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 2017	0358				port ed B		CANDI	ANDIDATE COMMITTEE \(\square\) LOBBYIST					BYIST		
Name of Filing C	Committee, Candid	ate or L	obbyist:	•	CON	ммо	NWEA	ALTH LEA	DERS	FUNE)					
Street Address:	11 CHURCH R	OAD														
City:	HATFIELD -							State:	PA			Zip Cod	ie: 19	9440		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1. X	2ND FRIDAY PRIMARY	PRE-	-	2.	30 DA PRIMA		POST-	- 3.		AMENDMENT REPORT?		Yes	No	~
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	-	5.	30 DA ELECT	• • • • • • • • • • • • • • • • • • • •	POST-	6.		TERMINA REPORT		Yes	No	~
report type)	ANNUAL REPORT	7.	Year 2020					NG METHO				PAPER DISKE			TTE	
Name of Office S	Sought by Candida	te:	-					DATE 0	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	County
	· ,							МО	DAY	YE	AR	Number	Couc			couc
								11		3	2020		(SEE IN	ISTRUCTI	ONS FOR (ODES)
	Receipts and	МО	DAY Y	EAR	l			МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY	
Expenditures	s trom:		1 1	2	020	T	0	3		9	2020					
A. Amount Bro	ught Forward Fror	n Last R	eport				\$			48,3	35.93					
B. Total Moneta	ary Contributions	And Rec	eipts (From S	Sche	dule	e I)	\$			487,5	00.00					
C. Total Funds Available (Sum Of Lines A and B)							\$			535,8	35.93					
D. Total Expenditures (From Schedule III)							\$			101,2	22.22					
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$		4	434,6	13.71					
F. Value Of In-	Kind Contributions	Receiv	ed (From Sch	edu	le II	I)	\$				0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV)				\$				0.00			•		
			,	٩FF	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 r	eport, o	candi	date sig	ın here.				
I swear (or affirm) correct and comple) that this report, incl ete.	uding the	attached sche	dules	file	d on	paper (or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , true
Sworn to and subs	cribed before me this day of	i	20							S	ignature	of Perso	n Submit	ting Rep	oort	
	Signatu	re					-					Prin	ted Name	e		
My Commission Ex	cpires						_					Ema	il			
	МО	D	AY	YR					Are	ea Cod	e	Daytim	e Telepi	none Nu	mber	
Part II- If this is	a report of a cand	didate's	authorized Co	omn	nitte	ee, C	andida	ate shall	sign he	ere.						
I swear (or affirm) No 320) as amende	that to the best of n	ny knowle	edge and belief	this	polit	tical	commi	ittee has n	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333,
Sworn to and subsc	ribed before me this		20								s	ignature o	of Candid	ate		
	day of						-					Printe	d Name			
My Commission Eve	Signature						-					Ema	il			
My Commission Exp							_									
	МО	D	AY	YR					Area	Code		Da	aytime T	elephor	e Numb	er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
COMMONWEALTH LEADERS FUND	From:	1/1/202	<u>0</u> To:	3/9/2020
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	(2)	\$	0.00	
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	450,000.00
All Other Contributions (Part D)			\$	37,000.00
TOTAL for the Reporting	Period	(3)	\$	487,000.00
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 and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page 1			\$	487,000.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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

Name of Filing Committee or Candida	1	Reporting Period					
		-1	From:		То	•	
		•		DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address	_	_				\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
0.00

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

0.00

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.

(Exclud	de contributions from	n political comm	itte	es re _l	oortea	in Part	A)		
Name of Filing Committee	e or Candidate		Rep	orting P	eriod				
			Froi	m:		To	o :		
					DATE			AMOUNT	
Full Name of Contributor				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.

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	ne of Filing Committee or Candidate		Reporting	Period			
COMMONWEALTH LEADERS FUND			From:	1/	1/2020	То:	3/9/2020
				DA	TE		AMOUNT
Full Name of Contributing Committee				мо	DAY	YEAR	
COMMONWEALTH CHILDREN'S CHOICE					\$ 200,000.00		
Mailing Address 420 N 3RD STREET				1	24	2020	·
City HARRISBURG	State	Zip Cod	e (Plus 4)] -		2020	
	PA	17101					
Full Name of Contributing Committee				мо	DAY	YEAR	
COMMONWEALTH CHILDREN'S CHOICE	FUND					12/11	\$ 250,000.00
Mailing Address 420 N 3RD STREET				3	4	2020	
City HARRISBURG	State	Zip Cod	e (Plus 4)		· ·	2020	
	PA	17101					

 $\label{lem:enter-constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.}$

PAGE TOTAL \$ 450,000.00

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.)

Provide	Name of Filing Committee or Candidate	ne of Filing Committee or Candidate Re					riod			
Name of Contributor	COMMONWEALTH LEADERS FUND				Fron	n:	1/1/2	<u>020</u> To	:	3/9/2020
Mod Name						DA	ATE		AN	MOUNT
KENNETH Ramp; KRISTIE HEALY 1205 BONAIR DRIVE 1205 BONAIR DRIVE 17701 1	Full Name of Contributor					МО	DAY	VEAD		
State	KENNETH & KRISTIE HEALY					MO	DAT	ILAK	 	2,000.00
City WILLIAM SPORT State PA 1701 Cocupation EXECUTIVE VICE PRESIDENT Employer Name PMF INDUSTRIES, INC. Occupation EXECUTIVE VICE PRESIDENT Employer Mailing Address/Principal Place of Business City State WILLIAMSPORT State PA 17701 Full Name of Contributor W. KIRK LIDDELL MO DAY VEAR \$ 10,000.00 Mailing Address 175 RIVER HILLE RD State Zip Code (Plus 4) 2 6 2020 Employer Name State Zip Code (Plus 4) State Zip Code (Plus 4) 2 6 2020 Full Name of Contributor J. CHRISTOPHER & amp; ANN C DONAHUE Gity State Zip Code (Plus 4) 2 14 2020 \$ 10,000.00 Mailing Address 1330 BEECHWOOD BLVD State Zip Code (Plus 4) 2 14 2020 2 10 2 14 2020 2 10,000.00 4 10 10 10 10 10 10 10 10 10 10 10 2 14 <	Mailing Address 1205 BONAIR DRIV					1	30	2020	1	
Employer Name	City WILLIAMSPORT	State	Zip	Code (Plus	4)		30	2020	Ĭ	
Employer Mailing Address / Principal Place of Business City WILLIAMSPORT PA 17701		PA	17	701		l			1	
Mo	Employer Name PMF INDUSTRIES, INC	2.				Occupat	ion	EXECUT	IVE VICE	E PRESIDENT
Name of Contributor	Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	e (Plus 4)
Mode	2601 REACH RD			WILLIAMS	PORT		PA		17701	
Mailing Address 175 RIVER HILL RD 2	Full Name of Contributor						DAY	VEAD		
City CONESTOGA State PA	W. KIRK LIDDELL					МО	DAY	TEAK	 \$	10,000.00
City CONESTOGA State PA 17516	Mailing Address 175 RIVER HILL RD					2	6	2020	7	
Employer Name Full Name of Contributor 10,000.00 10,000.0	City CONESTOGA	State	Zip	Code (Plus	4)	_	U	2020	Ï	
Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) Full Name of Contributor J. CHRISTOPHER & amp; ANN C DONAHUE Mo DAY YEAR \$ 10,000.00 Mo DAY YEAR \$ 10,000.00 The contributor of Contributor J. CHRISTOPHER & amp; ANN C DONAHUE State Zip Code (Plus 4) Employer Name FEDERATED INVESTORS City PITTSBURGH FULL LIAM MARSH Mo DAY YEAR Zip Code (Plus 4) State Zip Code (Plus 4) 15222 Full Name of Contributor WILLIAM MARSH Mo DAY YEAR State Zip Code (Plus 4) 15222 Full Name of Contributor WILLIAM MARSH Mo DAY YEAR State Zip Code (Plus 4) 15222 Full Name of Contributor WILLIAM MARSH Mo DAY YEAR State Zip Code (Plus 4) 15222 Full Name of Contributor WILLIAM MARSH Mo DAY YEAR State Zip Code (Plus 4) 15222 Full Name of Contributor WILLIAM MARSH Mo DAY YEAR PA State Zip Code (Plus 4) 15222 Full Name of Contributor WILLIAM MARSH Mo DAY YEAR PA State Zip Code (Plus 4) 15222 Full Name of Contributor WILLIAM MARSH Mo DAY YEAR PA PA State Zip Code (Plus 4) PA PA PA State Zip Code (Plus 4) PA PA State Zip Code (Plus 4)		PA	PA 17516							
Full Name of Contributor J. CHRISTOPHER & ANN C DONAHUE State Zip Code (Plus 4) 15217 2020 2 ip Code (Plus 4) 15217 2020 2 ip Code (Plus 4) 2 ip Code (Plus 4	Employer Name					Occupat	ion	RETIRE)	
J. CHRISTOPHER & amp; ANN C DONAHUE Mo DAY YEAR \$ 10,000.00 Mailing Address 1300 BEECHWOOD BLVD 2 14 2020 14 2020 CHAIRMAN Employer Name FEDERATED INVESTORS City State Zip Code (Plus 4) 1001 LIBERTY AVESTE 720 PITTSBURGH PA Zip Code (Plus 4) Full Name of Contributor MO DAY YEAR \$ 5,000.00 WILLIAM MARSH MO DAY YEAR \$ 5,000.00 Employer Name AMERICAN BAR PRODUCTS City Occupation PRESIDENT Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)	Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	e (Plus 4)
1. CHRISTOPHER & 2										
10,000.00 Mailing Address 1300 BECHWOOD BLVD 2	Full Name of Contributor						DAY	VEAD		
City PITTSBURGH State Zip Code (Plus 4) 15217 2020	J. CHRISTOPHER & amp; ANN C DONAH	UE				МО	DAY	YEAR	 \$	10,000.00
City PITTSBURGH State PA Zip Code (Plus 4) 15217 CITY PITTSBURGH CHAIRMAN Employer Name PEDERATED INVESTORS City State Zip Code (Plus 4) Full Name of Contributor WILLIAM MARSH MO DAY YEAR \$ 5,000.00 Muly Ster State State IN 46312 Zip Code (Plus 4) Ades Decaptor PRESIDENT Employer Name Address/Principal Place of Business City State	Mailing Address 1300 BEECHWOOD	BLVD				2	1/	2020	7	
Employer Name FEDERATED INVESTORS City State Zip Code (Plus 4) 1001 LIBERTY AVESTE 720 PITTSBURGH PA 15222 Full Name of Contributor WILLIAM MARSH State Zip Code (Plus 4) Mailing Address 1525 35TH ST 2020 PA 2020 Employer Name AMERICAN BAR PRODUCTS Occupation PRESIDENT Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) IN A6312 City Code (Plus 4) IN City City City Code (Plus 4) IN City City	City PITTSBURGH	State	Zip	Code (Plus	4)	_	17	2020	Ī	
Employer Mailing Address/Principal Place of Business 1001 LIBERTY AVESTE 720 PITTSBURGH PA 15222 Full Name of Contributor WILLIAM MARSH Mo DAY YEAR \$ 5,000.00 WINSTER State		PA	15	217		ļ l			1	
1001 LIBERTY AVESTE 720 PITTSBURGH PA	Employer Name FEDERATED INVESTO	RS				Occupat	ion (CHAIRM	AN	
Full Name of Contributor WILLIAM MARSH MO DAY YEAR \$ 5,000.00 Mailing Address 1525 35TH ST 2 14 2020 City MUNSTER State Zip Code (Plus 4) 1N 46312 Employer Name AMERICAN BAR PRODUCTS Occupation PRESIDENT Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)	Employer Mailing Address/Principal Plac	e of Business		City			State		Zip Cod	e (Plus 4)
WILLIAM MARSH Mailing Address 1525 35TH ST City MUNSTER State IN 46312 Employer Name AMERICAN BAR PRODUCTS Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) IN 46312 City State Zip Code (Plus 4)	1001 LIBERTY AVESTE 720			PITTSBUR	GH		PA		15222	
WILLIAM MARSH Mailing Address 1525 35TH ST City MUNSTER State IN 46312 Employer Name AMERICAN BAR PRODUCTS Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) IN 46312 City State Zip Code (Plus 4) Occupation PRESIDENT Employer Mailing Address/Principal Place of Business	Full Name of Contributor									
City MUNSTER State Zip Code (Plus 4) IN 46312 Employer Name AMERICAN BAR PRODUCTS City MUNSTER State Zip Code (Plus 4) Occupation PRESIDENT Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)						MO	DAV	VEAD	١.	
City MUNSTER State Zip Code (Plus 4) IN 46312 Employer Name AMERICAN BAR PRODUCTS Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4) City State Zip Code (Plus 4)	WILLIAM MARSH					МО	DAY	YEAR	\$	5,000.00
Employer Name AMERICAN BAR PRODUCTS Occupation PRESIDENT Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)									-	5,000.00
Employer Mailing Address/Principal Place of Business City State Zip Code (Plus 4)	Mailing Address 1525 35TH ST	State	Ziţ	o Code (Plus	4)				-	5,000.00
	Mailing Address 1525 35TH ST		-	•	4)				-	5,000.00
3600 INDIANA HARBOR DR.UNIT 1 EAST CHICAGO IN 46312	Mailing Address 1525 35TH ST City MUNSTER	IN	-	•	4)	2	14	2020		5,000.00
	Mailing Address 1525 35TH ST City MUNSTER Employer Name AMERICAN BAR PROD	IN UCTS	-	312	4)	2	14	2020	- - - - - - - -	

Full Name of Contributor						\$ 10,000.00		
JFD RJD JOINT REVOCABLE TRUST] + 10,000.00			
ailing Address ONE PPG PLACE SUITE 1700				24	2020			
City PITTSBURGH	State Zip Code (Plus 4)] [27	2020			
	PA	15222						
Employer Name			Occupat	Occupation RETIRED				
Employer Mailing Address/Principal Plac	City		State		Zip Code (Plus 4)			

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

PAGE TOTAL \$ 37,000.00

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 Peri	od			
			From:			To:		
				D	ATE			AMOUNT
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Plu	ıs 4)					
Receipt Description		.			•			
Futor Crowd Total of Book	F an Cabadula I Batailad	Summer Base Se		4				PAGE TOTAL
Enter Grand Total of Part	E on Schedule I, Detailed	Summary Page, Se	ection	4.			\$	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	d	
COMMONWEALTH LEADERS FUND	From:	<u>1/1/2020</u> To :	<u>3/9/2020</u>
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	TF)		
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:			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 Sche Section 2.	dule II, In-Kind (Contributions Detai	iled Sum	mary Pag	je,		PAGE TOTAL	
						\$	(0.00

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zij	p Code(Plus 4)	Descr	iptio	n of Contribution	on
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.					-					0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Per	iod		
COMMONWEALTH LEADERS FUND	From	1/1/2020	То:	<u>3/9/2020</u>

				DATE		AMOUNT		
To Whom Paid			мо	DAY	YEAR			
COMMONWEALTH PARTNERS								
Mailing Address 420 N 3RD STREET			1	14	2020	\$	3,000.00	
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17101	RENT					
To Whom Paid			мо	DAY	YEAR			
REP. COMM. OF ALLEGHENY CO.			PIO	JA.	ILAK			
Mailing Address 100 FLEET ST #205			1	24	2020	\$	25,000.00	
City PITTSBURGH	State	Zip Code (Plus 4)	Description of Expenditure					
PA 15220			CONTRIBUTION					
To Whom Paid			мо	DAY	YEAR			
POST OFFICE			PIO	JA.	ILAK			
Mailing Address 228 WALNUT STREET			1	30	2020	\$	3.40	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17108	POSTA	GE				
To Whom Paid			мо	DAY	YEAR			
COMMONWEALTH PARTNERS			PIO	JA.	ILAK			
Mailing Address 420 N 3RD STREET			2	3	2020	\$	3,000.00	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure RENT					
	PA	17101						
To Whom Paid			мо	DAY	YEAR			
UPSSTORE			PIO	JA.	ILAK			
Mailing Address 185 NEWBERRY COMMONS			2	4	2020	\$	6.50	
City ETTERS	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA	17319	POSTAGE					
To Whom Paid			МО	DAY	YEAR			
CHURCHILL STRATEGIES			1410	DA I	ILAR			
Mailing Address 23 N FRONT STREET			2	7	2020	\$	1,000.00	
City HARRISBURG	RRISBURG State Zip Code (Plus 4) Description of Expenditure							
	PA	17101	WEBSITE					

To Whom Paid								
COMMONWEALTH PARTNERS			МО	DAY	YEAR			
Mailing Address 420 N 3RD STREET			3	2	2020	\$	3,000.00	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure RENT					
	PA	17101						
To Whom Paid DEBEE CLARK PLLC			мо	DAY	YEAR			
Mailing Address PO BOX 54949			3	2	2020	\$	16,839.32	
City OKLAHOMA CITY	State	Zip Code (Plus 4)	Description of Expenditure					
	ОК	73154	LEGAL FEES					
To Whom Paid REAM PRINTING			мо	DAY	YEAR			
Mailing Address 515 FARMBROOK LANE			3	4	2020	\$	31,453.00	
City YORK	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17405	PRINTING MAILERS - IN-KIND FOR CRIS DUSH				CRIS DUSH	
To Whom Paid MIGHTY GROUP, LLC				DAY	YEAR			
Mailing Address 933 ROSE ST FLOOR 2			3	4	2020	\$	17,920.00	
City HARRISBURG	State	Zip Code (Plus 4)	Description of Expenditure					
	PA	17102	MALL PROGRAM AND WEBSITE					
							PAGE TOTAL	
Enter Grand Total of Expendi	tures on Page 1, Re	port Cover Page, Item D	-			\$	101,222.22	