | 14.33 |
| City EXTON | State | Zip Code (Plus 4) | Descrir | tion of Exp | l enditure | l | |
| EXTON | PA | 19122 | COFFE | | | | |
| To Whom Paid FEDERAL DONUTS | | | МО | DAY | YEAR | | |
| Mailing Address 1219 S. 2ND | ST | | 4 | 26 | 2019 | \$ | 16.50 |
| City PHILADELPHIA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | I | |
| 11112 (B 22 1112) | PA | 19147 | LUNCH | | | | |
| To Whom Paid MELROSE DINER | | | МО | DAY | YEAR | | |
| Mailing Address 1501 SNYDER | RAVE | | 4 | 27 | 2019 | \$ | 56.16 |
| City PHILADELPHIA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | l | |
| | PA | 19145 | LUNCH | | | | |
| To Whom Paid PIZZA TAVERN | | | МО | DAY | YEAR | | |
| Mailing Address 7200 GERMAN | NTOWN AVENUE | | 4 | 30 | 2019 | \$ | 49.88 |
| City PHILADELPHIA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | I | |
| | PA | 19119 | DINNE | _ | | | |
| To Whom Paid SHOP RITE | • | | МО | DAY | YEAR | | |
| Mailing Address RIDGE AVENU | JE | | 4 | 29 | 2019 | \$ | 10.00 |
| City PHILADELPHIA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | 1 | |
| | PA | 19128 | | OR MOTH | | | EVENT |
| Enter Grand Total of Expendit | ures on Dage 1 De | enort Cover Page Item D | | | | | PAGE TOTAL |
| The Stand Poter of Expendit | oo on i age 1, Ne | port corer rage, item b | • | | | \$ | 7,633.78 |
| | | | | | | | |