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 | 0069 | | | Repo Filed | | : | CANDI | DATE | | СОМІ | MITTEE | ✓ | LOBI | BYIST | | |
|--|----------------------------------|------------|-----------------------|---------|---------------|------|--------------|-------------|----------|-------------|-----------|----------------------|----------------|--------------|----------|-----------|----|
| Name of Filing C | Committee, Candid | ate or Lo | obbyist: | | FRIEN | DS | OF | CHARISS | A LILL | ER F | OR JUD |)GE | | | | | _ |
| Street Address: | 24 WOODBRI | DGE DR | IVE | | | | | | | | | | | | | | |
| City: | DOYLESTOWN | ١ | | | | | | State: | PA | | | Zip Co | de: 18 | 901 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE | - 2. | | 0 DA RIMA | | POST- | 3. X | | AMENDMENT REPORT? | | Yes | Nc | , v | / |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | E- 5. | | 0 DA LECT | Y F TION | POST- | 6. | | TERMIN/ REPORT | | Yes | Nc | Ŷ | |
| report type) | ANNUAL REPORT | 7. | Year 2019 | | | | | IG METHO | | | | PAPER | | \checkmark | DISKE | TTE | |
| Name of Office S | L Sought by Candida | te: | | | | | | DATE O | FELE | CTIC | DN | District Number | Office Code | Par | ty Code | Count | , |
| | - / | | | | | | | мо | DAY | YI | EAR | | | DEN | 1 | | |
| | | | | | | | | 11 | | 5 | 2019 | | (SEE INS | TRUCTI | ONS FOR | CODES) | |
| | Receipts and | мо | DAY | YEAR | 2 | | | мо | DAY | Y | EAR | FC | OR OFFIC | E USE | ONLY | | |
| Expenditures | from: | | 5 7 | 2 | 019 | то |) | 6 | : | LO | 2019 | | | | | | |
| A. Amount Bro | ught Forward Fror | n Last Ro | eport | | | | \$ | | | 22,0 | 070.32 | | | | | | |
| B. Total Monet | ary Contributions | And Rece | eipts (Fron | 1 Sche | dule I) |) | \$ | | | 5,! | 580.00 | | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | | \$ | | | 27,0 | 650.32 | | | | | | |
| D. Total Expenditures (From Schedule III) \$ | | | | | | | | 20,9 | 985.30 | | | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line | C) | | | \$ | | | 6,6 | 65.02 | | | | | | |
| F. Value Of In- | Kind Contributions | s Receive | ed (From S | chedu | le II) | | \$ | | | | 0.00 | - | | | | | |
| G. Unpaid Debt | ts And Obligations | (From S | chedule IV | () | | | \$ | | | | 0.00 | | | | | | |
| | | | | AFF | IDAV | ΊT | SE | CTION | | | | | | | | | |
| PART I - If this is | s a Committee rep | ort, trea | surer sign | here. | If this i | is a | Can | ndidate re | eport, c | andi | date sig | gn here. | | | | | |
| I swear (or affirm) correct and comple |) that this report, incl ete. | luding the | attached sc | hedule | s filed o | n pa | per | or by elect | ronic m | edium | , are to | the best o | f my knov | vledge | and beli | ef , true | ۹. |
| Sworn to and subs | cribed before me this day of | 5 | 20 | | | | | | | S | Signaturo | e of Perso | n Submitt | ing Rep | oort | | |
| | Signatu | re | | | | _ | | | | | | Prin | ted Name | | | | · |
| My Commission Ex | - | | | | | | | | | | | Ema | il | | | | |
| | мо | DA | NY | YR | | | | | Are | ea Coo | le | Daytin | ne Teleph | one Nu | mber | | |
| Part II- If this is | a report of a can | didate's a | authorized | Comn | nittee, | Can | ndida | ate shall | sign he | ere. | | | | | | | ٦ |
| I swear (or affirm) No 320) as amende | that to the best of ned. | ny knowle | dge and beli | ef this | s politica | l co | ommi | ittee has n | ot viola | ed ar | ıy provis | ions of th | e act of Ju | ine 3,1 | 937 (P.L | 1333, | |
| Sworn to and subso | ribed before me this day of | | 20 | | | | | | | | s | ignature | of Candida | ite | | | |
| | | | | | | | | | | | | Printe | ed Name | | | | • |
| | Signature | | | | | _ | | | Email | | | | | | | | |
| My Commission Exp | nres | | | | | | | | | | | | | | | | |
| | мо | DA | NY | YR | 1 | | | | Area | Code | | D | aytime Te | elephon | e Numb | er | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

| Detailed Summary Page | | | | | | | | | |
|--|-------------|----------------|---------------|------------------|--|--|--|--|--|
| Name of Filing Committee or Candidate | Reporting | g Period | | | | | | | |
| FRIENDS OF CHARISSA LILLER FOR JUDGE | From: | <u>5/7/201</u> | <u>.9</u> To: | <u>6/10/2019</u> | | | | | |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | | | | | | |
| TOTAL for the Reporting | g Period | (1) | \$ | 105.00 | | | | | |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | | | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 100.00 | | | | | |
| All Other Contributions (Part B) | | | \$ | 1,125.00 | | | | | |
| TOTAL for the Reporting | g Period | (2) | \$ | 1,225.00 | | | | | |
| 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) | | | \$ | 4,250.00 | | | | | |
| TOTAL for the Reporting | g Period | (3) | \$ | 4,250.00 | | | | | |
| 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 | | | \$ | 5,580.00 | | | | | |
| Total Monetary Contributions and Receipts During this Reporting Period (Add ar | nd enter am | ount | | 5,580.00 | | | | | |

PAGE

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 Ca | ndidate | | Reporting Period | | | | | | |
|--|--------------------------------------|------|------------------|--|-----------------------|----|------------------|--|--|
| FRIENDS OF CHARISSA LILLER | FRIENDS OF CHARISSA LILLER FOR JUDGE | | | |) <u>19</u> To | : | <u>6/10/2019</u> | | |
| | | DATE | | | AMOUNT | | | | |
| Full Name of Contributing Commit STEAMFITTERS 420 | мо | DAY | YEAR | | | | | | |
| Mailing Address 14420 TOW | /NSEND RD STE A | | | | | \$ | 100.00 | | |
| City PHILADELPHIA | b) 5 | 13 | 2019 | | | | | | |
| | | | | | | Г | PAGE TOTAL | | |

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

100.00

\$

| PART B ALL OTHER CONTRIBUTIONS \$50.01 TO \$250.00 Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part A) | | | | | | | | | |
|---|--|--------------------------------|------|-------------------------------------|-------|--------|--------|------------------|--|
| Name of Filing Committee or Candidat | te | | Rep | orting Po | eriod | | | | |
| FRIENDS OF CHARISSA LILLER FOR | JUDGE | | Fron | om: <u>5/7/2019</u> To: <u>6/10</u> | | | | <u>6/10/2019</u> | |
| | | | | | DATE | | AMOUNT | | |
| Full Name of Contributor JOAN BLOCK | | | | мо | DAY | YEAR | | | |
| Mailing Address 200 BELMONT AVE | | | | | \$ | 100.00 | | | |
| City DOYLESTOWN | ity DOVIECTOWN State Zip Code (Plus 4) | | | | | 2019 | | | |
| DOTLESTOWN | PA | 189014305 | | | | | | | |
| Full Name of Contributor TIM BRENNAN | | мо | DAY | YEAR | | | | | |
| Mailing Address 102 SHEWELL AVE STE 203 | | | | | | | \$ | 100.00 | |
| City DOYLESTOWN | State PA | Zip Code (Plus 4) 189013725 | | 5 | 7 | 2019 | | | |
| Full Name of Contributor MAUREEN CARLTON | | | | мо | DAY | YEAR | | | |
| Mailing Address 1649 THISTLEWOO | DD DR | | | | | | \$ | 125.00 | |
| City WASHINGTON CROSSING | State PA | Zip Code (Plus 4) | | 5 | 14 | 2019 | | | |
| Full Name of Contributor HELEN CASALE | | | | мо | DAY | YEAR | | | |
| Mailing Address 208 E GORGAS LN | | | | | | | \$ | 100.00 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) | | 5 | 13 | 2019 | | | |
| Full Name of Contributor NEALE DOUGHERTY | | | | мо | DAY | YEAR | | | |
| Mailing Address 6442 GREENHILL F | RD | | | | | | \$ | 250.00 | |
| City LUMBERVILLE | State | Zip Code (Plus 4) | | 5 | 13 | 2019 | | | |
| | PA | 189339704 | | | | | | | |

| Full Name of Contributor MARGARET PEG MURPHY | | | мо | DAY | YEAR | | | |
|---|-------------------------|--|-----|------|------|------------------|--|--|
| Mailing Address 696A | ROSE HOLLOW DR | | | | | \$ 100.00 | | |
| City YARDLEY | State PA | Zip Code (Plus 4) 190676455 | - 5 | 10 | 2019 | | | |
| Full Name of Contributor EDITH SHANKER | | мо | DAY | YEAR | | | | |
| Mailing Address 1382 City NEWTOWN | NEWTOWN LANGHORNE RD | APT J202 Zip Code (Plus 4) 189402418 | - 5 | 13 | 2019 | \$ 100.00 | | |
| Full Name of Contributor NATHAN SNYDER | | | мо | DAY | YEAR | | | |
| Mailing Address 3070 City BENSALEM | State Zin Code (Plus 4) | | - 5 | 17 | 2019 | \$ 250.00 | | |
| | | | | | | | | |

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

1,125.00

\$

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 | date | | Reporting Period | | | | | |
|-----------------------------------|--------------------|---------------|------------------|------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | А | MOUNT |
| Full Name of Contributing Commit | ee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | ſ | | PAGE TOTAL |
| Enter Grand Total of Part C on S | Schedule I, Detail | ed Summary Pa | age, Sectio | n 3. | | | \$ | 0.00 |

PART D 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 Co | lame of Filing Committee or Candidate R | | | | Rep | orting Pe | riod | | | |
|---|---|-----------|-------------------|--------------|---------------------|-----------------------|-------------------|-------------------|---------------------|--|
| FRIENDS OF CH | ARISSA LILLER FOR JU | DGE | | | From | n: | <u>5/7/2</u> | 019 To | e: <u>6/10/2019</u> | |
| | | | | | | DA | TE | | AMOUNT | |
| Full Name of Con JOHN CANNON | tributor | | | | | мо | DAY | YEAR | | |
| Mailing Address | 229 E LAKE SHORE D | R UNIT 6W | | | | | | | \$ 500.00 | |
| City CHICAGO |) | State | Zi | p Code (Plus | ; 4) | 5 | 16 | 2019 | | |
| | | IL | 60 | 6111351 | | | | | | |
| Employer Name RETIRED | | | | | | | ion R | ETIRED |) | |
| Employer Mailing Address/Principal Place of City Business | | | | | | State | | Zip Code (Plus 4) | | |
| 229 E LAKE SHORE DRUNIT 6W CHICAGO | | | | | | IL | | 606111351 | | |
| Full Name of Contributor PAUL DICICCO | | | | | мо | DAY | YEAR | | | |
| Mailing Address | 65 HILLYER LN | | | | | | | | \$ 2,500.00 | |
| City NEWTOW | /N | State | Zi | p Code (Plus | ; 4) | 5 | 9 | 2019 | | |
| | | PA | 18 | 39402827 | | | | | | |
| Employer Name | RETIRED | · · · · · | | | | Occupation REALTOR | | | | |
| Employer Mailing Business | Address/Principal Place | e of | | City | | • | Zip Code (Plus 4) | | | |
| 65 HILLYER LN | | | | NEWTOW | /N | | PA | | 189402827 | |
| Full Name of Con DONNA MCKILLC | | | | | | мо | DAY | YEAR | | |
| Mailing Address | 71 S MAIN ST | | | | | | | | \$ 500.00 | |
| City DOYLEST | OWN | State | Zip Code (Plus 4) | | ; 4) | 5 | 9 | 2019 | | |
| PA 189014641 | | | | | | | | | | |
| Employer Name SELF EMPLOYED | | | | | Occupation ATTORNEY | | | | | |
| Employer Mailing Business | mployer Mailing Address/Principal Place of City | | | | State | | | Zip Code (Plus 4) | | |
| 71 S MAIN ST | | | | DOYLEST | OWN | N PA 189014641 | | | | |

| Full Name of Contributor NICHOLAS POILLUCCI | ailing 295 4TH ST | | | | | | | |
|---|-------------------|-------------------|-------|--------------------|------|-------------------|--|--|
| Mailing 295 4TH ST Address | | | | | | \$ 750.00 | | |
| City PITTSBURGH | State | Zip Code (Plus 4) | 5 | 17 | 2019 | | | |
| | PA | 152251316 | | | | | | |
| Employer Name POILLUCCI PLUMBING | | | | Occupation PLUMBER | | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | State | | | Zip Code (Plus 4) | | |
| 5155 BUTLER STREET | | LAWRENCEVILL | E PA | | | 16929 | | |
| Enter Grand Total of Part C on Sche | on 3. | | | PAGE TOTAL | | | | |
| | 4 | \$ 4,250.00 | | | | | | |

PART E **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: | | | То: |): | | |
| | | | | D | ATE | | | AMOUNT | Ī |
| Full Name | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | i | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | | |
| Receipt Description | Receipt Description | | | | | | | | |
| Enter Grand Total of Part E on Schedu | tor Grand Total of Part E on Schodulo I. Dotailod Summary Page. Sect | | | | | | | PAGE TO | TAL |
| nter Grand Total of Part E on Schedule I, Detailed Summary Page, 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 Period | | |
|---|------------------|----------------------------|------------------|
| FRIENDS OF CHARISSA LILLER FOR JUDGE | From: | <u>5/7/2019</u> то: | <u>6/10/2019</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | riod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART | 「 F) | | |
| TOTAL for the Reporting Pe | riod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Pe | riod (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, I | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | Reportin | g Period | | | |
|---|-------|-------------------|----------|----------|------|--------|------|
| | | | From: | | | То: | |
| | | | | DATE | | ΑΜΟυΙ | NT |
| 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 Schedule II, In-Kind Contributions Detail Section 2. | | | | mary Pag | je, | PAGE T | OTAL |
| | | | | | 4 | 5 | 0.00 |

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SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Re | porting P | Period | | | | |
|--|-------|------------------|---|--|------------|---------------------------|--------|-------|-----------------|--------|--|
| | | | | | Fro | om: | | То: | То: | | |
| | | | | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | | \$ | 0.00 | |
| City | State | Zip Code(Plus 4) | | | | | | | | | |
| Employer of Contributor | | | • | | Occupation | | | | | | |
| Employer Mailing Address/Principal Place of City State Business | | | | | Zip 4) | Code(Plus | Descri | ption | of Contribution | | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | PAGE TOTAL 0.00 | | | | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | |
|---|--------------------|---------------------------------------|--|-----------|--------|-----|------------------|
| FRIENDS OF CHARISSA LILLER FOR JUDGE | | | From | <u>5/</u> | 7/2019 | То: | <u>6/10/2019</u> |
| · | | | | DATE | AMOUNT | | |
| To Whom Paid BUCKS COUNTY DEMOCRATIC COMMITTEE | | | | DAY | YEAR | | |
| Mailing Address 44 E COURT ST | | | 6 | 10 | 2019 | \$ | 3,500.00 |
| CityDOYLESTOWNStateZip Code (Plus 4)PA189014342 | | | Description of Expenditure GOLDEN ROD SIGNS/LITERATURE | | | | |
| To Whom Paid CAPITOL PROMOTIONS INC | | | | DAY | YEAR | | |
| Mailing Address PO BOX 231 | | | 5 | 7 | 2019 | \$ | 1,009.12 |
| City GLENSIDE | State PA | Zip Code (Plus 4) 190380231 | Description of Expenditure YARD SIGNS | | | | |
| To Whom Paid CITIZENS BANK | | | мо | DAY | YEAR | | |
| Mailing Address 482 NORTH MAIN S | TREET | | 5 | 13 | 2019 | \$ | 30.00 |
| CityDOYLESTOWNStateZip Code (Plus 4)PA189013404 | | | Description of Expenditure FEE: WIRE TRANSFER TO PRINTER SMITH- EDWARDS-DUNLAP | | | | |
| To Whom Paid CITIZENS BANK | | | мо | DAY | YEAR | | |
| Mailing Address 482 NORTH MAIN S | TREET | | 5 | 20 | 2019 | \$ | 30.00 |
| City DOYLESTOWN | State PA | Zip Code (Plus 4) 189013404 | Description of Expenditure WIRE FEE | | | | |
| To Whom Paid CITIZENS BANK | | | мо | DAY | YEAR | | |
| Mailing Address 482 NORTH MAIN STREET | | | 5 | 22 | 2019 | \$ | 30.00 |
| CityDOYLESTOWNStateZip Code (Plus 4)PA189013404 | | | Description of Expenditure WIRE FEE | | | | |

| To Whom Paid DOYLE HOME & amp; SCHOOL | | | мо | DAY | YEAR | | | |
|--|--|--------------------|---------------------------------------|---|---|--|--------------|------------------|
| Mailing Address 260 N WEST ST | | | | 5 | 31 | 2019 | \$ | 100.00 |
| | OWN | State | Zip Code (Plus 4) | Descrin | tion of Ex | Denditure | | |
| PA 189013522 | | | | TISE 6/7 E | | | | |
| To Whom Paid INDIGO STRATEGIES LLC | | | | | DAY | YEAR | | |
| Mailing Address 1312 9TH ST NW FL 2 | | | 5 | 20 | 2019 | \$ | 5,001.30 | |
| City WASHING | STON | State | Zip Code (Plus 4) | Descrip | tion of Exi | , Denditure | | |
| | | DC | 200014208 | Description of Expenditure DIGITAL AD PLACEMENT | | | | |
| To Whom Paid INDIGO STRATEGIES LLC | | | | мо | DAY | YEAR | | |
| Mailing Address 1312 9TH ST NW FL 2 | | | 5 | 22 | 2019 | \$ | 300.00 | |
| City WASHING | GTON | State | Zip Code (Plus 4) | Descrip | tion of Exp | Denditure | | |
| DC 200014208 | | | | | l ad plac | | | |
| | | | | | | | | |
| To Whom Paid INTELATIVITY | | | 1 | мо | DAY | YEAR | | |
| | 1433 HAINES RD | <u>.</u> | <u> </u> | мо 5 | DAY 10 | YEAR 2019 | \$ | 850.00 |
| INTELATIVITY Mailing Address | | State | Zip Code (Plus 4) | 5 | 10 | 2019 | | 850.00 |
| INTELATIVITY Mailing Address | | State PA | Zip Code (Plus 4) 190575033 | 5 Descrip | | 2019 penditure | | 850.00 |
| INTELATIVITY Mailing Address | | | | 5 Descrip | 10 ption of Exp | 2019 penditure | | 850.00 |
| INTELATIVITY Mailing Address City LEVITTOV To Whom Paid | | | | 5 Descrip CAMPA | 10 Dition of Exp IGN VIDEC | 2019 penditure | | 850.00 750.00 |
| INTELATIVITY Mailing Address City LEVITTOV To Whom Paid INTELATIVITY Mailing Address | VN 1433 HAINES RD | | | 5 Descrip CAMPA MO 5 | 10 Dition of Exp IGN VIDEC DAY 15 | 2019 Denditure TYEAR 2019 | \$ | |
| INTELATIVITY Mailing Address City LEVITTOV To Whom Paid INTELATIVITY Mailing Address | VN 1433 HAINES RD | РА | 190575033 | 5 Descrip CAMPA MO 5 Descrip | 10 btion of Exp IGN VIDEC DAY | 2019 Denditure YEAR 2019 Denditure | \$ | 750.00 |
| INTELATIVITY Mailing Address City LEVITTOV To Whom Paid INTELATIVITY Mailing Address | VN 1433 HAINES RD | PA | 190575033 Zip Code (Plus 4) | 5 Descrip CAMPA MO 5 Descrip | 10 Prion of Exp IGN VIDEC DAY 15 Prion of Exp | 2019 Denditure YEAR 2019 Denditure | \$ | 750.00 |
| INTELATIVITY Mailing Address City LEVITTOV To Whom Paid INTELATIVITY Mailing Address City LEVITTOV To Whom Paid | VN 1433 HAINES RD | PA | 190575033 Zip Code (Plus 4) | 5 Descrip CAMPA MO 5 Descrip PRINT | 10 DAY DAY 15 DAY 15 DAY | 2019 Denditure VEAR 2019 Denditure DESIGN/D | \$ | 750.00 |
| INTELATIVITY Mailing Address City LEVITTOV To Whom Paid INTELATIVITY Mailing Address City LEVITTOV To Whom Paid INTELATIVITY | VN 1433 HAINES RD VN 1433 HAINES RD | PA | 190575033 Zip Code (Plus 4) | 5 Descrip CAMPA MO 5 Descrip PRINT MO 5 | 10 ption of Exp IGN VIDEC DAY 15 ption of Exp MAILING D | 2019 Denditure VEAR 2019 Denditure DESIGN/D VEAR 2019 | \$ DIGITA | 750.00 L AD |

| To Whom Paid LEVITTOWN PRINTING | | | | DAY | YEAR | | |
|---|-------------------------------------|---------------------------------------|--|---|---|-----------|--------|
| Mailing Address 1433 HAINES RD | | | | 7 | 2019 | \$ | 793.93 |
| City LEVITTOWN State Zip Code (Plus 4) PA 190575033 | | | Descrip PALM C | tion of Exp CARDS | penditure | I | |
| To Whom Paid LEVITTOWN PRINTING | | | | DAY | YEAR | | |
| Mailing Address 1433 HAINES RD | | | | 17 | 2019 | \$ | 408.03 |
| City State Zip Code (Plus 4) PA 190575033 | | | | N tion of Ex ARDS 8A 8 | | | |
| To Whom Paid NGP VAN INC | | | | DAY | YEAR | | |
| Mailing Address PO BOX 392264 | | | 6 | 3 | 2019 | \$ | 150.00 |
| City PITTSBURGH | State PA | Zip Code (Plus 4) 152519264 | Description of Expenditure MONTHLY WEBSITE | | | | |
| | | | | | | | |
| To Whom Paid PAGS PUB & PIZZA | | I | мо | DAY | YEAR | | |
| | | | мо 5 | DAY 21 | YEAR 2019 | \$ | 567.96 |
| PAGS PUB & PIZZA | State PA | Zip Code (Plus 4) 189014222 | 5 Descrip | | 2019 penditure | | 567.96 |
| PAGS PUB & PIZZA Mailing Address 72 W STATE ST | | | 5 Descrip | 21 otion of Exp | 2019 penditure | | 567.96 |
| PAGS PUB & amp; PIZZA Mailing Address 72 W STATE ST City DOYLESTOWN To Whom Paid PAYA Mailing Address | | | 5 Descrip POLL W | 21 Dition of Exp JATCH VIC | 2019 penditure TORY PAI | | 567.96 |
| PAGS PUB & amp; PIZZA Mailing Address 72 W STATE ST City DOYLESTOWN To Whom Paid PAYA Mailing Address | PA | | 5 Descrip POLL W MO 6 Descrip | 21 ption of Exp /ATCH VIC DAY | 2019 Penditure TORY PAI YEAR 2019 Penditure | RTY \$ | |
| PAGS PUB & PIZZA Mailing Address 72 W STATE ST City DOYLESTOWN To Whom Paid PAYA Mailing Address 12120 SUNSET | PA HILLS RD STE 5 | 189014222 Zip Code (Plus 4) | 5 Descrip POLL W MO 6 Descrip | 21 Pation of Exp (ATCH VIC) DAY 3 stion of Exp | 2019 Penditure TORY PAI YEAR 2019 Penditure | RTY \$ | |
| PAGS PUB & PIZZA Mailing Address 72 W STATE ST City DOYLESTOWN To Whom Paid PAYA Mailing Address 12120 SUNSET City RESTON To Whom Paid | PA HILLS RD STE 5 State VA | 189014222 Zip Code (Plus 4) | 5 Descrip POLL W MO 6 Descrip CREDIT | 21 DAY DAY 3 CARD PR | 2019 Penditure TORY PAI YEAR 2019 Penditure OCESSIN | RTY \$ | |

| To Whom Paid U.S. POST OFFICE | | | мо | DAY | YEAR | | | |
|----------------------------------|---|----------------------|--------------------------------|------------------|----------|-----------|-------|------------|
| Mailing Address 8 ATKINSON DR | | | 5 | 17 | 2019 | \$ | 11.00 | |
| City | DOYLESTOWN | State PA | Zip Code (Plus 4) 189016593 | Descrip STAMP | s | penditure | • | |
| Enter | Grand Total of Expend | litures on Page 1 Re | nort Cover Page Item D | | | | | PAGE TOTAL |
| Enter | Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | \$ | 20,985.30 |
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