# **Campaign Finance Report**

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

| Filer Identificat<br>Number : | <b>tion</b> 2020  | C1404     |                       |        | Repor<br>Filed |              | CANDI        | DATE     | ✓        | СС      | OMMITTEI               |                | LOBI         | BYIST    |                       |
|-------------------------------|---|-----------|-----------------------|--------|----------------|--------------|--------------|----------|----------|---------|------------------------|----------------|--------------|----------|-----------------------|
| Name of Filing                | Committee, Candida                                      | ate or Lo | obbyist:              |        | ELVIRA         | N. B         | ERRY         |          |          |         |                        |                |              |          |                       |
| Street Address:               |   |           |                       |        |                |              |              |          |          |         |                        |                |              |          |                       |
| City:                         |   |           |                       |        |                |              | State:       |          |          |         | Zip Cod                | <b>e:</b> 19   | 087          |          |                       |
| TYPE OF<br>REPORT             | 6TH TUESDAY<br>PRE-PRIMARY                              | 1.        | 2ND FRIDA<br>PRIMARY  | Y PRE  | - 2.           | 30 D<br>PRIM |              | POST-    | DST- 3.  |         | AMENDMENT<br>REPORT?   |                | Yes          | No       | $\checkmark$          |
| (place X to<br>the right of   | 6TH TUESDAY<br>PRE-ELECTION                             | 4.        | 2ND FRIDA<br>ELECTION | y pre  | ∃- 5. <b>X</b> | 30 D<br>ELEC | AY I<br>TION | POST-    | 6.       |         | TERMINATION<br>REPORT? |                | Yes          | No       | $\checkmark$          |
| report type)                  | ANNUAL REPORT   | 7.        | . Year 2020 FILING M  |        |                |              |              |          |          |         | PAPER                  |                | $\checkmark$ | DISKE    | TTE                   |
| Name of Office                | Sought by Candidat                                      | te:       |                       |        |                |              | DATE O       | OF ELEC  | TION     |         | District<br>Number     | Office<br>Code | Par          | ty Code  | County<br>Code        |
|                               | HE GENERAL ASSE   |           |                       |        |                |              | мо           | DAY      | YEA      | R       | 17                     | STS            | DEN          | 1        |                       |
| SENATOR IN I                  | TE GENERAL ASSE   |           |                       | 11     |                | 3 2          | 2020         |          | (SEE INS | TRUCTI  | ONS FOR                | CODES)         |              |          |                       |
|                               | Receipts and  | мо        | DAY                   | YEAR   | Ł              |              | мо           | DAY      | YEA      | R       | FO                     | R OFFIC        | e use        | ONLY     |                       |
| Expenditure                   | s from:   |           | 9 15                  | 2      | 020 <b>1</b>   | Ο            | 10           | 1        | 9 2      | 2020    |                        |                |              |          |                       |
| A. Amount Bro                 | ought Forward Fron                                      | n Last Ro | eport                 |        |                | \$           | 5            |          |          | 0.00    |                        |                |              |          |                       |
| B. Total Monet                | tary Contributions A                                    | And Rece  | eipts (From           | 1 Sche | dule I)        | 4            | \$ 0.00      |          |          |         |                        |                |              |          |                       |
| C. Total Funds                | Available (Sum Of                                       | Lines A   | and B)                |        |                | \$           | 5            |          |          | 0.00    |                        |                |              |          |                       |
| D. Total Exper                | nditures (From Sche                                     | edule III | [)                    |        |                | \$           | 5            |          | 2,415    | 5.14    |                        |                |              |          |                       |
| E. Ending Casl                | h Balance (Subtract                                     | t Line D  | From Line             | C)     |                | 4            | 5            |          | (        | 0.00    | -                      |                |              |          |                       |
| F. Value Of In                | -Kind Contributions                                     | Receive   | ed (From S            | chedu  | le II)         | 4            | 5            |          | (        | 0.00    | -                      |                |              |          |                       |
| G. Unpaid Deb                 | ts And Obligations                                      | (From S   | chedule IV            | ')     |                | 4            | 5            |          | (        | 0.00    |                        |                |              |          |                       |
|                               |   |           |                       | AFF    | IDAV           | IT SE        | CTION        |          |          |         |                        |                |              |          |                       |
|                               | is a Committee repo                                     |           |                       |        |                |              |              |          |          |         |                        |                |              |          | - <b>6</b> . <b>1</b> |
| correct and comp              | ı) that this report, incl<br>lete.                      | uaing the | attached sc           | nedule | s filed on     | paper        | or by elect  | ronic me | dium, a  | re to 1 | the best of            | ту кпом        | leage        | and bell | ef , true             |
| Sworn to and sub              | scribed before me this<br>day of<br>                    | 5         | 20                    |        |                |              |              |          | Sigi     | nature  | e of Person            | Submitt        | ng Rep       | oort     |                       |
|                               | Signatu   | re        |                       |        |                | _            |              |          |          |         | Print                  | ed Name        |              |          |                       |
| My Commission E               | xpires  |           |                       |        |                | _            |              |          |          |         | Email                  |                |              |          |                       |
|                               | МО  | DA        | NY                    | YR     |                |              |              | Are      | a Code   |         | Daytime                | e Telepho      | one Nu       | mber     |                       |
|                               | s a report of a cand<br>) that to the best of m<br>led. |           |                       |        |                |              |              | -        |          | provis  | ions of the            | act of Ju      | ne 3,1       | 937 (P.L | 1333,                 |
| Sworn to and subs             | cribed before me this                                   |           |                       |        |                |              |              |          |          | s       | ignature o             | f Candida      | te           |          |                       |
|                               | day of  |           | 20                    |        |                |              |              |          |          |         | Printeo                | d Name         |              |          |                       |
| My Commission Ex              | Signature   |           |                       |        |                | _            |              |          |          |         | Emai                   | 1              |              |          |                       |
|                               |   |           |                       |        |                | _            |              |          |          |         |                        |                |              |          |                       |
|                               | МО  | DA        | NY                    | YR     | 1              |              |              | Area C   | ode      |         | Da                     | ytime Te       | lephon       | e Numb   | er                    |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** ELVIRA N. BERRY From: <u>9/15/2020</u> To: 10/19/2020 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 0.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 0.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 0.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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 Candidate |  |  |  | Reporting Period |      |      |    |            |  |  |
|---------------------------------------|--|--|--|------------------|------|------|----|------------|--|--|
| Fro                                   |  |  |  | om:              |      |      |    |            |  |  |
|                                       |  |  |  |                  | DATE |      |    | AMOUNT     |  |  |
| Full Name of Contributing Committee   |  |  |  | мо               | DAY  | YEAR |    |            |  |  |
| Mailing Address                       |  |  |  |                  |      |      | \$ | 0.00       |  |  |
| City State Zip Code (Plus 4)          |  |  |  |                  |      |      |    |            |  |  |
|                                       |  |  |  |                  |      |      | Γ  | PAGE TOTAL |  |  |

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

0.00

\$

PAGE 3

| PART B<br>ALL OTHER CONTRIBUTIONS<br>\$50.01 TO \$250.00<br>Use this Part to itemize all other contributions with an aggregate value from<br>\$50.01 to \$250.00 in the reporting period.<br>(Exclude contributions from political committees reported in Part A) |   |                   |     |          |       |      |    |        |  |
|---|---|-------------------|-----|----------|-------|------|----|--------|--|
| Name of Filing Committee or Candidat  | e   |                   | Rep | orting P | eriod |      |    |        |  |
| From: 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 S  | PAGE TOTAL         Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.         \$       0.00 |                   |     |          |       |      |    |        |  |

# PART C Contributions Received From Political Committees

OVER \$250.00

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

| Name of Filing Committee or Candidate |                       |               | Reporting Period |      |     |      |    |            |
|---------------------------------------|-----------------------|---------------|------------------|------|-----|------|----|------------|
|                                       |                       |               | From:            |      |     | То:  |    |            |
|                                       |                       |               |                  | DA   | TE  |      | А  | MOUNT      |
| Full Name of Contributing Comm        | ittee                 |               |                  | мо   | DAY | YEAR |    |            |
| Mailing Address                       |                       |               |                  |      |     |      | \$ | 0.00       |
| City                                  | State                 | Zip Cod       | e (Plus 4)       |      |     |      |    |            |
|                                       |                       |               |                  |      |     | ſ    |    | PAGE TOTAL |
| Enter Grand Total of Part C or        | n Schedule I, Detaile | ed Summary Pa | age, Sectio      | n 3. |     |      | \$ | 0.00       |

# PART D ALL OTHER CONTRIBUTIONS

### OVER \$250.00

## Use this Part to itemize all other contributions with an aggregate value of

over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate | Reporting Period |     |
|---------------------------------------|------------------|-----|
|                                       | From:            | То: |

|  |                        |           |                  | D       | ATE   |      | АМ       | OUNT     |
|--|------------------------|-----------|------------------|---------|-------|------|----------|----------|
| Full Name of Contributor                         |                        |           |                  | мо      | DAY   | YEAR |          |          |
| Mailing<br>Address                               |                        |           |                  |         |       |      | \$       | 0.00     |
| City   | State                  | Zi        | p Code (Plus 4)  |         |       |      |          |          |
| Employer Name                                    |                        |           |                  | Occupat | tion  |      |          |          |
| Employer Mailing Address/Principal P<br>Business | lace of                |           | City             |         | State |      | Zip Code | (Plus 4) |
| Enter Grand Total of Part C on Sc                | hedule I <i>,</i> Deta | iled Sumr | narv Page, Secti | on 3.   |       | Γ    | PA       | GE TOTAL |
|  | ,                      |           | , . <u>.</u>     | -       |       |      | \$       | 0.00     |

I

# PART E **OTHER RECEIPTS**

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.** Use this Part to report refunds received, interest earned, returned checks and

### prior expenditures that were returned to the filer.

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate |            |         | Reporting Period |        |      |    |         |      |  |
|---------------------------------------|---------------------------------------|------------|---------|------------------|--------|------|----|---------|------|--|
| From                                  |                                       |            |         |                  | m: To: |      |    |         |      |  |
|                                       |                                       |            |         | D                | ATE    |      |    | AMOUNT  | Ī    |  |
| Full Name                             |                                       |            |         | мо               | DAY    | YEAR |    |         |      |  |
| Mailing Address                       |                                       |            |         |                  |        |      | \$ | i       | 0.00 |  |
| City                                  | State                                 | Zip Code ( | Plus 4) |                  |        |      |    |         |      |  |
| Receipt Description                   | ·                                     |            |         |                  |        |      |    |         |      |  |
| Enter Grand Total of Part E on Sched  | ule T. Detailed Sur                   | mmary Page | Section | 4                |        |      |    | PAGE TO | TAL  |  |
|                                       |                                       |            | Section |                  |        |      | \$ |         | 0.00 |  |

# SCHEDULE II IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

### USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate   | Reporting Period |                             |                   |
|---|------------------|-----------------------------|-------------------|
| ELVIRA N. BERRY   | From:            | <u>9/15/2020</u> <b>то:</b> | <u>10/19/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | ER CONTRIBUTOR   |                             |                   |
| TOTAL for the Reporting Pe  | riod (1)         | \$                          | 0.00              |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART   | ſF)              |                             |                   |
| TOTAL for the Reporting Pe  | riod (2)         | \$                          | 0.00              |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)  |                  |                             |                   |
| TOTAL for the Reporting Pe  | riod (3)         | \$                          | 0.00              |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (<br>amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1 |                  | \$                          | 0.00              |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

# VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate R            |                    |                   | Reporting Period |          |      |      |       |  |
|--|--------------------|-------------------|------------------|----------|------|------|-------|--|
|  | From:              |                   |                  | То:      |      |      |       |  |
|  |                    |                   |                  | DATE     |      | АМО  | UNT   |  |
| 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 Sched<br>Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum         | mary Pag | je,  | PAGE | TOTAL |  |
|  |                    |                   |                  |          | 4    | 6    | 0.00  |  |

0.00

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

| Name of Filing Committee or C             | lame of Filing Committee or Candidate |         |               |      | Reporting P | Period    |        |          |              |
|---|---------------------------------------|---------|---------------|------|-------------|-----------|--------|----------|--------------|
|   |                                       |         |               |      | From:       |           | То:    |          |              |
|   |                                       |         |               |      |             | DATE      |        |          | AMOUNT       |
| Full Name of Contributor                  |                                       |         |               |      | мо          | DAY       | YEAR   |          |              |
| Mailing Address                           |                                       |         |               |      |             |           |        | \$       | 0.00         |
| City                                      | State                                 |         | Zip Code(Plus | 4)   |             |           |        |          |              |
| Employer of Contributor                   |                                       |         | 1             |      | Occupa      | l<br>tion |        |          |              |
| Employer Mailing Address/Prin<br>Business | cipal Place of                        | City    | Sta           | te   | Zip<br>4)   | Code(Plus | Descri | ption of | Contribution |
| Enter Grand Total of Part G               | Con Schedule II                       | In-Kind | Contributions | Dota | iled        |           |        |          | PAGE TOTAL   |

|  | 1  |
|--|----|
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed<br>Summary Page, Section 3. | PA |

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate      |                    |                                   | Reporti   | ng Period                |               |     |                   |  |
|--|--------------------|-----------------------------------|---|--------------------------|---------------|-----|-------------------|--|
| ELVIRA N. BERRY                            |                    |                                   | From  | <u>9/1</u>               | <u>5/2020</u> | То: | <u>10/19/2020</u> |  |
|  |                    |                                   |   | DATE                     |               |     | AMOUNT            |  |
| To Whom Paid<br>FRIENDS OF ELVIRA N. BERRY |                    |                                   | мо  | DAY                      | YEAR          |     |                   |  |
| Mailing Address 144 NORTH NARBET           | TH AVENUE P.O. BOX | 33                                | 8   | 11                       | 2020          | \$  | 1,500.00          |  |
| City NARBERTH                              | State<br>PA        | <b>Zip Code (Plus 4)</b><br>19072 | Description of Expenditure<br>DONATION FOR CAMPAIGN |                          |               |     |                   |  |
| To Whom Paid<br>GOOGLE GSUITE              |                    |                                   |   | DAY                      | YEAR          |     |                   |  |
| Mailing Address                            |                    |                                   |   | 2                        | 2020          | \$  | 74.12             |  |
| City State Zip Code (Plus 4)               |                    |                                   |   | tion of Exp<br>SERVICES  | penditure     | 2   |                   |  |
| To Whom Paid<br>GOOGLE GSUITE              |                    |                                   | мо  | DAY                      | YEAR          |     |                   |  |
| Mailing Address                            |                    |                                   | 4   | 2                        | 2020          | \$  | 76.32             |  |
| City                                       | State              | Zip Code (Plus 4)                 |   | tion of Exp<br>SERVICES  | penditure     | 2   |                   |  |
| To Whom Paid<br>GOOGLE GSUITE              |                    |                                   | мо  | DAY                      | YEAR          |     |                   |  |
| Mailing Address                            |                    |                                   | 5   | 4                        | 2020          | \$  | 76.32             |  |
| City                                       | State              | Zip Code (Plus 4)                 |   | otion of Exp<br>SERVICES |               | 3   |                   |  |
| To Whom Paid<br>GOOGLE GSUITE              |                    |                                   | мо  | DAY                      | YEAR          |     |                   |  |
| Mailing Address                            |                    |                                   | 6   | 2                        | 2020          | \$  | 76.32             |  |
| City                                       | State              | Zip Code (Plus 4)                 |   | tion of Exp<br>SERVICES  |               | 3   |                   |  |

| To Whom Paid   |                   |  |                                   |  |  |  |         |                  |        |  |
|--|-------------------|--|-----------------------------------|--|--|--|---------|------------------|--------|--|
| GOOGLE GSUITE  |                   |  | мо                                | DAY  | YEAR   |  |         |                  |        |  |
|  |                   |  |                                   | _  |  |  |         |                  |        |  |
| Mailing Address  |                   |  |                                   | 7  | 3  | 2020   | \$      |                  | 76.32  |  |
| City   |                   | State  | Zip Code (Plus 4)                 | Descrip  | tion of Ex   | ,<br>penditure   |         |                  |        |  |
|  |                   |  |                                   | EMAIL SERVICES   |  |  |         |                  |        |  |
| To Whom Paid   |                   |  |                                   |  |  |  |         |                  |        |  |
| GOOGLE GSUITE  |                   |  |                                   | мо   | DAY  | YEAR   |         |                  |        |  |
| Mailing Address  |                   |  |                                   | 7  | 28   | 2020   | \$      | 1                | 199.99 |  |
| City   |                   | State  | Zip Code (Plus 4)                 | Descrip  | tion of Exi  | l<br>Denditure   |         |                  |        |  |
|  |                   |  |                                   | Description of Expenditure<br>EMAIL SERVICES               |  |  |         |                  |        |  |
| To Whom Paid   |                   | 1  | 1                                 |  |  |  |         |                  |        |  |
| GOOGLE GSUITE  |                   |  |                                   | мо   | DAY  | YEAR   |         |                  |        |  |
|  |                   |  |                                   |  |  |  |         |                  |        |  |
| Mailing Address  |                   |  | 10                                | 9  | 2020   | \$   | 1       | L60.27           |        |  |
| City   |                   | State  | Zip Code (Plus 4)                 | Description of Expenditure                                 |  |  |         |                  |        |  |
|  |                   |  |                                   |  | EMAIL SERVICES   |  |         |                  |        |  |
|  |                   |  |                                   |  |  |  |         |                  |        |  |
| To Whom Paid   |                   | l  |                                   |  | DAY  | VEAD   |         |                  |        |  |
| To Whom Paid<br>MAIL CHIMP   |                   |  | 1                                 | мо   | DAY  | YEAR   |         |                  |        |  |
| MAIL CHIMP   |                   |  | I                                 |  |  |  |         |                  |        |  |
|  | 675 PONCE DE LEOI | N AVE NE SUITE 500                               |                                   | <b>мо</b><br>6   | <b>DAY</b> 30  | <b>YEAR</b> 2020   | \$      |                  | 15.88  |  |
| MAIL CHIMP   | 675 PONCE DE LEOI | N AVE NE SUITE 500                               | Zip Code (Plus 4)                 | 6  |  | 2020   |         |                  | 15.88  |  |
| MAIL CHIMP<br>Mailing Address  | 675 PONCE DE LEOI | 1  | <b>Zip Code (Plus 4)</b><br>30308 | 6<br>Descrip   | 30   | 2020<br>penditure  |         |                  | 15.88  |  |
| MAIL CHIMP<br>Mailing Address  | 675 PONCE DE LEOI | State  |                                   | 6<br><b>Descrip</b><br>ADVER                               | 30<br>Dition of Exp<br>TISING PL   | 2020<br>penditure<br>ATFORM  |         |                  | 15.88  |  |
| MAIL CHIMP<br>Mailing Address<br>City ATLANTA  | 675 PONCE DE LEOI | State  |                                   | 6<br>Descrip   | 30<br>otion of Exp   | 2020<br>penditure  |         |                  | 15.88  |  |
| MAIL CHIMP<br>Mailing Address<br>City ATLANTA<br>To Whom Paid<br>MAIL CHIMP  |                   | State<br>GA                                      |                                   | 6<br>Descrip<br>ADVER                                      | 30<br>btion of Exp<br>TISING PL<br>DAY   | 2020<br>Denditure<br>ATFORM<br>YEAR  | FOR CAI | MPAIGN           |        |  |
| MAIL CHIMP Mailing Address City ATLANTA To Whom Paid   |                   | State  |                                   | 6<br><b>Descrip</b><br>ADVER                               | 30<br>Dition of Exp<br>TISING PL   | 2020<br>penditure<br>ATFORM  |         | MPAIGN           | 15.88  |  |
| MAIL CHIMP<br>Mailing Address<br>City ATLANTA<br>To Whom Paid<br>MAIL CHIMP  |                   | State<br>GA                                      |                                   | 6<br>Descrip<br>ADVER<br>MO<br>8                           | 30<br>btion of Exp<br>TISING PL<br>DAY   | 2020<br>Denditure<br>ATFORM<br>YEAR<br>2020  | FOR CAI | MPAIGN           |        |  |
| MAIL CHIMP Mailing Address City ATLANTA To Whom Paid MAIL CHIMP Mailing Address                                      |                   | State<br>GA<br>N AVE NE SUITE 500                | 30308                             | 6<br>Descrip<br>ADVER<br>MO<br>8<br>Descrip                | 30<br>Dition of Exp<br>TISING PL<br>DAY<br>31                                    | 2020<br>Denditure<br>ATFORM<br>YEAR<br>2020<br>Denditure                           | FOR CAI | MPAIGN           |        |  |
| MAIL CHIMP Mailing Address City ATLANTA To Whom Paid MAIL CHIMP Mailing Address City ATLANTA                         |                   | State<br>GA<br>N AVE NE SUITE 500<br>State       | 30308<br>Zip Code (Plus 4)        | 6<br>Descrip<br>ADVER<br>MO<br>8<br>Descrip<br>ADVER       | 30<br>Detion of Exp<br>TISING PL<br>DAY<br>31<br>DISING PL<br>DISING PL          | 2020<br>Denditure<br>ATFORM<br>YEAR<br>2020<br>Denditure<br>ATFORM                 | FOR CAI | MPAIGN           |        |  |
| MAIL CHIMP<br>Mailing Address<br>City ATLANTA<br>To Whom Paid<br>MAIL CHIMP<br>Mailing Address                       |                   | State<br>GA<br>N AVE NE SUITE 500<br>State       | 30308<br>Zip Code (Plus 4)        | 6<br>Descrip<br>ADVER<br>MO<br>8<br>Descrip                | 30<br>Petion of Exp<br>TISING PL<br>DAY<br>31<br>Setion of Exp                   | 2020<br>Denditure<br>ATFORM<br>YEAR<br>2020<br>Denditure                           | FOR CAI | MPAIGN           |        |  |
| MAIL CHIMP Mailing Address City ATLANTA To Whom Paid MAIL CHIMP Mailing Address City ATLANTA To Whom Paid MAIL CHIMP |                   | State<br>GA<br>N AVE NE SUITE 500<br>State       | 30308<br>Zip Code (Plus 4)        | 6<br>Descrip<br>ADVER<br>MO<br>8<br>Descrip<br>ADVER<br>MO | 30<br>ption of Exp<br>TISING PL<br>DAY<br>31<br>ption of Exp<br>TISING PL<br>DAY | 2020<br>Denditure<br>ATFORM<br>YEAR<br>2020<br>Denditure<br>ATFORM                 | FOR CAI | MPAIGN           |        |  |
| MAIL CHIMP Mailing Address City ATLANTA To Whom Paid MAIL CHIMP Mailing Address City ATLANTA To Whom Paid            | 675 PONCE DE LEOI | State<br>GA<br>N AVE NE SUITE 500<br>State       | 30308<br>Zip Code (Plus 4)        | 6<br>Descrip<br>ADVER<br>MO<br>8<br>Descrip<br>ADVER       | 30<br>Detion of Exp<br>TISING PL<br>DAY<br>31<br>DISING PL<br>DISING PL          | 2020<br>Denditure<br>ATFORM<br>YEAR<br>2020<br>Denditure<br>ATFORM                 | FOR CAI | MPAIGN<br>MPAIGN |        |  |
| MAIL CHIMP Mailing Address City ATLANTA To Whom Paid MAIL CHIMP Mailing Address City ATLANTA To Whom Paid MAIL CHIMP | 675 PONCE DE LEOI | State<br>GA<br>N AVE NE SUITE 500<br>State<br>GA | 30308<br>Zip Code (Plus 4)        | 6<br>Descrip<br>ADVER<br>MO<br>8<br>Descrip<br>ADVER<br>MO | 30<br>ption of Exp<br>TISING PL<br>DAY<br>31<br>ption of Exp<br>TISING PL<br>DAY | 2020<br>Denditure<br>ATFORM<br>YEAR<br>2020<br>Denditure<br>ATFORM<br>YEAR<br>2020 | FOR CAI | MPAIGN<br>MPAIGN | 15.88  |  |

| To Whom Paid<br>MAIL CHIMP   |   |   | мо   | DAY  | YEAR   |               |                   |  |  |  |
|--|---|---|--|--|--|---------------|-------------------|--|--|--|
| Mailing Address 675 PONCE DE LEON AVE NE SUITE 500   |   |   | 9  | 30   | 2020   | \$            | 15.88             |  |  |  |
| City ATLANTA   | <b>State</b><br>GA  | <b>Zip Code (Plus 4)</b><br>30308   |  | Description of Expenditure ADVERTISING PLATFORM FOR CAMPAIGN               |  |               |                   |  |  |  |
| To Whom Paid<br>JUICER   |   |   |  | DAY  | YEAR   |               |                   |  |  |  |
| Mailing Address 304 SOUTH JONES BLVD SUITE 1205  |   |   | 7  | 8  | 2020   | \$            | 19.00             |  |  |  |
| City LAS VEGAS   | LAS VEGAS State Zip Code (Plus 4)<br>NV 89107                 |   |  | Description of Expenditure           PAYMENT FOR ONLINE STREAMING SERVICES |  |               |                   |  |  |  |
| To Whom Paid<br>JUICER   |   |   |  | DAY  | YEAR   |               |                   |  |  |  |
| Mailing Address 304 SOUTH JONES BLVD SUITE 1205  |   |   | 8  | 10   | 2020   | \$            | 19.00             |  |  |  |
| City LAS VEGAS   | State<br>NV   | <b>Zip Code (Plus 4)</b><br>89107   | Description of Expenditure PAYMENT FOR ONLINE STREAMING SERVICES |  |  |               |                   |  |  |  |
|  |   |   |  |  |  |               |                   |  |  |  |
| To Whom Paid<br>JUICER   | I   |   | мо   | DAY  | YEAR   |               |                   |  |  |  |
| JUICER   | TH JONES BLVD SUITE 12  | 205   | <b>MO</b> 9  | <b>DAY</b> 8   | <b>YEAR</b> 2020   | \$            | 19.00             |  |  |  |
| JUICER   | TH JONES BLVD SUITE 12<br>State<br>NV                         | 205<br><b>Zip Code (Plus 4)</b><br>89107  | 9<br>Descrij   | 8<br>Dition of Exp   | 2020<br>penditure  |               | 19.00<br>SERVICES |  |  |  |
| JUICER<br>Mailing Address 304 SOU  | State   | Zip Code (Plus 4)   | 9<br>Descrij   | 8<br>Dition of Exp   | 2020<br>penditure  |               |                   |  |  |  |
| JUICER<br>Mailing Address 304 SOU <sup>T</sup><br>City LAS VEGAS<br>To Whom Paid<br>JUICER   | State   | <b>Zip Code (Plus 4)</b><br>89107   | 9<br>Descrij<br>PAYME  | 8<br>Detion of Exp<br>NT FOR ON  | 2020<br>penditure  |               |                   |  |  |  |
| JUICER<br>Mailing Address 304 SOU <sup>T</sup><br>City LAS VEGAS<br>To Whom Paid<br>JUICER   | State<br>NV   | <b>Zip Code (Plus 4)</b><br>89107   | 9<br>Descrip<br>PAYME<br>MO<br>10<br>Descrip                     | B<br>Dation of Exp<br>NT FOR ON<br>DAY<br>8<br>Stion of Exp                | 2020<br>Penditure<br>VLINE STR<br>YEAR<br>2020<br>Penditure      | REAMING<br>\$ | SERVICES          |  |  |  |
| JUICER<br>Mailing Address 304 SOUT<br>City LAS VEGAS<br>To Whom Paid<br>JUICER<br>Mailing Address 304 SOUT   | State         NV         FH JONES BLVD SUITE 12         State | <b>Zip Code (Plus 4)</b><br>89107<br>205<br><b>Zip Code (Plus 4)</b>                                  | 9<br>Descrip<br>PAYME<br>MO<br>10<br>Descrip                     | B<br>Dation of Exp<br>NT FOR ON<br>DAY<br>8<br>Stion of Exp                | 2020<br>Penditure<br>VLINE STR<br>YEAR<br>2020<br>Penditure      | REAMING<br>\$ | SERVICES<br>19.00 |  |  |  |
| JUICER<br>Mailing Address 304 SOUT<br>City LAS VEGAS<br>To Whom Paid<br>JUICER<br>Mailing Address 304 SOUT<br>City LAS VEGAS<br>To Whom Paid<br>FUND HERO<br>Mailing Address | State         NV         FH JONES BLVD SUITE 12         State | Zip Code (Plus 4)         89107           205         Zip Code (Plus 4)           89107         89107 | 9<br>Descrij<br>PAYME<br>MO<br>10<br>Descrij<br>PAYME            | B<br>Day<br>DAY<br>8<br>DAY<br>8<br>DAY                                    | 2020<br>Penditure<br>NLINE STR<br>2020<br>Penditure<br>NLINE STR | REAMING<br>\$ | SERVICES<br>19.00 |  |  |  |

| To Whom Paid<br>FUND HERO                     |                     |                            | мо   | DAY | YEAR |    |            |
|---|---------------------|----------------------------|--|-----|------|----|------------|
| Mailing Address 243 EAST 400 SOUTH SUITE E100 |                     |                            | 8  | 3   | 2020 | \$ | 17.98      |
| City SALT LAKE CITY                           | State<br>UT         | Zip Code (Plus 4)<br>84110 | Description of Expenditure<br>PAYMENT TO VENDOR FOR ONLINE DONATIONS |     |      |    |            |
| Fabou Curred Tabal of Funandi                 | human an Dana 1. Da | nort Course Dance Them D   |  |     |      | F  | PAGE TOTAL |
| Enter Grand Total of Expendi                  | tures on Page 1, Re | port Cover Page, Item D    | •  |     |      | \$ | 2,415.14   |
|   |                     |                            |  |     |      |    |            |
|   |                     |                            |  |     |      |    |            |
|   |                     |                            |  |     |      |    |            |
|   |                     |                            |  |     |      |    |            |