### **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 79                        | 00597        |                             |            |         | port<br>ed E |        | CAN                      | DII                    | DATE      |             | COMM       | 1ITTEE               | <b>✓</b>       | LOB      | BYIST   |         |          |
|--|------------------------------|--------------|-----------------------------|------------|---------|--------------|--------|--------------------------|------------------------|-----------|-------------|------------|----------------------|----------------|----------|---------|---------|----------|
| Name of Filing C                         | Committee, Cand              | idate or L   | obbyist:                    |            | REP     | UBL          | ICAN   | STATE                    | C                      | гіммс     | TEE         | OF PEN     | INSYLVA              | NIA            |          |         |         |          |
| Street Address:                          |                              |              |                             |            |         |              |        |                          |                        |           |             |            |                      |                |          |         |         |          |
| City:                                    | HARRISBUR                    | kG           |                             |            |         |              |        | State:                   |                        | PA        |             |            | Zip Cod              | le: 17         | 101      |         |         |          |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY   | 1.           | 1. 2ND FRIDAY PR<br>PRIMARY |            |         |              | 30 DA  |                          | P                      | OST-      | 3. <b>X</b> |            | AMENDMENT<br>REPORT? |                | Yes      | N       | 0       | <b>√</b> |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION  | 4.           | 2ND FRII<br>ELECTIO         |            | E-      | 5.           |        | 30 DAY POST-<br>ELECTION |                        |           | 6.          |            | TERMINATION REPORT?  |                | Yes      | N       | 0       | <b>√</b> |
| report type)                             | ANNUAL REPOR                 | <b>RT</b> 7. | Year 202                    | 20         |         |              |        | NG MET                   |                        | _         |             |            | PAPER                |                | <b>√</b> | DISK    | ETTE    |          |
| Name of Office S                         | Sought by Candi              | date:        | •                           |            |         |              |        | DATE                     | 0                      | F ELE     | СТІС        | N          | District<br>Number   | Office<br>Code | Pai      | ty Cod  | Cour    |          |
|  |                              |              |                             |            |         |              |        | МО                       |                        | DAY       | YI          | EAR        |                      |                |          |         | •       |          |
|  |                              |              |                             |            |         |              |        |                          | 11                     |           | 3           | 2020       |                      | (SEE INS       | TRUCTI   | ONS FOR | CODES   | 5)       |
|  | Receipts and                 | МО           | DAY                         | YEAI       | R       |              |        | МО                       |                        | DAY       | ΥI          | EAR        | FO                   | R OFFIC        | E USE    | ONLY    |         |          |
| Expenditures from: 5 19                  |                              |              |                             |            | 2020    | Т            | 0      |                          | 6                      | 2         | 22          | 2020       |                      |                |          |         |         |          |
| A. Amount Bro                            | ught Forward Fr              | om Last R    | Report                      |            |         |              | \$     |                          |                        |           | 76,         | 149.98     |                      |                |          |         |         |          |
| B. Total Moneta                          | ary Contribution             | s And Rec    | eipts (Fr                   | om Sche    | edule   | ı)           | \$     |                          |                        |           | 107,5       | 553.76     |                      |                |          |         |         |          |
| C. Total Funds                           | Available (Sum               | Of Lines A   | and B)                      |            |         |              | \$     |                          |                        | ;         | 183,        | 703.74     |                      |                |          |         |         |          |
| D. Total Expend                          | ditures (From S              | chedule II   | Ξ)                          |            |         |              | \$     |                          |                        |           | 155,4       | 107.31     |                      |                |          |         |         |          |
| E. Ending Cash                           | Balance (Subtra              | act Line D   | From Lin                    | e C)       |         |              | \$     |                          |                        |           | 28,2        | 296.43     |                      |                |          |         |         |          |
| F. Value Of In-                          | Kind Contribution            | ns Receiv    | ed (From                    | Schedu     | ıle II  | [)           | \$     |                          |                        |           |             | 0.00       |                      |                |          |         |         |          |
| G. Unpaid Debt                           | ts And Obligation            | ns (From S   | Schedule                    | IV)        |         |              | \$     |                          |                        |           | 35,0        | 00.00      |                      | ,              |          |         |         |          |
|  |                              |              |                             | AFF        | FIDA    | ٩VI          | T SE   | CTIO                     | N                      |           |             |            |                      |                |          |         |         |          |
| PART I - If this is I swear (or affirm)  |                              |              | _                           |            |         |              |        |                          |                        |           |             |            |                      |                | .1       |         | :-e     |          |
| correct and comple                       |                              | ncluding the | e attached                  | scriedule  | s me    | u on         | paper  | or by ei                 | ectr                   | onic me   | earum       | , are to t | ne best o            | ту кноч        | vieage   | anu be  | iei, tr | ue       |
| Sworn to and subs                        | cribed before me t<br>day of | his          | 20                          |            |         |              |        |                          | •                      |           | S           | Signature  | of Perso             | n Submitt      | ing Re   | oort    |         | _        |
|  | Signa                        | ıture        |                             |            |         |              | -<br>- |                          | •                      |           |             |            | Print                | ted Name       |          |         |         | _        |
| My Commission Ex                         | cpires                       |              |                             |            |         |              | _      |                          |                        |           |             |            | Emai                 | I              |          |         |         |          |
|  | МО                           | D            | AY                          | YR         | l       |              |        |                          |                        | Are       | ea Cod      | de         | Daytim               | e Teleph       | one Nu   | mber    |         | ᆜ        |
| Part II- If this is                      | a report of a ca             | indidate's   | authorize                   | ed Comi    | mitte   | e, C         | andid  | ate sha                  | all s                  | sign he   | ere.        |            |                      |                |          |         |         |          |
| I swear (or affirm)<br>No 320) as amende |                              | f my knowl   | edge and b                  | elief this | s polit | tical        | comm   | ittee ha                 | s no                   | ot violat | ted an      | y provis   | ions of the          | e act of Ju    | ine 3,1  | 937 (P. | L. 133  | 3,       |
| Sworn to and subsc                       | ribed before me th<br>day of | is           | 20                          |            |         |              |        |                          | Signature of Candidate |           |             |            |                      |                | _        |         |         |          |
|  |                              |              | -                           |            |         |              | _      |                          |                        |           |             |            | Printe               | d Name         |          |         |         | -        |
| Signature                                |                              |              |                             |            |         |              | _      |                          | -                      |           |             |            | Emai                 | 1              |          |         |         | _        |
| My Commission Exp                        |                              |              |                             |            |         |              |        |                          |                        |           |             |            | Lind                 |                |          |         |         | _        |
|  | мо                           | D            | AY                          | YF         | ₹       |              |        |                          |                        | Area      | Code        |            | Da                   | ytime Te       | lephor   | ne Num  | ber     | -        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| -  |           |                 |              |            |
|--|-----------|-----------------|--------------|------------|
| Name of Filing Committee or Candidate  | Reporting | g Period        |              |            |
| REPUBLICAN STATE COMMITTEE OF PENNSYLVANIA   | From:     | <u>5/19/202</u> | <u>0</u> To: | 6/22/2020  |
| 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)  |           |                 | \$           | 44,000.00  |
| All Other Contributions (Part D)   |           |                 | \$           | 5,000.00   |
| TOTAL for the Reporting  | g Period  | (3)             | \$           | 49,000.00  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |                 |              |            |
| TOTAL for the Reporting  | g Period  | (4)             | \$           | 58,553.76  |
| 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 |           |                 | \$           | 107,553.76 |

#### **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 Candidat | Reporting Period |                   |       |      |      |    |        |
|--------------------------------------|------------------|-------------------|-------|------|------|----|--------|
|                                      |                  | '                 | 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.

### 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 |                  | Rep | orting P | eriod |      |    |            |
|--------------------------|--------------|------------------|-----|----------|-------|------|----|------------|
|                          |              |                  | Fro | m:       |       | To   | ): |            |
|                          |              |                  |     |          | 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            | Name of Filing Committee or Candidate Repor      |        |          |            | ing Period |        |      |           |           |  |
|-----------------|--|--------|----------|------------|------------|--------|------|-----------|-----------|--|
| REPU            | REPUBLICAN STATE COMMITTEE OF PENNSYLVANIA From: |        |          |            | <u>5/1</u> | 9/2020 | То:  | 6/22/2020 |           |  |
|                 |  |        |          |            | DA         | TE     |      | AMOL      | ТИТ       |  |
|                 | lame of Contributing Committee                   | IITTEE |          |            | мо         | DAY    | YEAR |           |           |  |
|                 |  | 111166 |          |            |            |        |      | \$        | 14,000.00 |  |
| Манн            | ng Address                                       |        |          |            | 5          | 22     | 2020 |           |           |  |
| City            | HARRISBURG                                       | State  | Zip Code | e (Plus 4) |            |        |      |           |           |  |
|                 |  | PA     | 171080   | 792        |            |        |      |           |           |  |
| Full N          | lame of Contributing Committee                   |        |          |            |            |        |      |           |           |  |
| HOUS            | SE REPUBLICAN CAMPAIGN COMM                      | ITTEE  |          |            | МО         | DAY    | YEAR | \$        | 30,000.00 |  |
| Mailing Address |  |        |          |            | 5          | 22     | 2020 | ·         | ,         |  |
| City            | HARRISBURG                                       | State  | Zip Code | e (Plus 4) | 3          | 22     | 2020 |           |           |  |

171081787

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

PA

**PAGE TOTAL \$**44,000.00

### 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.)

| REPUBLICAN STATE COMMITTEE OF PENNSYLVANIA |                    |       |                | Fron | n: | <u>5/1</u> | 9/2 | <u>020</u> <b>To:</b> |    | 6/22/2020 |
|--|--------------------|-------|----------------|------|----|------------|-----|-----------------------|----|-----------|
|  |                    |       |                |      | D/ | ATE        |     |                       |    | AMOUNT    |
| Full Na                                    | ame of Contributor |       |                |      | мо | DAY        |     | YEAR                  | \$ | 5,000.00  |
| THOM                                       | AS D. HAYS III     |       |                |      |    |            |     |                       | 7  | 3,000.00  |
| Mailing                                    | g Address          |       |                |      | 6  |            | 8   | 2020                  |    |           |
| City                                       | WYNNEWOOD          | State | Zip Code (Plus | 4)   |    |            | J   | 2020                  |    |           |
|  |                    | PA    | 190961308      |      |    |            |     |                       |    |           |

City

WYNNEWOOD

Reporting Period

Occupation

State

PΑ

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

Name of Filing Committee or Candidate

Employer Name TD HAYS LLC

**Employer Mailing Address/Principal Place of Business** 

| PAGE TOTAL     |
|----------------|
| \$<br>5,000.00 |

Zip Code (Plus 4)

190961308

**BUSINESS CONSULTANT** 

### 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 | Name of Filing Committee or Candidate Report |            |         |      |          |              |           |           |
|---------------------------------------|--|------------|---------|------|----------|--------------|-----------|-----------|
| REPUBLICAN STATE COMMITTEE OF PE      | NNSYLVANIA                                   |            | From:   |      | 5/19/202 | <u>0</u> To: | 6/22/2020 |           |
|                                       |  |            |         | D    | ATE      |              |           | AMOUNT    |
| Full Name                             |  |            |         | мо   | DAY      | YEAR         | \$        | 1.44      |
| FIRST NATIONAL BANK                   |  |            |         | 1-10 | DAI      | ILAK         | ] *       | 1.44      |
| Mailing Address                       |  |            |         | 5    | 29       | 2020         |           |           |
| City HARRISBURG                       | State  | Zip Code ( | Plus 4) |      |          |              |           |           |
|                                       | PA   | 17101      |         |      |          |              |           |           |
| Receipt Description INTEREST          |  |            |         |      | l        |              |           |           |
| Full Name                             |  |            |         | мо   | DAY      | YEAR         | _         | 4 117 70  |
| FIRST NATIONAL BANK                   |  |            |         | МО   | DAY      | YEAK         | \$        | 4,117.79  |
| Mailing Address                       |  |            |         | 5    | 29       | 2020         |           |           |
| City HARRISBURG                       | State  | Zip Code ( | Plus 4) | 3    |          | 2020         |           |           |
|                                       | PA   | 17101      |         |      |          |              |           |           |
| Receipt Description REFUND OF APR     | IL MORTGAGE OVER F                           | PAYMENT    |         |      | I        |              |           |           |
| Full Name                             |  |            |         |      |          |              |           |           |
| SENATE REPUBLICAN CAMPAIGN COMMI      | TTEE   |            |         | МО   | DAY      | YEAR         | \$        | 54,434.53 |
| Mailing Address                       |  |            |         | 6    | 4        | 2020         | 1         |           |
| City HARRISBURG                       | State  | Zip Code ( | Plus 4) | 0    | "        | 2020         |           |           |
|                                       | PA   | 17108      |         |      |          |              |           |           |
| Receipt Description PAYROLL REIMB     | URSEMENT                                     |            |         |      |          |              |           |           |
|                                       |  |            |         |      |          |              |           |           |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

**PAGE TOTAL \$** 58,553.76

#### **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 Per  | riod                        |           |
|--|----------------|-----------------------------|-----------|
| REPUBLICAN STATE COMMITTEE OF PENNSYLVANIA   | From:          | <u>5/19/2020</u> <b>To:</b> | 6/22/2020 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER CONTRIBUTO | R                           |           |
| 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 Cand | Name of Filing Committee or Candidate Rep |                        |         |          |      |             |            |  |
|----------------------------------|---|------------------------|---------|----------|------|-------------|------------|--|
| F                                |   |                        |         |          |      | То:         |            |  |
|                                  |   |                        |         | DATE     |      |             | AMOUNT     |  |
| Full Name of Contributor         |   |                        | МО      | DAY      | YEAR |             |            |  |
| Mailing Address                  |   |                        |         |          |      | <b>7</b> \$ | 0.00       |  |
| City                             | State                                     | Zip Code (Plus 4)      |         |          |      |             |            |  |
| Description of Contribution:     | •   |                        | •       | •        | •    |             |            |  |
|                                  |   |                        |         |          |      |             |            |  |
| Enter Grand Total of Part F on   | Schedule II, In-Ki                        | nd Contributions Detai | led Sum | mary Pag | 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   |                  |      |                  | Rep    | orting | 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  | ation        |       |      |                     |      |
| Employer Mailing Address/Principal Plac | e of Business    | City | V                | State  | e Zip  | Code(Plus 4) | Descr | ript | ion of Contribution | on   |
| Enter Grand Total of Part G on Scho     | edule II, In-Kir | nd C | Contributions De | etaile | ed     |              |       |      | PAGE TO             | ΓAL  |
| Summary Page, Section 3.                | ,                |      |                  |        |        |              |       |      |                     | 0.00 |

# STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate      | Reporting Pe | eriod     |     |           |
|--|--------------|-----------|-----|-----------|
| REPUBLICAN STATE COMMITTEE OF PENNSYLVANIA | From         | 5/19/2020 | То: | 6/22/2020 |

|  |                       |       |                   |                                 | DATE        |          | AMOUNT |          |  |  |
|--|-----------------------|-------|-------------------|---------------------------------|-------------|----------|--------|----------|--|--|
| To Wh                                      | om Paid               |       |                   | мо                              | DAY         | YEAR     |        |          |  |  |
| PATH                                       | FINDER COMMUNICATIONS |       |                   | 1-10                            |             |          |        |          |  |  |
| Mailin                                     | g Address             |       |                   | 6                               | 4           | 2020     | \$     | 8,730.00 |  |  |
| City                                       | MALVERN               | State | Zip Code (Plus 4) | Description of Expenditure      |             |          |        |          |  |  |
|  |                       | PA    | 193551530         | CAMPAIGN LITERATURE AND POSTAGE |             |          |        |          |  |  |
| To Whom Paid                               |                       |       |                   |                                 | DAY         | YEAR     |        |          |  |  |
| MELIN                                      | MELINDA HOUSER        |       |                   |                                 |             | ILAK     |        |          |  |  |
| Mailing Address                            |                       |       |                   |                                 | 15          | 2020     | \$     | 1,361.29 |  |  |
| City CORAOPOLIS State Zip Code (Plus 4)    |                       |       |                   | Description of Expenditure      |             |          |        |          |  |  |
| PA 151083553                               |                       |       |                   | SALARY                          |             |          |        |          |  |  |
| To Wh                                      | om Paid               |       |                   | мо                              | DAY         | YEAR     |        |          |  |  |
| KATIE                                      | S. SOKOLOSKI          |       |                   | 140                             |             | TEAR     |        |          |  |  |
| Mailing Address                            |                       |       |                   |                                 | 29          | 2020     | \$     | 1,995.82 |  |  |
| City MECHANICSBURG State Zip Code (Plus 4) |                       |       | Descrip           | tion of Exp                     | enditure    |          |        |          |  |  |
|  |                       | PA    | 170507901         | SALARY                          |             |          |        |          |  |  |
| To Wh                                      | om Paid               |       |                   | мо                              | DAY         | YEAR     |        |          |  |  |
| US PC                                      | STMASTER-HARRISBURG   |       |                   | 140                             |             | ILAK     |        |          |  |  |
| Mailin                                     | g Address             |       |                   | 5                               | 21          | 2020     | \$     | 1,219.47 |  |  |
| City                                       | HARRISBURG            | State | Zip Code (Plus 4) | Description of Expenditure      |             |          |        |          |  |  |
|  |                       | PA    | 171063300         | POSTAC                          | GE          |          |        |          |  |  |
| To Wh                                      | om Paid               |       |                   | мо                              | DAY         | YEAR     |        |          |  |  |
| MR. S                                      | TEVEN T. MILLER       |       |                   | МО                              |             | ILAK     |        |          |  |  |
| Mailin                                     | g Address             |       |                   | 5                               | 29          | 2020     | \$     | 1,955.24 |  |  |
| City                                       | BELLEFONTE            | State | Zip Code (Plus 4) | Descrip                         | tion of Exp | enditure | ı      |          |  |  |
|  |                       | PA    | 168237134         | SALARY                          | ,           |          |        |          |  |  |
| To Whom Paid                               |                       |       |                   | мо                              | DAY         | YEAR     |        |          |  |  |
| TRACY KOLICH                               |                       |       |                   |                                 |             | TEAR     |        |          |  |  |
| Mailing Address                            |                       |       |                   |                                 | 15          | 2020     | \$     | 3,182.76 |  |  |
| City                                       | HARRISBURG            | State | Zip Code (Plus 4) | Description of Expenditure      |             |          |        |          |  |  |
|  | PA 171101059          |       |                   |                                 | SALARY      |          |        |          |  |  |

|   |                     |       |                   |                                 |             |          |    | OL IZ    |  |  |
|---|---------------------|-------|-------------------|---------------------------------|-------------|----------|----|----------|--|--|
| To W                                    | nom Paid            |       |                   | МО                              | DAY         | YEAR     |    |          |  |  |
| MELIN                                   | NDA HOUSER          |       | 1-10              |                                 | 1 Z/IIX     |          |    |          |  |  |
| Mailin                                  | g Address           |       |                   | 5                               | 29          | 2020     | \$ | 1,361.27 |  |  |
| City                                    | CORAOPOLIS          | State | Zip Code (Plus 4) | Description of Expenditure      |             |          |    |          |  |  |
|   |                     | PA    | 151083553         | SALARY                          | ,           |          |    |          |  |  |
| To W                                    | nom Paid            |       |                   | мо                              | DAY         | YEAR     |    |          |  |  |
| AMER                                    | ICAN EXPRESS CO     |       |                   |                                 |             |          |    |          |  |  |
| Mailin                                  | g Address           |       |                   | 5                               | 27          | 2020     | \$ | 869.85   |  |  |
| City                                    | STATEN ISLAND       | State | Zip Code (Plus 4) | Description of Expenditure      |             |          |    |          |  |  |
|   |                     | NY    | 103111006         | CREDIT                          | CARD PAY    | MENT     |    |          |  |  |
| To Whom Paid                            |                     |       |                   | МО                              | DAY         | YEAR     |    |          |  |  |
| PA DEPARTMENT OF REVENUE                |                     |       |                   |                                 |             | 1 Z/IIX  |    |          |  |  |
| Mailin                                  | g Address           |       |                   | 5                               | 29          | 2020     | \$ | 716.48   |  |  |
| City HARRISBURG State Zip Code (Plus 4) |                     |       |                   |                                 | tion of Exp | enditure |    |          |  |  |
|   |                     | PA    | 171280904         | PAYROL                          | L TAX       |          |    |          |  |  |
| To Wi                                   | nom Paid            |       |                   | МО                              | DAY         | YEAR     |    |          |  |  |
| MARY                                    | STAUFFER            |       |                   | МО                              |             | ILAK     |    |          |  |  |
| Mailin                                  | g Address           |       |                   | 5                               | 29          | 2020     | \$ | 873.20   |  |  |
| City INDIANA State Zip Code (Plus 4)    |                     |       |                   |                                 | tion of Exp | enditure |    |          |  |  |
| PA 157012118                            |                     |       |                   | SALARY                          | ,           |          |    |          |  |  |
| To W                                    | nom Paid            |       |                   | мо                              | DAY         | YEAR     |    |          |  |  |
| MATT                                    | HEW MOYER           |       |                   | 1-10                            |             | 1 Z/IIX  |    |          |  |  |
| Mailin                                  | g Address           |       |                   | 5                               | 29          | 2020     | \$ | 988.35   |  |  |
| City                                    | FOGELSVILLE         | State | Zip Code (Plus 4) | Description of Expenditure      |             |          |    |          |  |  |
|   |                     | PA    | 180510004         | SALARY                          | •           |          |    |          |  |  |
| To Wi                                   | nom Paid            |       |                   | мо                              | DAY         | YEAR     |    |          |  |  |
| US PC                                   | STMASTER-HARRISBURG |       |                   |                                 |             |          |    |          |  |  |
| Mailin                                  | g Address           |       |                   | 5                               | 20          | 2020     | \$ | 935.36   |  |  |
| City                                    | HARRISBURG          | State | Zip Code (Plus 4) | Descrip                         | tion of Exp | enditure |    |          |  |  |
|   |                     | PA    | 171063300         | POSTAG                          | SE          |          |    |          |  |  |
| To Wi                                   | nom Paid            |       |                   | мо                              | DAY         | YEAR     |    |          |  |  |
| MARY                                    | STAUFFER            |       |                   | 1-10                            |             | 1 Z/ux   |    |          |  |  |
| Mailin                                  | g Address           |       |                   | 6                               | 15          | 2020     | \$ | 873.20   |  |  |
| City INDIANA State Zip Code (Plus 4)    |                     |       |                   |                                 | tion of Exp | enditure |    |          |  |  |
| PA 157012118                            |                     |       |                   | SALARY                          | ,           |          |    |          |  |  |
| To Whom Paid                            |                     |       |                   | МО                              | DAY         | YEAR     |    |          |  |  |
| LN CONSULTING                           |                     |       |                   |                                 |             | /        |    |          |  |  |
| Mailin                                  | g Address           |       |                   | 6                               | 4           | 2020     | \$ | 8,499.78 |  |  |
| City                                    | HARRISBURG          | State | Zip Code (Plus 4) | Descrip                         | tion of Exp | enditure |    |          |  |  |
|   |                     | PA    | 171011005         | CAMPAIGN LITERATURE AND POSTAGE |             |          |    |          |  |  |
|   |                     |       |                   |                                 |             |          |    |          |  |  |

| To Wi                      | nom Paid                 |       |                   | МО                         | DAY              | YEAR         |    |          |  |  |
|----------------------------|--------------------------|-------|-------------------|----------------------------|------------------|--------------|----|----------|--|--|
| INTER                      | RNAL REVENUE SERVICE     | 140   |                   | ILAK                       |                  |              |    |          |  |  |
| Mailin                     | ng Address               |       |                   | 6                          | 15               | 2020         | \$ | 6,394.72 |  |  |
| City                       | OGDEN                    | State | Zip Code (Plus 4) | Description of Expenditure |                  |              |    |          |  |  |
|                            |                          | UT    | 842010001         | PAYROLL TAX                |                  |              |    |          |  |  |
| To Wi                      | nom Paid                 |       |                   | мо                         | DAY              |              |    |          |  |  |
| INTER                      | INTERNAL REVENUE SERVICE |       |                   |                            |                  | YEAR         |    |          |  |  |
| Mailin                     | Mailing Address          |       |                   |                            | 29               | 2020         | \$ | 6,612.89 |  |  |
| City                       | OGDEN                    | State | Zip Code (Plus 4) | Description of Expenditure |                  |              |    |          |  |  |
|                            |                          | UT    | 842010001         | PAYROLL TAX                |                  |              |    |          |  |  |
| To Wi                      | nom Paid                 | •     | •                 | мо                         |                  |              |    |          |  |  |
| KEYSTONE COLLECTIONS GROUP |                          |       |                   |                            | DAY              | YEAR         |    |          |  |  |
| Mailin                     | ng Address               |       |                   | 5                          | 29               | 2020         | \$ | 446.92   |  |  |
| City                       | IRWIN                    | State | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure     |    |          |  |  |
|                            |                          | PA    | 156427539         | PAYROL                     | L TAX            |              |    |          |  |  |
| To Wi                      | nom Paid                 | •     | •                 |                            |                  |              |    |          |  |  |
| TRAC                       | Y KOLICH                 |       |                   | МО                         | DAY              | YEAR         |    |          |  |  |
| Mailin                     | ng Address               |       |                   | 5                          | 29               | 2020         | \$ | 3,182.74 |  |  |
| City                       | HARRISBURG               | State | Zip Code (Plus 4) | Description of Expenditure |                  |              |    |          |  |  |
| -                          |                          | PA    | 171101059         | SALARY                     |                  |              |    |          |  |  |
| To Wi                      | nom Paid                 | •     | •                 |                            |                  |              |    |          |  |  |
| DOUG                       | GLAS ZUBECK              |       |                   | МО                         | DAY              | YEAR         |    |          |  |  |
| Mailin                     | ng Address               |       |                   | 5                          | 29               | 2020         | \$ | 1,022.52 |  |  |
| City                       | ELIZABETHTOWN            | State | Zip Code (Plus 4) | Description of Expenditure |                  |              |    |          |  |  |
|                            |                          | PA    | 170229544         | SALARY                     |                  |              |    |          |  |  |
| To Wi                      | nom Paid                 | •     |                   |                            |                  |              |    |          |  |  |
| TAYLO                      | OR WAMSHER               |       |                   | МО                         | DAY              | YEAR         |    |          |  |  |
| Mailin                     | ng Address               |       |                   | 6                          | 15               | 2020         | \$ | 1,931.48 |  |  |
| City                       | HUMMELSTOWN              | State | Zip Code (Plus 4) | Descript                   | l<br>tion of Exp | <br>enditure |    |          |  |  |
|                            | 11011111220101111        | PA    | 170369341         | SALARY                     |                  |              |    |          |  |  |
| To W                       | nom Paid                 |       |                   |                            |                  |              |    |          |  |  |
|                            | DSTMASTER-HARRISBURG     |       |                   | МО                         | DAY              | YEAR         |    |          |  |  |
| Mailin                     | ng Address               |       |                   | 5                          | 26               | 2020         | \$ | 595.96   |  |  |
| City                       | HARRISBURG               | State | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure     | 1  |          |  |  |
| PA 171063300               |                          |       |                   | POSTAG                     | SE               |              |    |          |  |  |
| To Whom Paid               |                          |       |                   | МО                         | DAY              | YEAR         |    |          |  |  |
| KATIE S. SOKOLOSKI         |                          |       |                   | MU                         | DAT              | TEAK         |    |          |  |  |
| Mailin                     | ng Address               |       |                   | 6                          | 12               | 2020         | \$ | 1,750.00 |  |  |
| City                       | MECHANICSBURG            | State | Zip Code (Plus 4) | Descript                   | tion of Exp      | enditure     |    |          |  |  |
|                            |                          | PA    | 170507901         | HEALTH BENEFITS            |                  |              |    |          |  |  |
|                            | 1 1 2 2 2 2              |       |                   |                            |                  |              |    |          |  |  |

|   |                                |       |                   |                              |             |            |    | IGE 14   |  |  |
|---|--------------------------------|-------|-------------------|------------------------------|-------------|------------|----|----------|--|--|
| To Wi                                   | nom Paid                       | мо    | DAY               | YEAR                         |             |            |    |          |  |  |
| US PO                                   | OSTMASTER-HARRISBURG           |       |                   |                              |             |            |    |          |  |  |
| Mailin                                  | ng Address                     |       |                   | 5                            | 26          | 2020       | \$ | 416.44   |  |  |
| City                                    | HARRISBURG                     | State | Zip Code (Plus 4) | ) Description of Expenditure |             |            |    |          |  |  |
|   |                                | PA    | 171063300         | POSTAG                       | SE          |            |    |          |  |  |
| To Wi                                   | nom Paid                       |       |                   | МО                           | DAY         | YEAR       |    |          |  |  |
| NATIO                                   | NATIONAL VISION ADMINISTRATORS |       |                   |                              |             |            |    |          |  |  |
| Mailin                                  | Mailing Address                |       |                   |                              | 27          | 2020       | \$ | 11.52    |  |  |
| City                                    | MECHANICSBURG                  | State | Zip Code (Plus 4) | Descrip                      | tion of Exp | enditure   |    |          |  |  |
| PA 170554879                            |                                |       |                   | HEALTH                       | BENEFITS    | 5          |    |          |  |  |
| To Wi                                   | nom Paid                       |       |                   | МО                           | DAY         | YEAR       |    |          |  |  |
| PA DE                                   | EPARTMENT OF REVENUE           |       |                   |                              |             |            |    |          |  |  |
| Mailin                                  | g Address                      |       |                   | 6                            | 15          | 2020       | \$ | 692.33   |  |  |
| City                                    | HARRISBURG                     | State | Zip Code (Plus 4) | Descrip                      | tion of Exp | enditure   |    |          |  |  |
|   |                                | PA    | 171280904         | PAYROL                       | L TAX       |            |    |          |  |  |
| To Wi                                   | nom Paid                       |       |                   | мо                           | DAY         | YEAR       |    |          |  |  |
| US PO                                   | OSTMASTER-HARRISBURG           |       |                   |                              |             | 7 = 7 1111 |    |          |  |  |
| Mailin                                  | g Address                      |       |                   | 5                            | 20          | 2020       | \$ | 952.55   |  |  |
| City                                    | HARRISBURG                     | State | Zip Code (Plus 4) | Descrip                      | tion of Exp | enditure   | •  |          |  |  |
|   |                                | PA    | 171063300         | POSTAGE                      |             |            |    |          |  |  |
| To Wi                                   | nom Paid                       |       |                   | МО                           | DAY         | YEAR       |    |          |  |  |
| US PO                                   | OSTMASTER-HARRISBURG           |       |                   |                              |             |            |    |          |  |  |
| Mailin                                  | g Address                      |       |                   | 5                            | 21          | 2020       | \$ | 1,061.76 |  |  |
| City                                    | HARRISBURG                     | State | Zip Code (Plus 4) | Description of Expenditure   |             |            |    |          |  |  |
|   |                                | PA    | 171063300         | POSTAG                       | SE .        |            |    |          |  |  |
| To Wi                                   | nom Paid                       |       |                   | МО                           | DAY         | YEAR       |    |          |  |  |
| PA UC                                   | FUND                           |       |                   |                              |             |            |    |          |  |  |
| Mailin                                  | g Address                      |       |                   | 5                            | 29          | 2020       | \$ | 327.53   |  |  |
| City                                    | HARRISBURG                     | State | Zip Code (Plus 4) | Descrip                      | tion of Exp | enditure   |    |          |  |  |
|   |                                | PA    | 171068568         | PAYROL                       | L TAX       |            |    |          |  |  |
| To Wi                                   | nom Paid                       |       |                   | МО                           | DAY         | YEAR       |    |          |  |  |
| FIRST                                   | NATIONAL BANK                  |       |                   | 110                          |             | 1 Z Aux    |    |          |  |  |
| Mailin                                  | ng Address                     |       |                   | 5                            | 27          | 2020       | \$ | 3,181.84 |  |  |
| City HARRISBURG State Zip Code (Plus 4) |                                |       |                   |                              | tion of Exp | enditure   | •  |          |  |  |
| PA 171011402                            |                                |       |                   | MORTG                        | AGE         |            |    |          |  |  |
| To Whom Paid                            |                                |       |                   | МО                           | DAY         | YEAR       |    |          |  |  |
| AMY DININNY                             |                                |       |                   |                              |             | LAIN       |    |          |  |  |
| Mailin                                  | g Address                      |       |                   | 6                            | 15          | 2020       | \$ | 4,045.01 |  |  |
| City                                    | YOUNGSVILLE                    | State | Zip Code (Plus 4) | Descrip                      | tion of Exp | enditure   | •  |          |  |  |
|   |                                | PA    | 163711131         | SALARY                       |             |            |    |          |  |  |
|   |                                |       |                   |                              |             |            |    |          |  |  |

| To W                                     | nom Paid               |       |                   | мо                           | DAY                        | YEAR     |    |           |  |  |
|--|------------------------|-------|-------------------|------------------------------|----------------------------|----------|----|-----------|--|--|
| PA UC                                    | FUND                   |       |                   |                              |                            |          |    |           |  |  |
| Mailin                                   | g Address              |       |                   | 6                            | 15                         | 2020     | \$ | 209.83    |  |  |
| City                                     | HARRISBURG             | State | Zip Code (Plus 4) | Description of Expenditure   |                            |          |    |           |  |  |
|  |                        | PA    | 171068568         | PAYROL                       | L TAX                      |          |    |           |  |  |
| To Wi                                    | nom Paid               |       |                   | мо                           | DAY                        | YEAR     |    |           |  |  |
| KATIE                                    | S. SOKOLOSKI           |       |                   |                              |                            |          |    |           |  |  |
| Mailin                                   | g Address              |       |                   | 6                            | 15                         | 2020     | \$ | 1,995.83  |  |  |
| City                                     | MECHANICSBURG          | State | Zip Code (Plus 4) | Description of Expenditure   |                            |          |    |           |  |  |
|  |                        | PA    | 170507901         | SALARY                       | ,                          |          |    |           |  |  |
| To Whom Paid                             |                        |       |                   |                              | DAY                        | YEAR     |    |           |  |  |
| MATTHEW MOYER                            |                        |       |                   |                              | DAI                        | ILAK     |    |           |  |  |
| Mailin                                   | ng Address             |       |                   | 6                            | 15                         | 2020     | \$ | 988.36    |  |  |
| City                                     | FOGELSVILLE            | State | Zip Code (Plus 4) | Descrip                      | tion of Exp                | enditure |    |           |  |  |
|  |                        | PA    | 180510004         | SALARY                       | •                          |          |    |           |  |  |
| To Wi                                    | nom Paid               |       |                   | мо                           | DAY                        | YEAR     |    |           |  |  |
| KEYS                                     | TONE COLLECTIONS GROUP | МО    | DAI               | ILAK                         |                            |          |    |           |  |  |
| Mailin                                   | g Address              |       |                   | 6                            | 15                         | 2020     | \$ | 446.92    |  |  |
| City                                     | IRWIN                  | State | Zip Code (Plus 4) | Description of Expenditure   |                            |          |    |           |  |  |
|  |                        | PA    | 156427539         | PAYROLL TAX                  |                            |          |    |           |  |  |
| To Whom Paid                             |                        |       |                   | МО                           | DAY                        | YEAR     |    |           |  |  |
| UNITE                                    | ED CONCORDIA           |       |                   | МО                           |                            | ILAK     |    |           |  |  |
| Mailin                                   | g Address              |       |                   | 6                            | 12                         | 2020     | \$ | 72.36     |  |  |
| City                                     | KING OF PRUSSIA        | State | Zip Code (Plus 4) | Description of Expenditure   |                            |          |    |           |  |  |
|  |                        | PA    | 194061333         | HEALTH                       | BENEFITS                   | 5        |    |           |  |  |
| To Wi                                    | nom Paid               |       |                   | МО                           | DAY                        | YEAR     |    |           |  |  |
| HIGH                                     | MARK BLUE SHIELD       |       |                   | 140                          |                            | TEAK     |    |           |  |  |
| Mailin                                   | g Address              |       |                   | 5                            | 27                         | 2020     | \$ | 2,821.74  |  |  |
| City                                     | CAMP HILL              | State | Zip Code (Plus 4) | Descrip                      | tion of Exp                | enditure |    |           |  |  |
|  |                        | PA    | 170111702         | HEALTH                       | BENEFITS                   | 5        |    |           |  |  |
| To Wi                                    | nom Paid               |       |                   | мо                           | DAY                        | YEAR     |    |           |  |  |
| AMY [                                    | DININNY                |       |                   | МО                           | DAI                        | ILAK     |    |           |  |  |
| Mailin                                   | g Address              |       |                   | 5                            | 29                         | 2020     | \$ | 4,045.02  |  |  |
| City YOUNGSVILLE State Zip Code (Plus 4) |                        |       |                   |                              | Description of Expenditure |          |    |           |  |  |
| PA 163711131                             |                        |       |                   | SALARY                       | ,                          |          |    |           |  |  |
| To Whom Paid                             |                        |       |                   | мо                           | DAY                        | YEAR     |    |           |  |  |
| HALLOWELL & BROOKS                       |                        |       |                   | 140                          |                            | LAIN     |    |           |  |  |
| Mailin                                   | g Address              |       |                   | 5                            | 27                         | 2020     | \$ | 28,351.59 |  |  |
| City                                     | WEST CHESTER           | State | Zip Code (Plus 4) | Descrip                      | tion of Exp                | enditure |    |           |  |  |
|  |                        | PA    | 193801713         | CAMPAIGN LITERATURE & DSTAGE |                            |          |    |           |  |  |
|  |                        |       |                   |                              |                            |          |    |           |  |  |

|                        |                          |       |                         |                            |             |          |    | PAGE 16    |  |  |  |
|------------------------|--------------------------|-------|-------------------------|----------------------------|-------------|----------|----|------------|--|--|--|
| To Who                 | om Paid                  |       | мо                      | DAY                        | YEAR        |          |    |            |  |  |  |
| TAYLO                  | R WAMSHER                |       |                         | 1-10                       |             | 12/11    |    |            |  |  |  |
| Mailing                | g Address                |       |                         | 5                          | 29          | 2020     | \$ | 1,931.50   |  |  |  |
| City                   | HUMMELSTOWN              | State | Zip Code (Plus 4)       | Description of Expenditure |             |          |    |            |  |  |  |
|                        |                          | PA    | 170369341               | SALARY                     | ,           |          |    |            |  |  |  |
| To Who                 | om Paid                  |       |                         | мо                         | DAY         | YEAR     |    |            |  |  |  |
| LEBANON VALLEY COLLEGE |                          |       |                         |                            |             |          |    |            |  |  |  |
| Mailing                | g Address                |       |                         | 6                          | 12          | 2020     | \$ | 100.00     |  |  |  |
| City                   | LEBANON                  | State | Zip Code (Plus 4)       | Descript                   | tion of Exp | enditure |    |            |  |  |  |
| PA 170424508           |                          |       |                         |                            | Y RENTAL    |          |    |            |  |  |  |
| To Who                 | om Paid                  |       |                         | МО                         | DAY         | YEAR     |    |            |  |  |  |
| MR. ST                 | TEVEN T. MILLER          |       |                         |                            |             |          |    |            |  |  |  |
| Mailing                | Address                  |       |                         | 6                          | 15          | 2020     | \$ | 1,955.23   |  |  |  |
| City                   | BELLEFONTE               | State | Zip Code (Plus 4)       | Description of Expenditure |             |          |    |            |  |  |  |
|                        |                          | PA    | 168237134               | SALARY                     |             |          |    |            |  |  |  |
| To Who                 | om Paid                  |       |                         | МО                         | DAY         | YEAR     |    |            |  |  |  |
| DOUGI                  | LAS ZUBECK               |       |                         |                            |             |          |    |            |  |  |  |
| Mailing                | g Address                |       |                         | 6                          | 15          | 2020     | \$ | 413.65     |  |  |  |
| City                   | ELIZABETHTOWN            | State | Zip Code (Plus 4)       | Description of Expenditure |             |          |    |            |  |  |  |
|                        |                          | PA    | 170229544               | SALARY                     |             |          |    |            |  |  |  |
| To Who                 | om Paid                  |       |                         | МО                         | DAY         | YEAR     |    |            |  |  |  |
| RED M                  | AVERICK MEDIA            |       |                         |                            |             |          |    |            |  |  |  |
| Mailing                | g Address                |       |                         | 6                          | 4           | 2020     | \$ | 14,381.00  |  |  |  |
| City                   | HARRISBURG               | State | Zip Code (Plus 4)       | Description of Expenditure |             |          |    |            |  |  |  |
|                        |                          | PA    | 171011377               | CAMPAIGN LITERATURE        |             |          |    |            |  |  |  |
| To Who                 | om Paid                  |       |                         | мо                         | DAY         | YEAR     |    |            |  |  |  |
| RGB POLITICS           |                          |       |                         |                            |             |          |    |            |  |  |  |
| Mailing Address        |                          |       |                         |                            | 29          | 2020     | \$ | 31,506.00  |  |  |  |
| City                   | CAMP HILL                | State | Zip Code (Plus 4)       | Description of Expenditure |             |          |    |            |  |  |  |
| PA 170112948           |                          |       | CAMPAI                  | GN LITERA                  | ATURE       |          |    |            |  |  |  |
|                        |                          |       |                         |                            |             |          |    |            |  |  |  |
| Fut                    | Count Tatal of Forms 111 |       | port Cover Page, Item D | •                          |             |          |    | PAGE TOTAL |  |  |  |

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

| Name of Filing Committee or Candidate                                   |                                      |             |        | ng Period |                                |      |      |                  |  |
|---|--------------------------------------|-------------|--------|-----------|--------------------------------|------|------|------------------|--|
| REPUBLICAN STATE COMMITTEE OF PENNSYLVANIA From                         |                                      |             |        |           | <u>5/19/2020</u> <b>To:</b>    |      |      | 6/22/2020        |  |
|   |                                      | DATE        |        |           | Outstanding<br>Balance of Debt |      |      |                  |  |
| Name of Creditor  |                                      |             |        |           | DAY                            | YEAR |      |                  |  |
| LAMB MCERLANE PC  |                                      |             |        | МО        |                                |      |      |                  |  |
| Mailing Address   |                                      |             |        | 9         | 13                             | 2019 | 9 \$ | \$ 35,000.00     |  |
| City WEST CHESTER   | State                                | Zip Code (P | lus 4) | Descript  | tion of Deb                    | t    |      |                  |  |
|   | PA 19382315 BILL RECEIVED - LEGAL CO |             |        |           |                                |      | CON  | SULTING AND FEES |  |
|   |                                      |             |        |           |                                |      |      | PAGE TOTAL       |  |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |                                      |             |        |           |                                |      |      | 35,000.00        |  |