### **Campaign Finance Report**

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

| Filer Identification 20170281<br>Number :                   |   |             |                         |       | Report<br>Filed By : |                     | CANDI          | DATE               |          | MITTEE 🗸    |            | LOBE               | BYIST          |                          |           |          |          |  |
|---|---|-------------|-------------------------|-------|----------------------|---------------------|----------------|--------------------|----------|-------------|------------|--------------------|----------------|--------------------------|-----------|----------|----------|--|
| Name of Filing C  | ommittee, Cand                                  | date or L   | obbyist:                | Ī     | RIEN                 | NDS                 | S OF           | AUSTIN             | DAVIS    |             |            |                    |                |                          |           |          |          |  |
| Street Address: 1107 WASHINGTON STREET                      |   |             |                         |       |                      |                     |                |                    |          |             |            |                    |                |                          |           |          |          |  |
| City:   | MCKEESPOR                                       | T           |                         |       |                      |                     |                | State:             | PA       |             |            | Zip Cod            | de: 15         | 5132                     |           |          |          |  |
| TYPE OF<br>REPORT   | 6TH TUESDAY<br>PRE-PRIMARY                      | 1.          | 2ND FRIDAY F<br>PRIMARY | PRE-  | 2.                   |                     | 30 DA<br>PRIMA |                    | POST-    | 3.          |            | AMENDM<br>REPORT   |                | Yes                      | No        | •        | <b>\</b> |  |
| (place X to<br>the right of                                 | 6TH TUESDAY<br>PRE-ELECTION                     | 4.          | 2ND FRIDAY<br>ELECTION  | PRE   | - 5.                 |                     | 30 DA<br>ELECT |                    | POST-    | 6. <b>X</b> |            | TERMINA<br>REPORT  |                | Yes                      | No        |          | <b>\</b> |  |
| report type)  | ANNUAL REPOR                                    | <b>T</b> 7. | <b>Year</b> 2020        |       |                      |                     |                | IG METH<br>CHECK O |          |             |            |                    |                | <b>/</b>                 | DISKE     | TTE      |          |  |
| Name of Office S  | ought by Candid                                 | ate:        |                         |       |                      |                     |                | DATE 0             | F ELE    | CTIC        | N          | District<br>Number | Office<br>Code | Par                      | ty Code   | Coun     |          |  |
|   | - ,   |             |                         |       |                      |                     |                | МО                 | DAY      | Y           | EAR        | 35                 | STH            | DEN                      | 1         | 02       |          |  |
| REPRESENTATI  | VE IN THE GENI                                  | RAL ASS     | EMBLY                   |       |                      |                     |                | 11                 |          | 3           | 2020       | <b> </b>           | (SEE IN        | STRUCTIO                 | ONS FOR C | ODES)    | )        |  |
| ,   | Summary of Receipts and MO DAY YEAR MO DAY YEAR |             |                         |       |                      |                     |                |                    |          |             |            | FO                 | R OFFI         | CE USE                   | ONLY      |          |          |  |
| Expenditures  | penditures from: 10 20 2020 TO 11 23 2020       |             |                         |       |                      |                     |                |                    |          |             |            |                    |                |                          |           |          |          |  |
| A. Amount Bro   | ught Forward Fr                                 | om Last R   | eport                   |       |                      |                     | \$             |                    |          | 90,         | 007.20     |                    |                |                          |           |          |          |  |
| B. Total Moneta   | ary Contribution                                | And Rec     | eipts (From So          | chec  | lule I               | ()                  | \$             |                    |          | 6,          | 121.15     |                    |                |                          |           |          |          |  |
| C. Total Funds Available (Sum Of Lines A and B) \$ 96,128.3 |   |             |                         |       |                      |                     |                |                    |          |             | 128.35     |                    |                |                          |           |          |          |  |
| D. Total Expend   | ditures (From Sc                                | hedule II   | I)                      |       |                      |                     | \$             |                    |          | 6,9         | 970.13     |                    |                |                          |           |          |          |  |
| E. Ending Cash  | Balance (Subtra                                 | ct Line D   | From Line C)            |       |                      |                     | \$             |                    |          | 89,1        | 158.22     |                    |                |                          |           |          |          |  |
| F. Value Of In-   | Kind Contributio                                | ns Receiv   | ed (From Sche           | edul  | e II)                |                     | \$             |                    |          |             | 0.00       |                    |                |                          |           |          |          |  |
| G. Unpaid Debt  | s And Obligation                                | s (From S   | Schedule IV)            |       |                      |                     | \$             |                    |          |             | 0.00       |                    |                |                          |           |          |          |  |
|   |   |             | А                       | \FF]  | [DA\                 | VΙ٦                 | ΓSE            | CTION              |          |             |            |                    |                |                          |           |          |          |  |
| PART I - If this is   | a Committee re                                  | port, trea  | surer sign her          | re. I | f this               | is                  | a Can          | ididate r          | eport, o | candi       | date sig   | jn here.           |                |                          |           |          |          |  |
| I swear (or affirm) correct and comple                      |   | cluding the | attached sched          | lules | filed                | on p                | oaper (        | or by elect        | ronic m  | edium       | , are to t | the best o         | f my kno       | wledge                   | and belie | ef , tru | ue.      |  |
| Sworn to and subs   | cribed before me the<br>day of                  | ıis         | 20                      |       |                      |                     |                |                    |          |             | Signature  | of Perso           | n Submit       | ting Rep                 | ort       |          | _        |  |
|   | Signa   | ture        |                         |       |                      |                     | -              |                    |          |             |            | Prin               | ted Name       | 9                        |           |          | _        |  |
| My Commission Ex  | xpires  |             |                         |       |                      |                     | _              |                    |          |             |            | Ema                | il             |                          |           |          |          |  |
|   | МО  | D           | AY                      | YR    |                      |                     |                |                    | Ar       | ea Co       | de         | Daytim             | e Teleph       | one Nu                   | mber      |          |          |  |
| Part II- If this is   | a report of a ca                                | ndidate's   | authorized Co           | mm    | ittee,               | , Ca                | andida         | ate shall          | sign h   | ere.        |            |                    |                |                          |           |          |          |  |
| I swear (or affirm)<br>No 320) as amende                    |   | my knowle   | edge and belief         | this  | politic              | al (                | commi          | ittee has n        | ot viola | ted ar      | ny provis  | ions of th         | e act of J     | une 3,19                 | 937 (P.L  | . 1333   | 3,       |  |
| Sworn to and subsc  | ribed before me th<br>day of                    | s           | 20                      |       |                      |                     |                |                    |          |             | s          | ignature o         | of Candid      | ate                      |           |          | -        |  |
|   |   |             |                         |       |                      |                     | -              |                    |          |             |            | Printe             | d Name         |                          |           |          | -        |  |
| My Commission Exp   | Signatur  | <u> </u>    |                         |       |                      |                     | -              |                    |          |             |            | Ema                | il             |                          |           |          | -        |  |
| rry Commission Exp  |   |             |                         |       |                      |                     |                |                    |          |             |            |                    |                |                          |           |          |          |  |
|   | МО  | D           | AY                      | YR    |                      | MO DAY YR Area Code |                |                    |          |             |            |                    |                | Daytime Telephone Number |           |          |          |  |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period  |               |            |
|--|-----------|-----------|---------------|------------|
| FRIENDS OF AUSTIN DAVIS  | From:     | 10/20/202 | <u>20</u> To: | 11/23/2020 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |           |               |            |
| TOTAL for the Reporting  | Period    | (1)       | \$            | 396.15     |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |           |               |            |
| Contributions Received From Political Committees (Part A)  | -         |           | \$            | 250.00     |
| All Other Contributions (Part B)   |           |           | \$            | 475.00     |
| TOTAL for the Reporting  | Period    | (2)       | \$            | 725.00     |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |           |               |            |
| Contributions Received From Political Committees (Part C)  |           |           | \$            | 2,000.00   |
| All Other Contributions (Part D)   |           |           | \$            | 3,000.00   |
| TOTAL for the Reporting  | Period    | (3)       | \$            | 5,000.00   |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |           |               |            |
| TOTAL for the Reporting  | Period    | (4)       | \$            | 0.00       |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page |           |           | \$            | 6,121.15   |

#### **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     |     |            |
|---------------------------------------|-----------|------------|-----|------------|
| FRIENDS OF AUSTIN DAVIS               | From:     | 10/20/2020 | To: | 11/23/2020 |
|                                       |           | DATE       |     | AMOUNT     |

| Full Name of Contributing Committee INTERNATIONAL UNION OF OPERATING | 95                 | МО                                    | DAY | YEAR |      |           |
|--|--------------------|---------------------------------------|-----|------|------|-----------|
| Mailing Address 300 SALINE ST  |                    |                                       |     |      |      | \$ 250.00 |
| City PITTSBURGH  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>152071032 | 10  | 26   | 2020 |           |

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

**PAGE TOTAL \$** 250.00

### 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 Candidat   | eporting Period    |                                       |      |    |         |                 |            |            |
|--|--------------------|---------------------------------------|------|----|---------|-----------------|------------|------------|
| FRIENDS OF AUSTIN DAVIS                |                    |                                       | Fron | m: | 10/20/2 | 2020 <b>T</b> o | <b>)</b> : | 11/23/2020 |
|  |                    |                                       |      |    | DATE    |                 |            | AMOUNT     |
| Full Name of Contributor LAZAR PALNICK |                    |                                       |      | МО | DAY     | YEAR            |            |            |
| Mailing Address 1216 HEBERTON S        | Т                  |                                       |      |    |         |                 | \$         | 250.00     |
| <b>City</b> PITTSBURGH                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>152061715 |      | 11 | 18      | 2020            |            |            |
| Full Name of Contributor JAMES KING    |                    |                                       |      | МО | DAY     | YEAR            |            |            |
| Mailing Address 403 FERDINAND DI       | ₹                  |                                       |      |    |         |                 | \$         | 100.00     |
| City NORTH VERSAILLES                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>151371405 |      | 11 | 18      | 2020            |            |            |
| Full Name of Contributor DAVID CRAIG   |                    |                                       |      | МО | DAY     | YEAR            |            |            |
| Mailing Address PO BOX 137             |                    |                                       |      |    |         |                 | \$         | 125.00     |
| City SOLEBURY                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>189630137 |      | 10 | 26      | 2020            |            |            |
|  |                    |                                       |      |    |         |                 |            | PAGE TOTAL |

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

475.00

#### **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                    |      |        |      |      |               |
|---|---|-----------------------|---------------------------|------|--------|------|------|---------------|
| FRIENDS OF AUSTIN DAVIS   |   |                       | From:                     | 10/2 | 0/2020 | То:  | 11/2 | <u>3/2020</u> |
|   |   |                       |                           | DA   | TE     |      | АМО  | DUNT          |
| Full Name of Contributing Committee PEOPLE'S PAC                    |   |                       |                           | МО   | DAY    | YEAR |      |               |
| Mailing Address 375 N SHORE DR S                                    | TE 600  |                       |                           |      |        |      | \$   | 500.00        |
| City PITTSBURGH   | State         Zip Code (Plus           PA         152125866 |                       |                           | 10   | 26     | 2020 |      |               |
| Full Name of Contributing Committee TRIAD STRATEGIES PA PAC         |   |                       |                           | МО   | DAY    | YEAR |      |               |
| Mailing Address 116 PINE ST FL 5                                    |   |                       |                           |      |        |      | \$   | 500.00        |
| City HARRISBURG   | <b>State</b><br>PA  | <b>Zip Cod</b> 171011 | e (Plus 4)                | 10   | 21     | 2020 |      |               |
| Full Name of Contributing Committee UNITED STATES STEEL CORPORATION | I PAC   |                       |                           | МО   | DAY    | YEAR |      |               |
| Mailing Address 600 GRANT ST STE                                    | 468   |                       |                           |      |        |      | \$   | 1,000.00      |
| City PITTSBURGH   | <b>State</b><br>PA  | <b>Zip Cod</b> 152192 | <b>e (Plus 4)</b><br>2805 | 11   | 6      | 2020 |      |               |
|   |   | •                     |                           |      |        |      | ı    | PAGE TOTAL    |

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

**PAGE TOTAL** 2,000.00

## ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

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

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

| Name of Filing Committee or Candidate Repo   |                    |                                |       |            | porting Period |               |                     |  |  |
|--|--------------------|--------------------------------|-------|------------|----------------|---------------|---------------------|--|--|
| FRIENDS OF AUSTIN DAVIS  |                    |                                | Fror  | m:         | 10/20/2        | <u>020</u> To | : <u>11/23/2020</u> |  |  |
|  |                    |                                |       | D/         | ATE            |               | AMOUNT              |  |  |
| Full Name of Contributor KEVIN KINROSS   |                    |                                |       | МО         | DAY            | YEAR          |                     |  |  |
| Mailing 2209 BEN FRANKLIN  | DR                 |                                |       |            |                |               | \$ 500.00           |  |  |
| City PITTSBURGH State Zip Code (Plus 4) PA 152371503   |                    | s 4)                           | 10 22 |            | 2020           |               |                     |  |  |
| Employer Name THE CAREY GROUP  |                    | Occupat                        | tion  | RINCIPA    | <u> </u>       |               |                     |  |  |
| Employer Mailing Address/Principal Plac<br>Business  | e of               | City                           |       | •          | State          |               | Zip Code (Plus 4)   |  |  |
| 310 GRANT STSTE 1123   |                    | PITTSBU                        | RGH   |            | PA             |               | 152192275           |  |  |
| Full Name of Contributor KIMBERLY RIVERS   |                    |                                |       | МО         | DAY            | YEAR          |                     |  |  |
| Mailing 3919 W MILLERS BRIDGE RD   |                    |                                |       |            |                |               | -                   |  |  |
|  | DGE RD             |                                |       |            |                |               | \$ 2,500.00         |  |  |
|  | DGE RD             | Zip Code (Plu                  | s 4)  | 11         | 6              | 2020          |                     |  |  |
| Address 3919 W MILLERS BRI   |                    | <b>Zip Code (Plu</b> 323121054 | s 4)  | 11         | 6              | 2020          |                     |  |  |
| Address 3919 W MILLERS BRI   | State              |                                | s 4)  | 11 Occupat | tion           | 2020<br>CEO   |                     |  |  |
| Address 3919 W MILLERS BRI  City TALLAHASSEE   | <b>State</b><br>FL |                                | s 4)  |            | tion           |               |                     |  |  |
| Address 3919 W MILLERS BRI  City TALLAHASSEE  Employer Name TRULIEVE  Employer Mailing Address/Principal Place | <b>State</b><br>FL | 323121054                      |       |            | tion           |               |                     |  |  |

## 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               |                   | Repor   | ting Perio | od  |      |    |          |
|-------------------------------|-------------------------|-------------------|---------|------------|-----|------|----|----------|
|                               |                         |                   | From:   |            |     | To:  |    |          |
|                               |                         |                   | •       | D          | ATE |      | AI | MOUNT    |
| Full Name                     |                         |                   |         | МО         | DAY | YEAR |    |          |
| Mailing Address               |                         |                   |         |            |     |      | \$ | 0.00     |
| City                          | State                   | Zip Code (        | Plus 4) |            |     |      |    |          |
| Receipt Description           | •                       | •                 |         | •          |     | •    | •  |          |
| Enter Grand Total of Part E o | on Schedule I. Detailed | d Summary Page    | Section | 4          |     |      | PA | GE TOTAL |
| - Inc. Statia Total of Fall E | Jonedane 1, Betanet     | . Jammar y r uge, | 500.011 |            |     |      | \$ | 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 Pe   | riod                         |            |
|--|----------------|------------------------------|------------|
| FRIENDS OF AUSTIN DAVIS  | From:          | <u>10/20/2020</u> <b>To:</b> | 11/23/2020 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER CONTRIBUTO | PR                           |            |
| TOTAL for the Reporting Pe   | eriod (1)      | \$                           | 0.00       |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)           |                              |            |
| TOTAL for the Reporting Pe   | eriod (2)      | \$                           | 0.00       |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                |                              |            |
| TOTAL for the Reporting Pe   | eriod (3)      | \$                           | 0.00       |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, | •              | \$                           | 0.00       |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

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

## STATEMENT OF EXPENDITURES

| Reporting Period |            |                 |                            |  |
|------------------|------------|-----------------|----------------------------|--|
| From             | 10/20/2020 | То:             | 11/23/2020                 |  |
|                  | DATE       |                 | AMOUNT                     |  |
|                  | -          | From 10/20/2020 | From <u>10/20/2020</u> To: |  |

|   |                    |                                    | DATE                                     |              |           |    | AMOUNT   |
|---|--------------------|------------------------------------|--|--------------|-----------|----|----------|
| To Whom Paid MON VALLEY PEOPLE'S ACTION COMMI | TTEE               |                                    | мо                                       | DAY          | YEAR      |    |          |
| Mailing Address 208 S 5TH ST                  |                    |                                    | 10                                       | 30           | 2020      | \$ | 500.00   |
| City DUQUESNE                                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 151101230 | Description of Expenditure DONATION      |              |           |    |          |
| To Whom Paid MCKEESPORT TIGERS FOOTBALL BOOS  | TERS               |                                    | МО                                       | DAY          | YEAR      |    |          |
| Mailing Address 4725 3RD ST                   |                    |                                    | 10                                       | 20           | 2020      | \$ | 100.00   |
| City MCKEESPORT                               | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 151326218 | <b>Descrip</b><br>PROGR                  | otion of Exp | penditure |    |          |
| To Whom Paid ACTBLUE                          |                    |                                    | МО                                       | DAY          | YEAR      |    |          |
| Mailing Address PO BOX 441146                 |                    |                                    | 11                                       | 4            | 2020      | \$ | 11.28    |
| City WEST SOMERVILLE                          | State<br>MA        | <b>Zip Code (Plus 4)</b> 021440031 | Description of Expenditure  MERCHANT FEE |              |           |    |          |
| To Whom Paid HOUSE DEMOCRATIC CAMPAIGN COMM   | IITTEE             |                                    | МО                                       | DAY          | YEAR      |    |          |
| Mailing Address 205 STATE ST                  |                    |                                    | 10                                       | 20           | 2020      | \$ | 2,500.00 |
| City HARRISBURG                               | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 171011130 | <b>Descrip</b><br>DONAT                  | otion of Exp | penditure |    |          |
| To Whom Paid<br>NGP VAN                       |                    |                                    | МО                                       | DAY          | YEAR      |    |          |
| Mailing Address PO BOX 392264                 |                    |                                    | 11                                       | 5            | 2020      | \$ | 802.50   |
| City PITTSBURGH                               | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 152519264 |  | tion of Exp  |           |    |          |

|   |  |  |   |    | PAGE 12  |  |
|---|--|--|---|----|----------|--|
| To Whom Paid PENNSYLVANIA AFL-CIO COPE  | МО   | DAY  | YEAR                                      |    |          |  |
| Mailing Address 600 N 2ND ST  | 10   | 21   | 2020                                      | \$ | 250.00   |  |
| City HARRISBURG State PA Zip Code (Plus 4) 171011092  |  | Description of Expenditure SPONSORSHIP       |   |    |          |  |
| <b>To Whom Paid</b> PANERA BREAD  | МО   | DAY  | YEAR                                      |    |          |  |
| Mailing Address 210 W BRIDGE ST   | 11   | 9  | 2020                                      | \$ | 277.82   |  |
| City         HOMESTEAD         State         Zip Code (Plus 4)           PA         151205016   |  | Description of Expenditure CATERING          |   |    |          |  |
| To Whom Paid ACTBLUE  | МО   | DAY  | YEAR                                      |    |          |  |
| Mailing Address PO BOX 441146   | 11   | 10   | 2020                                      | \$ | 20.25    |  |
| City         WEST SOMERVILLE         State         Zip Code (Plus 4)           MA         021440031   | Description of Expenditure MERCHANT FEE  |  |   |    |          |  |
|   |  |  |   |    |          |  |
| To Whom Paid BCOM SOLUTIONS   | МО   | DAY  | YEAR                                      |    |          |  |
|   | мо 11  | <b>DAY</b> 20                                | <b>YEAR</b> 2020                          | \$ | 1,500.00 |  |
| BCOM SOLUTIONS  Mailing Address   | 11 Descrip   |  | 2020<br>penditure                         | \$ | 1,500.00 |  |
| BCOM SOLUTIONS           Mailing Address 747 0 ST # 150           City         LINCOLN         State         Zip Code (Plus 4)  | 11 Descrip   | 20<br>otion of Exp                           | 2020<br>penditure                         | \$ | 1,500.00 |  |
| ### BCOM SOLUTIONS    Mailing Address   | 11  Descrip  | 20<br>otion of Exp                           | 2020<br>penditure<br>TING                 | \$ | 1,500.00 |  |
| ### BCOM SOLUTIONS    Mailing Address   | Description DIGITAL MO   | DAY  28  Stion of Exp                        | 2020 Denditure TING YEAR 2020             |    |          |  |
| BCOM SOLUTIONS           Mailing Address 747 0 ST # 150           City LINCOLN NE         State NE         Zip Code (Plus 4) 685081449           To Whom Paid BCOM SOLUTIONS           Mailing Address 747 0 ST # 150         State Zip Code (Plus 4)   | Description MO  10  Description Descriptio | DAY  28  Stion of Exp                        | 2020 Denditure TING YEAR 2020             |    |          |  |
| BCOM SOLUTIONS           Mailing Address 747 0 ST # 150           City LINCOLN BCOM SOLUTIONS         State 685081449           Mailing Address 747 0 ST # 150           City LINCOLN NE         State 85081449           NE         Zip Code (Plus 4) 685081449           NE         685081449 | Description 10  Description 10  Description 10   | DAY  28  Stion of Exp  28  Stion of Exp  ADS | 2020 penditure TING  YEAR  2020 penditure |    |          |  |

| To Whom Paid NGP VAN  |                      |                                       | МО  | DAY | YEAR |            |          |
|---|----------------------|---------------------------------------|---|-----|------|------------|----------|
| Mailing Address PO BOX 392264   |                      |                                       | 11  | 2   | 2020 | \$         | 107.00   |
| City PITTSBURGH   | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b> 152519264    | Description of Expenditure ONLINE DATABASE  |     |      |            |          |
| To Whom Paid TARGET   |                      |                                       | МО  | DAY | YEAR |            |          |
| Mailing Address 6231 PENN AVE   |                      |                                       | 11  | 16  | 2020 | \$         | 7.42     |
| City PITTSBURGH   | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b><br>152063978 | Description of Expenditure OFFICE SUPPLIES  |     |      |            |          |
| To Whom Paid PRINT AND COPY CENTER                                      |                      |                                       | МО  | DAY | YEAR |            |          |
| Mailing Address 731 ALLEGHENY RIVER BLVD                                |                      |                                       | 10  | 27  | 2020 | \$         | 318.86   |
| City VERONA   | <b>State</b><br>PA   | <b>Zip Code (Plus 4)</b><br>151471301 | Description of Expenditure ELECTION POSTERS |     |      |            |          |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                      |                                       |   |     |      | PAGE TOTAL |          |
| Linter Grand Total of Expend  | itules on rage 1, Re | port cover Page, Item D               |   |     |      | \$         | 6,970.13 |