### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | on 2019                         | 0348       |                        |        | Repo<br>Filed |       |                        | CANDI       | DATE      | TE COMMITTEE V LOBBYIST |            |                    |                |          | YIST      |                |
|---|---------------------------------|------------|------------------------|--------|---------------|-------|------------------------|-------------|-----------|-------------------------|------------|--------------------|----------------|----------|-----------|----------------|
| Name of Filing C                          | Committee, Candid               | ate or L   | obbyist:               |        | Elect         | Ga    | ry Sp                  | illane      |           |                         |            |                    |                |          |           |                |
| Street Address:                           | 212 Hamilton                    | Street     |                        |        |               |       |                        |             |           |                         |            |                    |                |          |           |                |
| City:                                     | Chalfont                        |            |                        |        |               |       |                        | State:      | PA        |                         |            | Zip Cod            | de: 18         | 3914     |           |                |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY      | 1.         | 2ND FRIDAY<br>PRIMARY  | PRE-   | 2.            |       | 30 DA<br>PRIM <i>A</i> |             | 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.                      |            | TERMINA<br>REPORT  |                | Yes      | No        |                |
| report type)                              | ANNUAL REPORT                   | 7.         | <b>Year</b> 2021       |        |               |       |                        | IG METH     |           |                         |            | PAPER              |                |          | DISKE     | TTE            |
| Name of Office S                          | Sought by Candida               | te:        | -                      |        |               |       |                        | DATE C      | F ELE     | CTIO                    | N          | District<br>Number | Office<br>Code | Part     | ty Code   | County<br>Code |
|   |                                 |            |                        |        |               |       |                        | МО          | DAY       | YE                      | AR         |                    | 10000          | <u> </u> |           |                |
|   |                                 |            |                        |        |               |       |                        | 11          |           | 2                       | 2021       |                    | (SEE IN        | STRUCTIO | NS FOR C  | ODES)          |
|   | Receipts and                    | МО         | DAY Y                  | 'EAR   |               |       | '                      | МО          | DAY       | YE                      | AR         | FC                 | R OFFI         | CE USE   | ONLY      |                |
| Expenditures                              | s from:                         |            | 1 1                    | 20     | 021           | T     | <b>o</b>               | 5           | 5         | 3                       | 2021       |                    |                |          |           |                |
| A. Amount Bro                             | ught Forward Froi               | n Last R   | eport                  |        |               |       | \$                     |             |           | 1,5                     | 63.40      |                    |                |          |           |                |
| B. Total Moneta                           | ary Contributions               | And Rec    | eipts (From S          | Sche   | dule 1        | [)    | \$                     |             |           | 6                       | 03.45      | 3.45               |                |          |           |                |
| C. Total Funds                            | Available (Sum Of               | f Lines A  | and B)                 |        |               |       | \$                     |             |           | 2,1                     | .66.85     |                    |                |          |           |                |
| D. Total Expenditures (From Schedule III) |                                 |            |                        |        |               |       | \$                     |             |           | 2,1                     | 66.85      |                    |                |          |           |                |
| E. Ending Cash                            | Balance (Subtrac                | t Line D   | From Line C)           |        |               |       | \$                     |             |           |                         | 0.00       |                    |                |          |           |                |
| F. Value Of In-                           | Kind Contributions              | s Receiv   | ed (From Sch           | edul   | e II)         |       | \$                     |             |           |                         | 0.00       |                    |                |          |           |                |
| G. Unpaid Debt                            | ts And Obligations              | (From S    | Schedule IV)           |        |               |       | \$                     |             |           |                         | 0.00       |                    |                | •        |           |                |
|   |                                 |            | ,                      | AFF    | IDA           | VIT   | SE                     | CTION       |           |                         |            |                    |                |          |           |                |
| PART I - If this is                       | s a Committee rep               | ort, trea  | surer sign he          | ere. 1 | f this        | is    | a Can                  | didate r    | eport, o  | candi                   | date sig   | jn here.           |                |          |           |                |
| I swear (or affirm)<br>correct and comple | ) that this report, inc<br>ete. | luding the | attached sche          | dules  | filed         | on p  | aper o                 | or by elect | tronic m  | edium                   | , are to t | the best o         | f my kno       | wledge a | and belie | f , true       |
| Sworn to and subs                         | cribed before me this<br>day of | 5          | 20                     |        |               |       |                        |             |           | S                       | ignature   | of Perso           | n Submit       | ting Rep | ort       |                |
|   | Signatu                         | re         |                        |        |               |       |                        |             |           |                         |            | Prin               | ted Nam        | e        |           |                |
| My Commission Ex                          | cpires                          |            |                        |        |               |       | _                      |             |           |                         |            | Ema                | il             |          |           |                |
|   | МО                              | D          | AY                     | YR     |               |       |                        |             | Ar        | ea Cod                  | e          | Daytim             | e Telepi       | none Nur | nber      |                |
| Part II- If this is                       | a report of a can               | didate's   | authorized C           | omm    | ittee         | , Ca  | ndida                  | ate shall   | sign h    | ere.                    |            |                    |                |          |           |                |
| I swear (or affirm)<br>No 320) as amende  | that to the best of red.        | ny knowl   | edge and belief        | this   | politic       | cal o | commi                  | ittee has r | not viola | ted an                  | y provis   | ions of th         | e act of J     | une 3,19 | 37 (P.L.  | 1333,          |
| Sworn to and subsc                        | ribed before me this            |            | 20                     |        |               |       |                        |             |           |                         | s          | ignature (         | of Candid      | ate      |           |                |
|   | day of                          |            |                        |        |               |       |                        |             |           |                         |            | Printe             | d Name         |          |           | — <u> </u>     |
| My Commission F                           | Signature                       |            |                        |        |               |       |                        |             |           |                         |            | Ema                | il             |          |           |                |
| My Commission Exp                         |                                 |            |                        |        |               |       |                        |             |           |                         |            |                    |                |          |           |                |
|   | МО                              | D          | AY                     | YR     |               |       |                        |             | Area      | Code                    |            | D                  | aytime T       | elephon  | e Numbe   | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |          |              |          |
|--|-----------|----------|--------------|----------|
| Name of Filing Committee or Candidate  | Reporting | J Period |              |          |
| Elect Gary Spillane  | From:     | 1/1/202  | <u>1</u> To: | 5/3/2021 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |          |
| TOTAL for the Reporting  | ) Period  | (1)      | \$           | 0.00     |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |           |          |              |          |
| Contributions Received From Political Committees (Part A)  |           |          | \$           | 0.00     |
| All Other Contributions (Part B)   |           |          | \$           | 103.45   |
| TOTAL for the Reporting  | ) Period  | (2)      | \$           | 103.45   |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |          |              |          |
| Contributions Received From Political Committees (Part C)  |           |          | \$           | 0.00     |
| All Other Contributions (Part D)   |           |          | \$           | 500.00   |
| TOTAL for the Reporting  | ) Period  | (3)      | \$           | 500.00   |
| 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 |           |          | \$           | 603.45   |

#### **PART A**

### **CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES**

\$50.01 TO \$250.00

|                         | this Part to itemize only with an aggregate valu |                  |     |         |        |      |               |            |
|-------------------------|--|------------------|-----|---------|--------|------|---------------|------------|
| Name of Filing Comm     | nittee or Candidate                              |                  | Re  | porting | Period |      |               |            |
|                         |  |                  | Fre | om:     |        | То   | :             |            |
|                         |  | <u> </u>         |     |         | DATE   |      |               | AMOUNT     |
| Full Name of Contributi | ing Committee                                    |                  |     | МО      | DAY    | YEAR |               |            |
| Mailing Address         |  |                  |     |         |        |      | \$            | 0.00       |
| City                    | State  | Zip Code (Plus 4 | )   |         |        |      |               |            |
|                         | •  | ·                |     |         | •      | •    | $\overline{}$ | DACE TOTAL |

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

**PAGE TOTAL**\$ 0.00

### 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 Perio | d        |     |          |
|---------------------------------------|-----------------|----------|-----|----------|
| Elect Gary Spillane                   | From:           | 1/1/2021 | То: | 5/3/2021 |

DATE

| <b>Full Name of Contributor</b> Colin D Bagwell | olin D Bagwell |                   |     |    | YEAR |               |
|---|----------------|-------------------|-----|----|------|---------------|
| Mailing Address 2359 Highland Ave               |                |                   |     |    |      | <b>\$</b> 103 |
| City Falls Church                               | State          | Zip Code (Plus 4) | 1 1 | 23 | 2021 |               |
|   | VA             | 220462211         |     |    |      |               |

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

**PAGE TOTAL \$** 103.45

**AMOUNT** 

#### **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  |      | A  | MOUNT      |
| Full Name of Contributing Committee   |                      |          |             | мо     | DAY | YEAR |    |            |
| Mailing Address                       |                      |          |             |        |     |      | \$ | 0.00       |
| City                                  | State                | Zip Code | e (Plus 4)  |        |     |      |    |            |
|                                       |                      |          |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo  | dule I, Detailed Sum | nmary Pa | age, Sectio | n 3.   |     |      | \$ | 0.00       |

## 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 C             | Candidate            |          |              | Rep        | orting Pe | riod         |               |           |                 |
|---|----------------------|----------|--------------|------------|-----------|--------------|---------------|-----------|-----------------|
| Elect Gary Spillane                       |                      |          |              | Fror       | n:        | <u>1/1/2</u> | <u>021</u> To | :         | <u>5/3/2021</u> |
|   |                      |          |              |            | D         | ATE          |               | 1A        | MOUNT           |
| Full Name of Contributor Gary P Spillane  |                      |          |              |            | МО        | DAY          | YEAR          |           |                 |
| Mailing 3488 Pond V                       | View Dr              |          |              |            |           |              |               | \$        | 500.00          |
| <b>City</b> Chalfont                      | State                | Zi       | p Code (Plus | <b>(4)</b> | 1         | 26           | 2021          |           |                 |
|   | PA                   | 18       | 39144400     |            |           |              |               |           |                 |
| Employer Name                             | ·                    | •        |              |            | Occupa    | tion         | Retired       |           |                 |
| Employer Mailing Address/Prir<br>Business | ncipal Place of      |          | City         |            | •         | State        |               | Zip Cod   | e (Plus 4)      |
| PO Box 34                                 |                      |          | Chalfont     |            |           | PA           |               | 18914     | 0034            |
| Enter Grand Total of Part C               | on Schedule I, Detai | led Sumr | nary Page,   | Section    | on 3.     |              |               | P         | AGE TOTAL       |
|   | ·                    |          | ,            |            |           |              | !             | <b>\$</b> | 500.00          |
|   |                      |          |              |            |           |              |               |           |                 |

## 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 | ndidate              |                | Report  | ing Perio | od  |      |    |           |
|---------------------------------|----------------------|----------------|---------|-----------|-----|------|----|-----------|
|                                 |                      |                | From:   |           |     | To:  |    |           |
|                                 |                      |                |         | D         | ATE |      | А  | 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, <b>200</b> 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 Period | d                          |                 |
|--|------------------|----------------------------|-----------------|
| Elect Gary Spillane  | From:            | <u>1/1/2021</u> <b>To:</b> | <u>5/3/2021</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR   |                            |                 |
| 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 Candi         | date                |                       | Reportin | g Period  |      |     |            |
|---|---------------------|-----------------------|----------|-----------|------|-----|------------|
|   |                     |                       | From:    |           |      | То: |            |
|   |                     |                       |          | DATE      |      |     | AMOUNT     |
| Full Name of Contributor                  |                     |                       | МО       | DAY       | YEAR |     |            |
| Mailing Address                           |                     |                       |          |           |      | \$  | 0.00       |
| City                                      | State               | Zip Code (Plus 4)     |          |           |      |     |            |
| Description of Contribution:              |                     |                       |          |           |      |     |            |
|   |                     |                       |          | _         |      |     |            |
| Enter Grand Total of Part F on Section 2. | Schedule II, In-Kir | nd Contributions Deta | iled Sum | ımary Pag | ge,  |     | PAGE TOTAL |
| 5551511 21                                |                     |                       |          |           |      | \$  | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candida              | te            |         |            |         | Re    | porting   | Period    |      |       |         |             |
|--|---------------|---------|------------|---------|-------|-----------|-----------|------|-------|---------|-------------|
|  |               |         |            |         | Fro   | m:        |           | То   | :     |         |             |
|  |               |         |            |         |       |           | DATE      |      |       |         | AMOUNT      |
| Full Name of Contributor                         |               |         |            |         |       | мо        | DAY       | YEAR | 1     |         |             |
| Mailing Address                                  |               |         |            |         |       |           |           |      |       | \$      | 0.00        |
| City   | State         |         | Zip Code(F | Plus 4) |       |           |           |      |       |         |             |
| Employer of Contributor                          | •             |         | •          |         |       | Occupa    | ation     |      |       |         |             |
| Employer Mailing Address/Principal P<br>Business | lace of       | City    |            | State   |       | Zip<br>4) | Code(Plus | Desc | ripti | on of C | ontribution |
| Enter Grand Total of Part G on S                 | chedule II, I | In-Kind | Contributi | ons De  | taile | ed        |           |      |       |         | PAGE TOTAL  |
| Summary Page, Section 3.                         |               |         |            |         |       |           |           |      |       |         | 0.00        |

### **SCHEDULE III STATEMENT OF EXPENDITURES**

| Name of Filing Committee or Ca          | ndidate            |                                       | Reporti | ng Period   |        |           |          |
|---|--------------------|---------------------------------------|---------|---|--------|-----------|----------|
| Elect Gary Spillane                     |                    |                                       | From    | 1/2   | 1/2021 | То:       | 5/3/2021 |
|   |                    |                                       |         | DATE  |        |           | AMOUNT   |
| <b>To Whom Paid</b><br>ActBlue          |                    |                                       | МО      | DAY   | YEAR   |           |          |
| Mailing Address PO Box 4411             | 146                |                                       | 1       | 6   | 2021   | \$        | 1.80     |
| City West Somerville                    | State<br>MA        | <b>Zip Code (Plus 4)</b> 021440031    |         | otion of Exp<br>donations                             |        |           |          |
| <b>To Whom Paid</b> Comcast Corporation |                    |                                       | мо      | DAY   | YEAR   |           |          |
| Mailing Address 1701 John F             | Kennedy Blvd       |                                       | 1       | 25  | 2021   | \$        | 109.22   |
| <b>City</b> Philadelphia                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>191032833 |         | Description of Expenditure Office internet final bill |        |           |          |
| <b>To Whom Paid</b><br>GetThru          | •                  |                                       | МО      | DAY   | YEAR   |           |          |
| Mailing Address PO Box 2690             | )                  |                                       | 2       | 2   | 2021   | <b>\$</b> | 1,625.25 |
| <b>City</b> Alameda                     | <b>State</b><br>CA | <b>Zip Code (Plus 4)</b><br>945010690 |         | otion of Exp  |        |           |          |
| <b>To Whom Paid</b> Google Corporation  |                    |                                       | мо      | DAY   | YEAR   |           |          |
| Mailing Address 1600 Amphi              | theatre Parkway    |                                       | 1       | 4   | 2021   | \$        | 10.02    |
| City Mountain View                      | <b>State</b><br>CA | <b>Zip Code (Plus 4)</b><br>940431351 |         | otion of Exp  |        |           |          |
| <b>To Whom Paid</b> Google Corporation  | ·                  | ·                                     | МО      | DAY   | YEAR   |           |          |
| Mailing Address 1600 Amphi              | theatre Parkway    |                                       | 1       | 4   | 2021   | \$<br>\$  | 94.77    |
| 1000 / 1111 / 1111                      |                    |                                       | 1       | 1   | l      | I         |          |

940431351

CA

Google G Suite mail and meeting services

| To Whom Paid   Google Corporation   State   Google Corporation   Goog      |  |       |                   |  |             |          | PAG       | E 12  |
|--|--|-------|-------------------|--|-------------|----------|-----------|-------|
| State CA STA   |  |       |                   | МО                                       | DAY         | YEAR     |           |       |
| To Whom Paid Google Corporation  Mailing Address 1600 Amphitheatre Parkway  City Mountain View State CA 940431351  City Mountain View State CA 940431351  City Mountain View CA 940431351  City Tempe CA   | Mailing Address 1600 Amphitheatre Parkway  |       |                   | 2  | 3           | 2021     | \$        | 38.16 |
| To Whom Paid Google Corporation  Mailing Address 1600 Amphitheatre Parkway  To Whom Paid Google Corporation  Mo DAY VEAR  State CA State Padda13351  To Whom Paid Google Corporation  Mo DAY VEAR  State CA Padd31351  To Whom Paid Google Corporation  Mo DAY VEAR  State CA Padd31351  To Whom Paid CA Paragon Payment Solutions  Mo DAY VEAR  State Zip Code (Plus 4) AZ Sessibles Paragon Payment Solutions  Mo DAY VEAR  State Zip Code (Plus 4) AZ Sessibles Paragon Payment Solutions  Mo DAY VEAR  State Zip Code (Plus 4) AZ Sessibles Paragon Payment Solutions  Mo DAY VEAR  Mo DAY VEAR  State Description of Expenditure online donation processing fees  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  Mo DAY VEAR  Mo DAY VEAR  State Description of Expenditure online donation processing fees  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  State Sessels95  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  State Sessels95  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  State Sessels95  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  State Sessels95  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  State Sessels95  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  State Sessels95  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  State Sessels95  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  State Sessels95  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  State Sessels95  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  State Sessels95  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  State Sessels95  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  State Sessels95  To Whom Paid Payment Solutions  Mo DAY VEAR  State Sessels95  To Whom Paid Payment Solutions  Mo DAY VEAR  State Sessels   | City Mountain View                         | State | Zip Code (Plus 4) | Descrip                                  | tion of Exp | enditure |           |       |
| Mailing Address   1600 Amphitheatre Parkway   State   CA   State   Google Corporation   CA   State   CA        |  | CA    | 940431351         |  |             |          |           | ices  |
| City Mountain View State CA St   |  |       |                   | МО                                       | DAY         | YEAR     |           |       |
| To Whom Paid Google Corporation  Mo DAY VEAR  Mountain View State CA Site Mountain View CA State CA St   | Mailing Address 1600 Amphitheatre Parkway  |       |                   | 3  | 2           | 2021     | \$        | 38.16 |
| To Whom Paid Google Corporation  MO DAY YEAR  Mountain View State CA Zip Code (Plus 4) 940431351  To Whom Paid Paragon Payment Solutions  MO DAY YEAR  State CA Zip Code (Plus 4) 940431351  Description of Expenditure Google G Suite mail and meeting services  To Whom Paid Paragon Payment Solutions  MO DAY YEAR  State CA Zip Code (Plus 4) 940431351  Description of Expenditure Google G Suite mail and meeting services  To Whom Paid Paragon Payment Solutions  MO DAY YEAR  State Zip Code (Plus 4) 852821895  To Whom Paid Paragon Payment Solutions  MO DAY YEAR  State CA Zip Code (Plus 4) 852821895  To Whom Paid Paragon Payment Solutions  MO DAY YEAR  State CA Zip Code (Plus 4) 852821895  To Whom Paid Paragon Payment Solutions  MO DAY YEAR  State CA Zip Code (Plus 4) 940431351  Description of Expenditure online donation processing fees  To Whom Paid Paragon Payment Solutions  MO DAY YEAR  State CA Zip Code (Plus 4) 940431351  Description of Expenditure online donation processing fees  To Whom Paid Paragon Payment Solutions  MO DAY YEAR  State CA Zip Code (Plus 4) 940431351  Description of Expenditure online donation processing fees  To Whom Paid Paragon Payment Solutions  MO DAY YEAR  State CA Zip Code (Plus 4) 940431351  Description of Expenditure online donation processing fees   | City Mountain View                         | State | Zip Code (Plus 4) | Descri                                   | tion of Exr | enditure | <u> </u>  |       |
| Google Corporation  Mailing Address 1600 Amphitheatre Parkway  State CA State CA State CA Suite mail and meeting services  To Whom Paid Paragon Payment Solutions  State CA St   | - Mountain view                            | CA    | 940431351         |  |             |          |           | ices  |
| City Mountain View State CA Supervises  To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  City Tempe State AZ Sip Code (Plus 4) AZ Sip Code (Plus 4) B52821895  City Tempe State AZ Sip Code (Plus 4) B52821895  City Tempe State AZ Sip Code (Plus 4) B52821895  City Tempe State AZ Sip Code (Plus 4) B52821895  City Tempe State AZ Sip Code (Plus 4) B52821895  City Tempe State AZ Sip Code (Plus 4) B52821895  City Tempe State AZ Sip Code (Plus 4) B52821895  City Tempe State AZ Sip Code (Plus 4) B52821895  City Tempe State AZ Sip Code (Plus 4) B52821895  City Tempe State AZ Sip Code (Plus 4) B52821895  City Tempe State Sip Code (Plus 4) B52821895  City Tempe State Sip Code (Plus 4) Description of Expenditure online donation processing fees  |  | ·     |                   | мо                                       | DAY         | YEAR     |           |       |
| To Whom Paid Paragon Payment Solutions  Mo DAY YEAR  City Tempe State AZ State Payment Solutions  Mo DAY YEAR  State AZ State State State Payment Solutions  Mo DAY YEAR  City Tempe State AZ State State Payment Solutions  Mo DAY YEAR  City Tempe State AZ State State Payment Solutions  Mo DAY YEAR  City Tempe State AZ State Payment Solutions  Mo DAY YEAR  City Tempe State State Payment Solutions  Mo DAY YEAR  City Tempe State AZ State Payment Solutions  Mo DAY YEAR  City Tempe State State Payment Solutions  To Whom Paid Paragon Payment Solutions  To Whom Paid Paragon Payment Solutions  To Whom Paid Payment Solutions  To Whom Paid Paragon Payment Solutions  Mo DAY YEAR  City Tempe State State Payment Solutions  Mo DAY YEAR  Mailing Address 2141 E Broadway Rd Ste 202  3 2 2021 \$  City Tempe State Dip Code (Plus 4) Description of Expenditure online donation processing fees  | Mailing Address 1600 Amphitheatre Parkway  |       |                   | 4  | 5           | 2021     | <b>\$</b> | 32.40 |
| To Whom Paid Paragon Payment Solutions  Mo DAY VEAR  Mailing Address 2141 E Broadway Rd Ste 202 1 4 4 2021 \$  City Tempe  | <b>City</b> Mountain View                  |       |                   |  |             |          |           |       |
| Paragon Payment Solutions  Mailing Address 2141 E Broadway Rd Ste 202 1 4 2021 \$  City Tempe State AZ 2ip Code (Plus 4) 852821895 2 10 1  |  | CA    | 940431351         | Google G Suite mail and meeting services |             |          |           | ices  |
| City Tempe  State AZ  Zip Code (Plus 4) 852821895  MO DAY  YEAR  Mailing Address 2141 E Broadway Rd Ste 202  2 2 2021 \$  City Tempe  State AZ  Zip Code (Plus 4) 852821895  MO DAY  YEAR  Description of Expenditure online donation processing fees  AZ  Zip Code (Plus 4) 852821895  Description of Expenditure online donation processing fees  MO DAY  YEAR  AZ  Zip Code (Plus 4) 852821895  MO DAY  YEAR  AZ  Zip Code (Plus 4) 852821895  Description of Expenditure online donation processing fees  To Whom Paid Paragon Payment Solutions  MO DAY  YEAR  Mailing Address 2141 E Broadway Rd Ste 202  3 2 2021 \$ City Tempe  State  Zip Code (Plus 4) Description of Expenditure   |  | 5     |                   | МО                                       | DAY         | YEAR     |           |       |
| To Whom Paid Paragon Payment Solutions  Mailing Address 2141 E Broadway Rd Ste 202  To Whom Paid Paragon Payment Solutions  State AZ State State AZ State State State AZ State State AZ State State State State AZ State State State State AZ State St   | Mailing Address 2141 E Broadway Rd Ste 202 |       |                   | 1  | 4           | 2021     | \$        | 7.72  |
| To Whom Paid Paragon Payment Solutions  Mo DAY YEAR  MO D   | City Tempe                                 | State | Zip Code (Plus 4) | Description of Expenditure               |             |          |           |       |
| Paragon Payment Solutions  Mo DAY YEAR  Mailing Address 2141 E Broadway Rd Ste 202 2 2 2021 \$  City Tempe State AZ 2 2 2021 \$  To Whom Paid Paragon Payment Solutions  Mo DAY YEAR  Mo DAY YEAR  To Whom Paid Paragon Payment Solutions  Mo DAY YEAR  MO DAY |  | AZ    | 852821895         |  |             |          |           |       |
| City Tempe  State AZ  Zip Code (Plus 4) 852821895  Description of Expenditure online donation processing fees  To Whom Paid Paragon Payment Solutions  Mo DAY  YEAR  Mailing Address 2141 E Broadway Rd Ste 202  State  Zip Code (Plus 4) 852821895  Description of Expenditure online donation processing fees  Zip Code (Plus 4) Description of Expenditure  |  | 5     |                   | МО                                       | DAY         | YEAR     |           |       |
| To Whom Paid Paragon Payment Solutions  Mailing Address 2141 E Broadway Rd Ste 202  State State Special Code (Plus 4) Description of Expenditure  Description of Expenditure  Online donation processing fees  MO DAY YEAR  2 2021 \$  City Tempe  | Mailing Address 2141 E Broadway Rd Ste 202 |       |                   | 2  | 2           | 2021     | \$        | 7.72  |
| To Whom Paid Paragon Payment Solutions  Mailing Address 2141 E Broadway Rd Ste 202  State Zip Code (Plus 4) Description of Expenditure   | City Tempe                                 | State | Zip Code (Plus 4) | Description of Expenditure               |             |          |           |       |
| Paragon Payment Solutions  Mailing Address 2141 E Broadway Rd Ste 202  State Zip Code (Plus 4) Description of Expenditure  | - r <del>-</del>                           | AZ    | 852821895         |  |             |          |           |       |
| City Tempe State Zip Code (Plus 4) Description of Expenditure  |  |       |                   | мо                                       | DAY         | YEAR     |           |       |
| Tempe Description of Expenditure   | Mailing Address 2141 E Broadway Rd Ste 202 |       |                   | 3  | 2           | 2021     | \$        | 7.07  |
| ' I I I I I I I I I I I I I I I I I I I  | City Tempe                                 | State | Zip Code (Plus 4) | Description of Expenditure               |             |          |           |       |
|  | . 5  | AZ    | 852821895         |  |             |          |           |       |

|  |                    |                                       |   |  |      | FAGL | 13    |
|--|--------------------|---------------------------------------|---|--|------|------|-------|
| To Whom Paid Paragon Payment Solutions     |                    |                                       | мо  | DAY  | YEAR |      |       |
| Mailing Address 2141 E Broadway Rd Ste 202 |                    |                                       | 4   | 2  | 2021 | \$   | 50.00 |
| City Tempe                                 | State<br>AZ        | <b>Zip Code (Plus 4)</b><br>852821895 | 1   | ption of Expenditure<br>donation processing fees       |      |      |       |
| To Whom Paid Gary P Spillane               |                    |                                       | МО  | DAY  | YEAR |      |       |
| Mailing Address 3488 Pond View Dr          |                    |                                       | 4   | 15   | 2021 | \$   | 45.98 |
| City Chalfont                              | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>189144400 |   | otion of Exp<br>ution refu                             |      |      |       |
| To Whom Paid Vantiv                        |                    |                                       | МО  | DAY  | YEAR |      |       |
| Mailing Address 8500 Governors Hill Dr     |                    |                                       | 1   | 11   | 2021 | \$   | 28.12 |
| City Symmes Twp                            | State<br>OH        | <b>Zip Code (Plus 4)</b> 452491384    | Description of Expenditure Online contributions processing fees     |  |      |      |       |
| <b>To Whom Paid</b><br>Vantiv              |                    |                                       | МО  | DAY  | YEAR |      |       |
| Mailing Address 8500 Governors Hill Dr     |                    |                                       | 2   | 9  | 2021 | \$   | 0.50  |
| City Symmes Twp                            | State<br>OH        | <b>Zip Code (Plus 4)</b> 452491384    | 1   | ption of Expenditure contributions processing fees     |      |      |       |
| To Whom Paid Wix.com, Inc                  |                    |                                       | МО  | DAY  | YEAR |      |       |
| Mailing Address 100 Gansevoort St          |                    |                                       | 1   | 11   | 2021 | \$   | 23.32 |
| City New York                              | State<br>NY        | <b>Zip Code (Plus 4)</b><br>100141477 | 1   | ption of Expenditure e maintenance monthly service fee |      |      |       |
| <b>To Whom Paid</b><br>Wix.com, Inc        |                    |                                       | МО  | DAY  | YEAR | _    |       |
| Mailing Address 100 Gansevoort St          |                    |                                       | 2   | 8  | 2021 | \$   | 23.32 |
| City New York                              | State<br>NY        | <b>Zip Code (Plus 4)</b><br>100141477 | Description of Expenditure  Website maintenance monthly service fee |  |      |      | e     |
|  |                    |                                       |   |  |      |      |       |

| To Whom Paid Wix.com, Inc         |                        |                                       | мо  | DAY | YEAR |    |            |
|-----------------------------------|------------------------|---------------------------------------|---|-----|------|----|------------|
| Mailing Address 100 Gansevoort St |                        |                                       | 3   | 8   | 2021 | \$ | 23.32      |
| City New York                     | State<br>NY            | <b>Zip Code (Plus 4)</b><br>100141477 | Description of Expenditure  Website maintenance monthly service fee |     |      |    |            |
| Enter Grand Total of Expe         | nditures on Page 1, Re | port Cover Page, Item D.              | Ī   |     |      |    | PAGE TOTAL |
|                                   |                        |                                       |   |     |      | \$ | 2,166.85   |
|                                   |                        |                                       |   |     |      |    |            |
|                                   |                        |                                       |   |     |      |    |            |
|                                   |                        |                                       |   |     |      |    |            |