### **Campaign Finance Report**

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

Filer Identification 20190270 Number :						port ed B		CANDIDATE			<b>ITTEE</b>	<b>√</b>	LOBE	SYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:		ROE	BINS	ON, E	DEVLIN F	RIEND	S OF						
Street Address:	2767 LOCUST	DR														
City:	PITTSBURGH	TSBURGH						State:	PA			Zip Cod	de: 15	5241-1	922	
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. <b>X</b>	2ND FRIDAY PRIMARY	PRE	-	2.	30 DA PRIMA		POST-	3.		AMENDM REPORT		Yes	No	<b>&gt;</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT		POST-	6.		TERMIN/ REPORT		Yes	No	<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2020					IG METHO				PAPER		<b>/</b>	DISKE	ΓΤΕ
Name of Office S	Sought by Candida	te:	-					DATE O	F ELE	СТІО	N	District Number	Office Code	Par	ty Code	County Code
								МО	DAY	YE	AR	37	STS	REP		
SENATOR IN TH	HE GENERAL ASS	EMBLY						11		3	2020		(SEE IN	STRUCTIO	ONS FOR C	ODES)
•	Receipts and	МО	DAY	/EAR	2			МО	DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	from:		1 2	2	020	<b>T</b>	0	3		9	2020					
A. Amount Bro	ught Forward Fron	n Last R	eport				\$			61,9	39.64					
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	e I)	\$			26,2	202.80					
C. Total Funds	Available (Sum Of	Lines A	and B)				\$			88,142.44						
D. Total Expend	ditures (From Sch	edule II	I)				\$			36,4	07.86					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)	)			\$			51,7	34.58					
F. Value Of In-	Kind Contributions	s Receiv	ed (From Sch	nedu	le II	I)	\$				0.00					
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00					
				AFF	ID/	AVI	T SE	CTION								
PART I - If this is	s a Committee rep	ort, trea	surer sign he	ere. 1	If th	nis is	a Can	ndidate re	eport, o	andio	date sig	jn here.				
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	attached sche	dules	s file	ed on	paper (	or by elect	ronic m	edium,	are to t	the best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me this day of	5	20							s	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	re					<b>-</b>					Prin	ted Name	e		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Arc	ea Cod	e	Daytin	ie Teleph	one Nu	mber	
Part II- If this is	a report of a can	didate's	authorized C	omn	nitte	ee, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of r	ny knowle	edge and belief	this	poli	itical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this										s	ignature o	of Candid	ate		
	day of						-					Printe	ed Name			
	Signature						-									
My Commission Exp	pires											Ema	11			
	МО	D	AY	YR			•		Area	Code		D	aytime T	elephon	e Numbe	er

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Reporting	g Period		
ROBINSON, DEVLIN FRIENDS OF	From:	1/2/202	<u>0</u> To:	3/9/2020
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	302.80
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)	\$	400.00		
TOTAL for the Reporting	\$	400.00		
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	14,000.00
All Other Contributions (Part D)			\$	11,500.00
TOTAL for the Reporting	J Period	(3)	\$	25,500.00
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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	26,202.80

#### **PART A**

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

\$50.01 TO \$250.00

	his Part to itemize onl with an aggregate val	-			-					
Name of Filing Committee or Candidate				Reporting Period						
			Fre	om:		То	:			
		1			DATE			AMOUNT		
Full Name of Contribution	ng Committee			МО	DAY	YEAR				
Mailing Address							\$	0.00		
City	State	Zip Code (Plus 4)	)							
	•	•			•	•		PAGE TOTAL		

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

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 Candidate			Reporting P	Reporting Period					
ROBINSON, DEVLIN FRIENDS OF Fro			From:	1/2/	2020 <b>T</b> o	o: <u>3/9/2020</u>			
				DATE		AMOUNT			
Full Name of Contributor Fred Cardillo			МО	DAY	YEAR				
Mailing Address 3128 Robins	son Run Road					<b>\$</b> 100.00			
<b>City</b> McDonald	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15057	1	27	2020				
Full Name of Contributor Susan Lucot			МО	DAY	YEAR				
Mailing Address 10 Roseman	y Ln					\$ 200.00			
City South Park	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15129	2	16	2020				
Full Name of Contributor Kimberly Pontarelli			МО	DAY	YEAR				
Mailing Address 1644 Farmin	ngton Court					<b>\$</b> 100.00			
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15237	1	24	2020				
	·	•	•	•		PAGE TOTAL			

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

**\$** 400.00

#### **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	ame of Filing Committee or Candidate Repo				g Period				
ROBINSON, DEVLIN FRIENDS OF			From:	1/	<u>2/2020</u>	То:	3/9/2020		
				DA	TE		AMOUNT		
<b>Full Name of Contributing Committee</b> PAA PAC				МО	DAY	YEAR			
Mailing Address 1925 N. Front St- PO Box 2955							\$ 500.00		
<b>City</b> Harrisburg	State Zip Code (Plus 4) PA 17105			1	21	2020			
Full Name of Contributing Committee GREENLEE PARTNERS STATE PAC				МО	DAY	YEAR			
Mailing Address 1400 N PROVIDENCE  City MEDIA	RD BLDGE 2 SUITE 1  State PA		e (Plus 4)	1	28	2020	\$ 500.00		
Full Name of Contributing Committee Friends of Dave Arnold				МО	DAY	YEAR			
Mailing Address 931 Cumberland St,	Suite1A						\$ 500.00		
City Lebanon	<b>State</b> PA	<b>Zip Code</b> 17042	e (Plus 4)	1	27	2020			
Full Name of Contributing Committee ARGALL, DAVID VOLUNTEERS FOR				МО	DAY	YEAR			
Mailing Address PO BOX 241							\$ 1,000.00		
City TAMAQUA	<b>State</b> PA	<b>Zip Code</b> 18252-0	<b>(Plus 4)</b>	1	26	2020			
Full Name of Contributing Committee  The Pennsylvania Insurance Political Action Committee					DAY	YEAR			
Mailing Address 1600 Market St. Ste	1720						\$ 500.00		
<b>City</b> Philadelphia	<b>State</b> PA	<b>Zip Code</b>	e (Plus 4)	1	22	2020			

Full Name of Contributing Committee  Friends of Kim Ward				DAY	YEAR	
Mailing Address PO Box 83	1	20		<b>\$</b> 1,000.00		
<b>City</b> Harrisburg	State PA	<b>Zip Code (Plus 4)</b> 17108	1	28	2020	
Full Name of Contributing Commit	tee		мо	DAY	YEAR	
	tee		<b>MO</b>	<b>DAY</b> 24	<b>YEAR</b> 2020	\$ 10,000.00

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

**PAGE TOTAL \$** 14,000.00

## 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 Co	ommittee or Candidate				Rep	orting Pe	riod				
ROBINSON, DE	VLIN FRIENDS OF				Fror	n:	<u>1/2/2</u>	<u>020</u> To	<u>3/9/2020</u>		
						D/	ATE		АМ	OUNT	
Full Name of Con Yuriko Antolik	tributor					мо	DAY	YEAR			
Mailing Address	111 Brinton St								\$	500.00	
City Monroev	ille	State	Zip	Code (Plus	4)	1	27	2020	·		
		PA 15146									
Employer Name PNC Bank					Occupat	ion	Custome	er Service	Rep		
Employer Mailing Business	Address/Principal Plac	e of		City			State		Zip Code	(Plus 4)	
300, Fifth Avenu	e The Tower at PNC Pl	aza		Pittsburg	h		PA		15222		
Full Name of Con John A. Kosky	tributor					МО	DAY	YEAR			
Mailing Address	PO Box 42								\$	500.00	
City Cuddy		State	Zip	Code (Plus	4)	1	27	2020	'		
,		PA	15	031							
Employer Name	Self Employed					Occupation Construction					
Employer Mailing Business	Address/Principal Plac	ce of		City			State		Zip Code	(Plus 4)	
PO Box 42				Cuddy			PA		15031		
Full Name of Con	tributor										
Richard G. Jewe	II					МО	DAY	YEAR			
Mailing Address	One Campus Dr								\$	500.00	
City Grove Ci	ty	State	Zip	Code (Plus	4)	1	28	2020	'		
		PA	16	127							
Employer Name Berkeley Research Group				Occupation IC Director							
Employer Mailing Business	Address/Principal Plac	ce of		City		State Zip Code			(Plus 4)		
Four PPG Place,				Pittsburg	h		PA		15222		

Full Name of Contributor Roger W. Richards	мо	DAY	YEAR				
Mailing 230 West Sixth Street						\$ 10,000.00	
City Erie	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 16507	2	14	2020		
Employer Name Self- Employed			Occupation Attorney At Law				
Employer Mailing Address/Principal Place of City Business			State			Zip Code (Plus 4)	
230 West Sixth Street		Erie		PA		16507	

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

PAGE TOTAL
\$ 11,500.00

## 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	Name of Filing Committee or Candidate			porting Period						
			From:			To:				
				D	ATE		AM	OUNT		
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. Detaile	d Summary Page	Section	4			PAG	GE TOTAL		
	m deficación 1, detailes	z Sammary r age,	occion	••			\$	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	d	
ROBINSON, DEVLIN FRIENDS OF	From:	<u>1/2/2020</u> <b>To:</b>	3/9/2020
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 PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page,		\$	0.00

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

Name of Filing Committee or Candidate				Reporting Period					
			From:			To:			
				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 S	chedule II In-Kir	nd Contributions Deta	iled Sum	mary Pag	ле Г		PAGE TOTAL		
Section 2.	incudic 11, 111 Kii	ia contributions beta	nea Sam	illial y I as	,		PAGE TOTAL		
						\$	0.00		

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

Name of Filing Committee or Candidate					Re	porting F	Period			
					Fro	om:		To:		
							DATE			AMOUNT
Full Name of Contributor						мо	DAY	YEAR		
Mailing Address									\$	0.00
City	State		Zip Code(F	Plus 4)						
Employer of Contributor	-1		•			Occupa	tion			
Employer Mailing Address/Principal Pl Business	ace of	City		State		Zip 4)	Code(Plus	Descri	ption	of Contribution
Enter Grand Total of Part G on So Summary Page, Section 3.	hedule II,	In-Kind	Contributi	ons De	taile	ed				<b>PAGE TOTAL</b> 0.00

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period			
ROBINSON, DEVLIN FRIENDS OF	From	1/2/2020	To:	<u>3/9/2020</u>
	DATE			AMOUNT

						AMOUNT
<b>To Whom Paid</b> Coldspark			мо	DAY	YEAR	
Mailing Address 307 Fourth Avenu	1	30	2020	\$ 1,309.15		
<b>City</b> Pittsburgh	<b>Descrip</b> Palm C	otion of Exp ards	penditure			
To Whom Paid Duquesne Club			МО	DAY	YEAR	
Mailing Address 325 Sixth Ave			1	14	2020	\$ 1,934.97
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15222	1	otion of Exp 19 Fundrai		
To Whom Paid Ream Printing			мо	DAY	YEAR	
Mailing Address 515 Farmbrook II	1		1	14	2020	\$ 436.19
City York	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15222	1	otion of Exp 19 Fundrai		
To Whom Paid Findley Republican Committee			МО	DAY	YEAR	
Mailing Address 100 Fleet St			1	14	2020	\$ 250.00
<b>City</b> Pittsburgh	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15220	<b>Descrip</b> Donation	otion of Exp	penditure	
To Whom Paid Carrie Dunn Siriani			МО	DAY	YEAR	
Mailing Address PO Box 186			2	5	2020	\$ 8,318.20
<b>City</b> Sewickley	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 15143	1	otion of Exp cing/ Fundi		

To Whom Paid Ream Printing  MO DAY YEAR										
		YEAR		DAY	мо					
Mailing Address 515 Farmbrook In 3 3 2020 \$	207.19	\$ 2020	3	3	3		Address	Mailing		
City York State Zip Code (Plus 4) Description of Expenditure PA 15222 March 10 Fundraiser						TOTA				
To Whom Paid Coldspark  MO DAY YEAR		YEAR		DAY	МО					
Mailing Address 307 Fourth Avenue 14th Floor 3 3 2020 \$	1,000.00	\$ 2020	3	3	3	Mailing Address 307 Fourth Avenue 14th Floor				
City Pittsburgh State Zip Code (Plus 4) Description of Expenditure PA 15222 Consulting Retainer						Pittsburgii				City
To Whom Paid Coldspark  MO DAY YEAR		YEAR		DAY	МО					
Mailing Address 307 Fourth Avenue 14th Floor 3 3 2020 \$	1,000.00	\$ 2020	3	3	3		307 Fourth Avenue 14th Floor			
						Sburgh PA Zip Code (Plus 4) 15222				<u></u>
City Pittsburgh State Zip Code (Plus 4) Description of Expenditure							PA		Pittsburgii	City
City Pittsburgh State Zip Code (Plus 4) Description of Expenditure		er	aine	ting Retair	Consult		PA		n Paid	To Who
City Pittsburgh  State PA  Zip Code (Plus 4) Description of Expenditure Consulting Retainer  To Whom Paid  MO DAY YEAR	1,000.00	\$ YEAR	aine	DAY	Consult MO			307 Fourth Avenue	<b>n Paid</b> rk	<b>To Who</b> Coldsp
City Pittsburgh  State PA  Zip Code (Plus 4) Description of Expenditure Consulting Retainer  To Whom Paid Coldspark  Mo DAY YEAR	1,000.00	\$ YEAR 2020 Denditure	3 Expe	DAY  3  otion of Ex	MO 3  Descrip	15222 Zip Code (Plus 4)	.4th Floor State	307 Fourth Avenue	<b>n Paid</b> rk <b>Address</b>	To Who
City Pittsburgh State PA Zip Code (Plus 4) Description of Expenditure Consulting Retainer  To Whom Paid Coldspark MO DAY YEAR  Mailing Address 307 Fourth Avenue 14th Floor 3 3 2020 \$  City Pittsburgh State Zip Code (Plus 4) Description of Expenditure	1,000.00	\$ YEAR 2020 Denditure	3 Expe	DAY  3  otion of Exting Retain	MO  3  Descrip Consult	15222 Zip Code (Plus 4)	.4th Floor State	307 Fourth Avenue	m Paid rk  Address  Pittsburgh  m Paid	To Who Coldsp Mailing City
City Pittsburgh State PA State Sip Code (Plus 4) Description of Expenditure Consulting Retainer  To Whom Paid Coldspark MO DAY YEAR  Mailing Address 307 Fourth Avenue 14th Floor 3 3 3 2020 \$  City Pittsburgh State PA State PA State Consulting Retainer  To Whom Paid No Day YEAR	1,000.00	YEAR 2020 Denditure er	3 Experience	DAY  3  otion of Exting Retain  DAY	MO  3  Descrip Consult	15222 Zip Code (Plus 4)	.4th Floor State		m Paid rk  Address  Pittsburgh  m Paid bung	To Who Coldsp Mailing City To Who
City Pittsburgh State PA 15222 Consulting Retainer  To Whom Paid Coldspark Mo DAY YEAR  Mailing Address 307 Fourth Avenue 14th Floor 3 3 3 2020 \$  City Pittsburgh State PA 15222 Description of Expenditure Consulting Retainer  To Whom Paid Doyle Young PA 2000 PAY YEAR		YEAR  2020 Denditure er  YEAR  2020 Denditure	3 Expo	DAY  3  otion of Exting Retain  DAY  9  otion of Exting Retain	MO  3  Descrip Consult  MO  3  Descrip	Zip Code (Plus 4) 15222 Zip Code (Plus 4)	.4th Floor State PA State		m Paid rk  Address  Pittsburgh  m Paid bung  Address	To Who Coldsp Mailing City To Who Doyle
City Pittsburgh State PA		YEAR  2020 Denditure er  2020 Denditure Postage	3 Experimental Services of the	DAY  3  otion of Exting Retain  DAY  9  otion of Exursment for	MO  3  Descrip Consult  MO  3  Descrip Reimbu	Zip Code (Plus 4) 15222 Zip Code (Plus 4)	.4th Floor State PA State		m Paid rk  Address  Pittsburgh  m Paid bung  Address  Pittsburgh	To Who Coldsp Mailing City  To Who Mailing City
City Pittsburgh State PA State State State PA ST		\$ YEAR  2020  Denditure er  YEAR  2020  Denditure r Postage	3 Exporaine  9 Expor	DAY  3 Dition of Exting Retain  DAY  9 Dition of Exursment for	MO  3  Descrip Consult  MO  3  Descrip Reimbu	Zip Code (Plus 4) 15222 Zip Code (Plus 4)	.4th Floor State PA State	2767 Locust Dr	m Paid rk  Address  Pittsburgh  m Paid bung  Address  Pittsburgh  m Paid bung	To Who Coldsp Mailing City  Mailing City  City  To Who Doyle `

<b>To Whom Paid</b> Coldspark	мо	DAY	YEAR				
Mailing Address 307 Fourth	307 Fourth Avenue 14th Floor					\$	500.00
<b>City</b> Pittsburgh	State	Zip Code (Plus 4)	Descri	tion of Exp	penditure	<u> </u>	
ricaburgii	Digital						
<b>To Whom Paid</b> Coldspark	мо	DAY	YEAR				
Mailing Address 307 Fourth	3	6	2020	\$	8,165.53		
<b>City</b> Pittsburgh	City Dittaburgh State Zip Code (Plus 4)					<u> </u>	
Pittsburgii	Mailers	otion of Exp	penantare				
<b>To Whom Paid</b> Carrie Dunn Siriani	·		МО	DAY	YEAR		
Mailing Address PO Box 186	5		3	6	2020	\$	3,000.00
City Sewickley	State	Zip Code (Plus 4)	Descrip	otion of Exp	penditure	•	
oss,	PA	15143	1	Description of Expenditure  Consulting/ Fundraising			
<b>To Whom Paid</b> Ireland Institute of Pittsburgh			МО	DAY	YEAR		
Mailing Address 1601 Marys	s Ave		3	3	2020	\$	500.00
City Sharpsburg	State	Zip Code (Plus 4)	Descrip	tion of Exp	penditure	l	
Shai posarg	PA	15215	1	on for Don			
<b>To Whom Paid</b> Coldspark			мо	DAY	YEAR		
Mailing Address 307 Fourth	Avenue 14th Floor		2	20	2020	\$	8,165.53
<b>City</b> Pittsburgh	State	Zip Code (Plus 4)	Descri	tion of Exp	l penditure	<u> </u>	
ricabargii	PA	15222	Mailer				
<b>To Whom Paid</b> PA Dept of State	·		МО	DAY	YEAR		
Mailing Address 401 North	3	3	2020	\$	110.00		
<b>City</b> Harrisburgh	State	Zip Code (Plus 4)	Descri	tion of Exp	oenditure	1	
a. 1135ur gri	PA	17120		n filing fee			
Enter County Table 1 of Fee	dituuse on Door 1 D	mont Cover Deser There					PAGE TOTAL
Enter Grand Total of Expend	uitures on Page 1, Re	poit Cover Page, Item D	<b>'.</b>			\$	36,407.86