Campaign Finance Report

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

| Filer Identificati Number : | on 201 | 20115 | | | | Repo | | | CA | NDII | DATE | | СОМІ | MITTEE | ✓ | LOB | BYIST | | |
|--|--|------------|-------------|----------------|--------|---------|----------|----------------|---------|--------|-------------------|-------|--------------------|------------------------|----------------|---------------------|--------|-----------|----------|
| Name of Filing C | ommittee, Candi | date or L | obbyi | st: | | SCHL | .os | SBEF | RG, M | IKE | FRIEN | IDS | OF | | | | | | |
| Street Address: | 1620 POND | RD, STE | 200 | | | | | | | | | | | | | | | | |
| City: | ALLENTOWN | | | | | | | | State | e: | PA | | | Zip Cod | ie: 18 | 104-2 | 255 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND PRIM | FRIDAY ARY | PRE- | 2. | | 30 DA PRIMA | | Р | OST- | | | AMENDMENT REPORT? | | Yes | ľ | lo | \ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | | FRIDAY TION | ' PRE | - 5. | | 30 DA | | Р | POST- 6. X | | | TERMINATION REPORT? | | Yes | ١ | lo | / |
| report type) | | | | | | | | | | | PAPER | | √ | DISK | ETTE | | | | |
| Name of Office S | ought by Candid | ate: | | | | _ | | | DAT | ΕO | F ELE | CTI | ON | District Number | Office Code | Par | ty Cod | e Cou | |
| REPRESENTATIVE IN THE GENERAL ASSEMBLY | | | | | | | | | МО | | DAY |) | YEAR | 132 | STH | DEN | 1 | 39 | |
| | | | | | | | | | | 11 | | 3 | 2020 | | (SEE INS | TRUCTI | ONS FO | R CODES | 5) |
| Summary of Expenditures | | МО | DA | | YEAR | | T | ^ | МО | | DAY | | YEAR | | R OFFIC | E USE | ONL | 1 | |
| - | | | 10 | 20 | 20 | 020 | | 1 | | 11 | | 23 | 2020 | _ | | | | | |
| | ught Forward Fro | | | | Sched | dule 1 | <u> </u> | \$ \$ | | | | | ,124.60 ,950.00 | 1 | | | | | |
| | Available (Sum (| | | | | | | 1 | | | | | ,074.60 | 1 | | | | | |
| | ditures (From Sc | | | | | | | \$ \$ | | | | | ,005.12 | - | | | | | |
| E. Ending Cash | Balance (Subtra | ct Line D | From | Line C | :) | | | \$ | | | | | ,069.48 | 1 | | | | | |
| F. Value Of In- | Kind Contribution | ns Receiv | ed (Fı | rom Sc | hedul | e II) | | \$ | | | | • | 0.00 | | | | | | |
| G. Unpaid Debt | s And Obligation | s (From | Sched | ule IV) |) | | | \$ | | | | | 0.00 | | | | | | |
| | | | | | AFF: | IDA' | VI٦ | ΓSE | CTIO | NC | | | | | | | | | |
| PART I - If this is | a Committee re | port, trea | surer | sign h | ere. I | f this | is | a Car | ndidat | te re | port, c | cand | lidate si | gn here. | | | | | |
| I swear (or affirm) correct and comple | that this report, in | cluding th | e attac | hed sch | edules | filed | on p | paper | or by e | electr | onic m | ediui | m, are to | the best o | f my knov | vledge | and be | lief , tr | ue |
| Sworn to and subs | cribed before me th day of | is | 20 | | | | | | | , | | | Signatur | e of Perso | n Submitt | ing Re _l | oort | | _ |
| | Signat | ure | _ | | | | | <u>-</u> | | | | | | Prin | ted Name | | | | |
| My Commission Ex | pires | | | | | | | | | • | | | | Ema | il | | | | _ |
| | мо | D | AY | | YR | | | | | | Are | ea Co | ode | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a car | ndidate's | autho | orized (| Comm | ittee | , Ca | andid | ate sl | nall s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | my knowl | edge a | nd belie | f this | politic | cal | comm | ittee h | as no | ot viola | ted a | any provis | ions of th | e act of Ju | ıne 3,1 | 937 (P | .L. 133 | 3, |
| Sworn to and subsc | | 5 | | | | | | | | | | | S | ignature o | of Candida | ite | | | - |
| - | day of ———————————————————————————————————— | | _ 20 _ | | | | | | | | | | | Printe | d Name | | | | - |
| | Signature | 1 | | | | | | • | | | | | | F | :1 | | | | _ |
| My Commission Exp | ires | | | | | | | | | | | | | Ema | | | | | |
| | мо | D | AY | | YR | | | | | | Area | Code | e | Da | aytime Te | elephor | e Nun | ber | _ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|-----------|--------------|------------|
| SCHLOSSBERG, MIKE FRIENDS OF | From: | 10/20/202 | <u>0</u> To: | 11/23/2020 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 50.00 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 500.00 |
| All Other Contributions (Part B) | | | \$ | 100.00 |
| TOTAL for the Reporting | Period | (2) | \$ | 600.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 5,300.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 5,300.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting |) Period | (4) | \$ | 0.00 |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 5,950.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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

| Name of Filing Committee or Candidate | Reporting | Period | | |
|---------------------------------------|-----------|------------|-----|------------|
| SCHLOSSBERG, MIKE FRIENDS OF | From: | 10/20/2020 | То: | 11/23/2020 |
| | | DATE | | AMOUNT |

| Full Name of Contributing Committee PFIZER PAC | | | мо | DAY | YEAR | |
|---|--------------------|-----------------------------------|----|-----|------|-----------|
| Mailing Address 235 E 42ND ST | | | | | | \$ 250.00 |
| City NEW YORK | State NY | Zip Code (Plus 4) 10017 | 10 | 29 | 2020 | |
| Full Name of Contributing Committee TRIAD STRATEGIES PA PAC | | | мо | DAY | YEAR | |
| Mailing Address 116 Pine Street | | | | | | \$ 250.00 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | 11 | 19 | 2020 | |

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

PAGE TOTAL\$ 500.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate

Reporting Period

SCHLOSSBERG, MIKE FRIENDS OF

From: <u>10/20/2020</u> To:

DATE

11/23/2020

AMOUNT

| Full Name of Contributor Elsbeth Haymon | | | | | DAY | YEAR | |
|---|--|--------------------|----------------------------|----|-----|------|------------------|
| Mailing A | Mailing Address 2711 West Allen Street | | | | | | \$ 100.00 |
| City | Allentown | State PA | Zip Code (Plus 4) 18104 | 10 | 22 | 2020 | |

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

PAGE TOTAL \$ 100.00

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 | | | |
|---|--------------------|--------------------------|-------------------|--------|--------|------|------------------|
| SCHLOSSBERG, MIKE FRIENDS OF | | | From: | 10/2 | 0/2020 | То: | 11/23/2020 |
| | | | | DA | TE | | AMOUNT |
| Full Name of Contributing Committee MERCK EMPL POL ACT COM (MERCK PA | C) | | | МО | DAY | YEAR | |
| Mailing Address 601 PENNSYLVANIA | AVE, NW NORTH BUIL | DING, S | TE 1200 | | | | \$ 1,000.00 |
| City WASHINGTON | State DC | Zip Code 200040 | e (Plus 4) | 11 | 19 | 2020 | |
| Full Name of Contributing Committee PA AGGREGATES & CONCRETE ASSN PA | AC | | | МО | DAY | YEAR | |
| Mailing Address 3509 N. FRONT ST. City HARRISBURG | State PA | Zip Cod 17110 | e (Plus 4) | 11 | 13 | 2020 | \$ 750.00 |
| Full Name of Contributing Committee PRIME THERAPEUTICS LLC EMPLOYEE S | STATE PAC | | | МО | DAY | YEAR | |
| Mailing Address 1305 Corporate Cent | er Drive | | | | | | \$ 300.00 |
| City EAGAN | State MN | Zip Code 55121 | e (Plus 4) | 10 | 30 | 2020 | |
| Full Name of Contributing Committee MICHAEL BAKER INTERNATIONAL PAC | | | | МО | DAY | YEAR | |
| Mailing Address 500 Grant Street, Su | ite 5300 | | | | | | \$ 500.00 |
| City Pittsburgh | State PA | Zip Code 15219 | e (Plus 4) | 10 | 26 | 2020 | |
| Full Name of Contributing Committee King Spry Herman Freud & Faul LLC | | | | МО | DAY | YEAR | |
| Mailing Address One W. Broad Street | , Suite 700 | | | | | _ | \$ 500.00 |
| City Bethlehem | State PA | Zip Code | e (Plus 4) | 10 | 26 | 2020 | |

| Full Name of Contributing Committee UNITEDHEALTH GROUP | | МО | DAY | YEAR | | |
|--|-----------------|-------------------|------|------|------|--------------------|
| Mailing Address 701 PENNSYLVANIA | AVE NW, STE 200 | | | | | \$ 1,000.00 |
| City WASHINGTON | State | Zip Code (Plus 4) | 10 | 29 | 2020 | |
| | DC | 20004 | | | | |
| Full Name of Contributing Committee ABBOTT LABORATORIES EMPLOYEE PA | МО | DAY | YEAR | | | |
| Mailing Address 100 ABBOTT PK RD | | | | | | \$ 500.00 |
| City ABBOTT PARK | State | Zip Code (Plus 4) | 10 | 20 | 2020 | |
| | IL | 60064 | | | | |
| Full Name of Contributing Committee WIND CREEK BETHLEHEM LLC | | | МО | DAY | YEAR | |
| Mailing Address 77 WIND CREEK BOULEVARD | | | | | | \$ 750.00 |
| City BETHLEHEM | State | Zip Code (Plus 4) | 11 | 4 | 2020 | |
| | PA | 18015 | | | | |

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

PAGE TOTAL \$ 5,300.00

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.)

| lame of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|---|---------------------|---------------|------------------|-----------|-------|------|----------|----------------------|--|
| | | | Fron | From: To: | | | | | |
| | | | | D | ATE | | АМО | DUNT | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plu | 5 4) | | | | | | |
| Employer Name | | | | Occupat | tion | | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | | State | | Zip Code | (Plus 4) | |
| Enter Grand Total of Part C on Sche | dule I, Detailed Su | ummary Page, | Section | on 3. | | | PAG | GE TOTAL 0.00 | |

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Name of Filing Committee or Car | lame of Filing Committee or Candidate | | | Reporting Period | | | | |
|---------------------------------|---------------------------------------|----------------|---------|------------------|-----|------|----|-----------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | A | MOUNT |
| Full Name | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | · | | | | | | |
| Enter Grand Total of Part E on | Schedule T. Detailed | d Summary Page | Section | 4 | | | P | AGE TOTAL |
| | 2, 200 0000 | | 22300 | | | | \$ | 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 Peri | od | |
|--|----------------|------------------------------|-------------------|
| SCHLOSSBERG, MIKE FRIENDS OF | From: | <u>10/20/2020</u> To: | <u>11/23/2020</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTO | ١ | |
| 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 Candidat | :e | | Reporting | Reporting Period | | | | |
|--------------------------------------|--------------------|-----------------------|-------------|------------------|-------|-----------|------------|--|
| | | | From: | | | | | |
| | | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | | | | | | | | |
| Enter Grand Total of Part F on Sch | andula II. In-Kir | nd Contributions Data | ilad Sum | mary Pag | | | DACE TOTAL | |
| Section 2. | iedule II, III-KII | ia contributions Deta | iiieu Suiii | iliai y Pag | , je, | | PAGE TOTAL | |
| | | | | | | \$ | 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | Name of Filing Committee or Candidate | | | | | porting l | Period | | | |
|--|---------------------------------------|--------|------------|---------|--------|-----------|-----------|-------|---------|--------------------|
| | | | | | Fro | om: | | To: | | |
| | | | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | | | - \$ | 0.00 |
| City | State | | Zip Code(I | Plus 4) | | | | | | |
| Employer of Contributor | | | | | | Occupa | ition | | | |
| Employer Mailing Address/Principal Pla Business | ce of | City | | State | | Zip 4) | Code(Plus | Descr | iptio | n of Contribution |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | nedule II, I | n-Kind | Contributi | ons De | etaile | ed | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | Reporting Period | | | | | |
|---|--------------------|-----------------------------------|--|--------------------|-------------------|----|------------------|--|
| SCHLOSSBERG, MIKE FRIENDS OF | | | From <u>10/20/2020</u> To: <u>11/2</u> | | | | 11/23/2020 | |
| | | | | DATE | | | | |
| To Whom Paid Facebook | | | МО | DAY | YEAR | | | |
| Mailing Address 1 Hacker way | | | | 20 | 2020 | \$ | 75.00 | |
| City Menlo Park | State CA | Zip Code (Plus 4) 94025 | Descrip Ads | otion of Exp | | | | |
| To Whom Paid Facebook | | | мо | DAY | YEAR | | | |
| Mailing Address 1 Hacker way | | | 10 | 23 | 2020 | \$ | 28.79 | |
| City Menlo Park | State CA | Zip Code (Plus 4) 94025 | Description of Expenditure Ads | | | | | |
| To Whom Paid Facebook | | | | DAY | YEAR | | | |
| Mailing Address 1 Hacker way | | | 10 | 26 | 2020 | \$ | 125.00 | |
| City Menlo Park | State CA | Zip Code (Plus 4) 94025 | Description of Expenditure Ads | | | | | |
| | | | | | | | | |
| To Whom Paid Facebook | | • | МО | DAY | YEAR | | | |
| | ay . | • | мо 10 | DAY 27 | YEAR 2020 | \$ | 175.00 | |
| Facebook | State CA | Zip Code (Plus 4) 94025 | 10 | | 2020 | | 175.00 | |
| Facebook Mailing Address 1 Hacker wa | State | | 10 Descrip | 27 | 2020 | | 175.00 | |
| Facebook Mailing Address 1 Hacker was City Menlo Park To Whom Paid | State CA | | 10 Descrip | 27 Otion of Exp | 2020 penditure | | 175.00 400.00 | |

94025

Ads

CA

| To Whom Paid | | | | | | | | | |
|---|---------------------|--------------------|-----------------------------------|---|---|--|----|--------|--------------------|
| To Whom Paid Facebook | | | | мо | DAY | YEAR | | | |
| Mailing Address 1 Hacker way | | | 11 | 3 | 2020 | \$ | | 600.00 | |
| City Menlo Pa | rk | State CA | Zip Code (Plus 4) 94025 | Description of Expenditure Ads | | | | | |
| To Whom Paid Aidan Levinson | | | МО | DAY | YEAR | | | | |
| Mailing Address 5271 Wheatland Drive | | | 10 | 20 | 2020 | \$ | | 250.00 | |
| City Zionsville | 9 | State PA | Zip Code (Plus 4) 18092 | Description of Expenditure Campaign Consulting | | | | | |
| To Whom Paid AT&T | | | мо | DAY | YEAR | | | | |
| Mailing Address 214 Lehigh Valley Mall | | | 10 | 26 | 2020 | \$ | | 53.49 | |
| City Whitehal | ı | State PA | Zip Code (Plus 4) 18052 | Description of Expenditure Cell Phone Data | | | | | |
| To Whom Paid | | | | | | | | | |
| AT&T | | | | мо | DAY | YEAR | | | |
| | 214 Lehigh Valley M | all | | MO | DAY 23 | YEAR 2020 | \$ | | 443.96 |
| AT&T | | all State PA | Zip Code (Plus 4) 18052 | 11 Descrip | | 2020 penditure | | | 443.96 |
| AT&T Mailing Address | | State | | 11 Descrip | 23 otion of Exp | 2020 penditure | | | 443.96 |
| Mailing Address City Whitehal To Whom Paid | | State | | 11 Descrip Data & | 23 Phone Bill | 2020 penditure | | | 443.96 1,517.50 |
| Mailing Address City Whitehal To Whom Paid GetThru | PO Box 2690 | State | | Descript Data & | 23 Phone Bill DAY 3 | 2020 penditure YEAR 2020 | \$ | | |
| Mailing Address City Whitehal To Whom Paid GetThru Mailing Address | PO Box 2690 | State PA State | 18052 Zip Code (Plus 4) | Descrip Data & MO 11 Descrip | 23 Phone Bill DAY 3 | 2020 penditure YEAR 2020 | \$ | | |
| Mailing Address City Whitehal To Whom Paid GetThru Mailing Address City Alameda | PO Box 2690 | State PA State | 18052 Zip Code (Plus 4) | Descrip Data & MO 11 Descrip Voter C | 23 Phone Bill DAY 3 Ption of Exp. Contact | 2020 Penditure YEAR 2020 Penditure | \$ | | |

| | | | | | | | 17102 14 | | |
|--|-----------------------|-------------------------|--|--------------|---|----------|------------|--|--|
| To Whom Paid GetThru | МО | DAY | YEAR | | | | | | |
| Mailing Address PO Box 269 | Address PO Box 2690 | | | 18 | 2020 | \$ | 458.88 | | |
| City Alameda | State | Zip Code (Plus 4) | Descrip | tion of Ex | l enditure | | | | |
| - Alameda | CA 94501 | | | | Description of Expenditure Voter Contact | | | | |
| To Whom Paid Small Memorial Zion Church | · | | мо | DAY | YEAR | | | | |
| Mailing Address 401 South Queen Street | | | 11 | 20 | 2020 | \$ | 100.00 | | |
| City York | State | Zip Code (Plus 4) | Descrip | tion of Ev | l nenditure | \ | | | |
| City York | PA | 17403 | Description of Expenditu Contribution | | | • | | | |
| To Whom Paid Aidan Levinson | | | | DAY | YEAR | | | | |
| Mailing Address 5271 Whea | atland Drive | | 11 | 2 | 2020 | \$ | 250.00 | | |
| City Zionsville | State | Zip Code (Plus 4) | Descrit | tion of Exp | l Denditure | | | | |
| Zionsvine | PA | | | | | | | | |
| To Whom Paid Jewish Day School of the Lehigh Valley | | | МО | DAY | YEAR | | | | |
| Mailing Address 2313 W. Pennsylvaia | | | 10 | 28 | 2020 | \$ | 500.00 | | |
| City Allentown | State | Zip Code (Plus 4) | Descrit | tion of Exi | l Denditure | <u> </u> | | | |
| Allellowii | PA | 18104 | Description of Expenditure Sponsorships | | | | | | |
| To Whom Paid ActBlue | | | МО | DAY | YEAR | | | | |
| Mailing Address 366 Summer Street | | | 10 | 28 | 2020 | \$ | 10.00 | | |
| City Somerville | State | Zip Code (Plus 4) | Descrip | tion of Exp | l enditure | | | | |
| Somervine | MA | 02144 | Service | | | | | | |
| To Whom Paid Friends of Tara Zrinski | · | | МО | DAY | YEAR | | | | |
| Mailing Address 4715 Harriet Lane | | | 10 | 28 | 2020 | \$ | 500.00 | | |
| City Rethlehem | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| Bethlehem PA 18017 | | | | Contribution | | | | | |
| | • | • | | | | | PAGE TOTAL | | |
| Enter Grand Total of Expen | ditures on Page 1, Re | port Cover Page, Item D |). | | | \$ | 7,005.12 | | |
| | | | | | | | | | |