

Campaign Finance Report

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

| | | | | | | | | | | | |
|----------------------------------------------------------------------------------------|--------------------------|--------------------------|-------------------------|------------------------------------|-------------------------|------------------------------------------------------|--------------------------------------------------|----------------------------|----------------------------------------|-------------------|--------------------|
| Filer Identification Number : 20200146 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | | |
| Name of Filing Committee, Candidate or Lobbyist: TIM DEFORR FOR AUDITOR GENERAL | | | | | | | | | | | |
| Street Address: P.O. BOX 64 | | | | | | | | | | | |
| City: HARRISBURG | | | | | State: PA | | Zip Code: 17108 | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY POST-PRIMARY | 3. | AMENDMENT REPORT? | Yes | No <input checked="" type="checkbox"/> | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | Yes | No <input checked="" type="checkbox"/> | | |
| | ANNUAL REPORT | 7. X | Year 2020 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | DISKETTE | | | |
| Name of Office Sought by Candidate: AUDITOR GENERAL | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | | MO | DAY | YEAR | | | | |
| | | | | | 11 | 3 | 2020 | | | | |
| Summary of Receipts and Expenditures from: | | | | | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | | | | 11 | 24 | 2020 | | | | TO |
| | | | | | 12 | 31 | 2020 | | | | |
| A. Amount Brought Forward From Last Report | | | | | \$ | | 13,825.00 | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | \$ | | 11,956.76 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | \$ | | 25,781.76 | | | | |
| D. Total Expenditures (From Schedule III) | | | | | \$ | | 10,039.86 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | \$ | | 15,741.90 | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | \$ | | 684.76 | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | \$ | | 0.00 | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|----------------------------------------------|-----------------------------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| TIM DEFORR FOR AUDITOR GENERAL | From: <u>11/24/2020</u> To: <u>12/31/2020</u> |

| | |
|--------------------------------------------------------------------------------|---------|
| 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) | \$ 1,750.00 |
| TOTAL for the Reporting Period (2) | \$ 1,750.00 |

| | |
|-------------------------------------------------------------------------|--------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 5,906.76 |
| All Other Contributions (Part D) | \$ 4,300.00 |
| TOTAL for the Reporting Period (3) | \$ 10,206.76 |

| | |
|------------------------------------------------------------------------------------------|---------|
| 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 11,956.76 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

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

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

| DATE | | | | AMOUNT |
|------|--|--|--|--------|
|------|--|--|--|--------|

| | | | | | | |
|-------------------------------------|-------|-------------------|----|-----|------|--------|
| Full Name of Contributing Committee | | | MO | DAY | YEAR | \$0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |

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

| |
|------------|
| PAGE TOTAL |
| \$0.00 |

PART B
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 TIM DEFORR FOR AUDITOR GENERAL | | | | Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u> | | | |
| | | | | DATE | | AMOUNT | |

| | | | | | | | |
|--------------------------------------------------------|--------------------|-----------------------------------|--|-----------|------------|-------------|-----------|
| Full Name of Contributor WILLIAM P EGGLESTON | | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address 120 CLARK RD | | | | 12 | 21 | 2020 | |
| City FACTORYVILLE | State PA | Zip Code (Plus 4) 18419 | | | | | |

| | | | | | | | |
|--------------------------------------------------|--------------------|-----------------------------------|--|-----------|------------|-------------|-----------|
| Full Name of Contributor DAVIS C HAIRE | | | | MO | DAY | YEAR | \$ 200.00 |
| Mailing Address 424 KEN MAR DR | | | | 12 | 21 | 2020 | |
| City MESHOPPEN | State PA | Zip Code (Plus 4) 18630 | | | | | |

| | | | | | | | |
|-----------------------------------------------------|--------------------|-----------------------------------|--|-----------|------------|-------------|-----------|
| Full Name of Contributor PAUL P PANEPINTO | | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 7036 WOODBINE AVE | | | | 12 | 7 | 2020 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19151 | | | | | |

| | | | | | | | |
|-------------------------------------------------------|--------------------|-----------------------------------|--|-----------|------------|-------------|-----------|
| Full Name of Contributor RONALD C PANEPINTO | | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 1215 STANWOOD ST | | | | 12 | 7 | 2020 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19111 | | | | | |

| | | | | | | | |
|---------------------------------------------------------|--------------------|-----------------------------------|--|-----------|------------|-------------|-----------|
| Full Name of Contributor ERNEST D PREATE, JR. | | | | MO | DAY | YEAR | \$ 100.00 |
| Mailing Address 1231 COUNTRY CLUB RD | | | | 12 | 21 | 2020 | |
| City CLARKS SUMMIT | State PA | Zip Code (Plus 4) 18411 | | | | | |

| | | | | | | | |
|---------------------------------------------------------|--------------------|-----------------------------------|--|-----------|------------|-------------|-----------|
| Full Name of Contributor ROBERT P SHEILS, III | | | | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 1010 WOODLAND WAY | | | | 12 | 21 | 2020 | |
| City CLARKS SUMMIT | State PA | Zip Code (Plus 4) 18411 | | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 250.00 |
|----------------------------------|------------------|-------|-------------------|----|-----|------|-----------|
| LANCE J STANGE, JR. | | | | | | | |
| Mailing Address 2610 MOTICHKA RD | | | | 12 | 21 | 2020 | |
| City | MADISON TOWNSHIP | State | Zip Code (Plus 4) | | | | |
| | | PA | 18444 | | | | |

| Full Name of Contributor | | | | MO | DAY | YEAR | \$250.00 |
|--------------------------|-----------|-------|-------------------|----|-----|------|----------|
| NOCHE ZEMA | | | | | | | |
| Mailing Address | | | | 12 | 14 | 2020 | |
| 1073 SING SING RD APT J8 | | | | | | | |
| City | HORSEHEAD | State | Zip Code (Plus 4) | | | | |
| | | NY | 14845 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 1,750.00 |

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 |
| TIM DEFORR FOR AUDITOR GENERAL | From: <u>11/24/2020</u> To: <u>12/31/2020</u> |

| | | | | DATE | | AMOUNT | |
|----------------------------------------------|----------|-------------------------|--|------|-----|--------|-------------|
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 2,000.00 |
| EASTERN PA LABORERS' LPL | | | | 12 | 14 | 2020 | |
| Mailing Address 233 S WASHINGTON ST | | | | | | | |
| City WILKES-BARRE | State PA | Zip Code (Plus 4) 18701 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 500.00 |
| IBEW LOCAL UNION #81 | | | | 12 | 7 | 2020 | |
| Mailing Address COPE ACCOUNT 431 WYOMING AVE | | | | | | | |
| City SCRANTON | State PA | Zip Code (Plus 4) 18503 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 1,000.00 |
| LEADERS ONLY UNITE PAC | | | | 12 | 1 | 2020 | |
| Mailing Address P.O. BOX 2485 | | | | | | | |
| City SPRINGFIELD | State VA | Zip Code (Plus 4) 22152 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 906.76 |
| HOVE FORWARD LC PAC | | | | 12 | 21 | 2020 | |
| Mailing Address 535 2ND ST | | | | | | | |
| City SYNON | State PA | Zip Code (Plus 4) 18403 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 1,000.00 |
| NORTHEAST LEADERSHIP FUND | | | | 12 | 7 | 2020 | |
| Mailing Address 454 S MAIN ST | | | | | | | |
| City WILKES-BARRE | State PA | Zip Code (Plus 4) 18703 | | | | | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 500.00 |
| VALUE PAC | | | | 12 | 3 | 2020 | |
| Mailing Address 195 THEATER DR. | | | | | | | |
| City DUNCANSVILLE | State PA | Zip Code (Plus 4) 16635 | | | | | |

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

PAGE TOTAL

\$ 5,906.76

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

**Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)**

| | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Name of Filing Committee or Candidate TIM DEFORR FOR AUDITOR GENERAL | Reporting Period From: <u>11/24/2020</u> To: <u>12/31/2020</u> |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

| | | | | DATE | AMOUNT | | |
|--------------------------------------------------------------------------------|--------------------|-----------------------------------|------------------------------|----------------------------|--------------------|-----------------------------------|-------------|
| Full Name of Contributor CHARLES J VOLPE | | | | MO | DAY | YEAR | \$ 2,000.00 |
| Mailing Address 336 OAKFORD RD | | | | 12 | 7 | 2020 | |
| City CLARKS SUMMIT | State PA | Zip Code (Plus 4) 18411 | | | | | |
| Employer Name SELF EMPLOYED | | | | Occupation ATTORNEY | | | |
| Employer Mailing Address/Principal Place of Business 536 OAKFORD RD | | | City CLARKS SUMMIT | | State PA | Zip Code (Plus 4) 18411 | |
| Full Name of Contributor DONALD L SHERWOOD | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 41 SHERWOOD DR | | | | 12 | 21 | 2020 | |
| City TUNKHANNOCK | State PA | Zip Code (Plus 4) 18657 | | | | | |
| Employer Name SHERWOOD CHEVROLET | | | | Occupation OWNER | | | |
| Employer Mailing Address/Principal Place of Business 145 E TIOGA ST | | | City TUNKHANNOCK | | State PA | Zip Code (Plus 4) 18657 | |
| Full Name of Contributor JOSEPH ROBINSON, JR. | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 2009 BRADLEY DR | | | | 12 | 15 | 2020 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17110 | | | | | |
| Employer Name SELF EMPLOYED | | | | Occupation AUTHOR | | | |
| Employer Mailing Address/Principal Place of Business 2009 BRADLEY DR | | | City HARRISBURG | | State PA | Zip Code (Plus 4) 17110 | |
| Full Name of Contributor JAMES K NASSER | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 304 M MAIN AVE | | | | 12 | 21 | 2020 | |
| City SCRANTON | State PA | Zip Code (Plus 4) 18504 | | | | | |
| Employer Name NASSER REAL ESTATE | | | | Occupation REALTOR | | | |
| Employer Mailing Address/Principal Place of Business 704 N MAIN AVE | | | City SCRANTON | | State PA | Zip Code (Plus 4) 18504 | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 4,300.00 |

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

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

| | | | DATE | | | AMOUNT |
|---------------------|-------|-------------------|------|-----|------|---------|
| Full Name | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Receipt Description | | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 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 | |
| TIM DEFORR FOR AUDITOR GENERAL | | From: <u>11/24/2020</u> To: <u>12/31/2020</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period (1) | | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period (2) | | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period (3) | | \$ | 684.76 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) | | \$ | 684.76 |

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00

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

| | | | DATE | | | AMOUNT |
|-----------------------------------------------------------------------------------------------------|-------|-------------------|------|-----|------|----------------------------------|
| Full Name of Contributor | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Description of Contribution: | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | | | PAGE TOTAL \$ 0.00 |

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

| | |
|----------------------------------------------|-----------------------------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| TIM DEFORR FOR AUDITOR GENERAL | From: <u>11/24/2020</u> To: <u>12/31/2020</u> |

| | | | | DATE | | AMOUNT | |
|-----------------------------------------------------------------------------------------------------|--|----------|------------------------|------------|------------------|------------------------------------|-----------|
| Full Name of Contributor CLEARFIELD COUNTY REPUBLICAN COMMITTEE | | | | MO | DAY | YEAR | \$ 684.76 |
| Mailing Address P.O. BOX 606 | | | | 12 | 7 | 2020 | |
| City CLEARFIELD | | State PA | Zip Code(Plus 4) 16830 | | | | |
| Employer of Contributor | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code(Plus 4) | Description of Contribution ADS | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | PAGE TOTAL 684.76 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|----------------------------------------------|----------------------------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| TIM DEFORR FOR AUDITOR GENERAL | From <u>11/24/2020</u> To: <u>12/31/2020</u> |

| DATE | | | | AMOUNT |
|----------------------------------------------------------------------|----------|-------------------------|--|--------|
| To Whom Paid | | | | |
| ANNA SWENY | | | | |
| Mailing Address 5323 WOODSIDE DR | | | | |
| City ERIE | State PA | Zip Code (Plus 4) 16505 | | |
| Description of Expenditure | | | | |
| CONSULTING | | | | |
| To Whom Paid | | | | |
| IGNITE STRATEGIES | | | | |
| Mailing Address P.O. BOX 101 | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17108 | | |
| Description of Expenditure | | | | |
| REIMBURSEMENT | | | | |
| To Whom Paid | | | | |
| DTR CONSULTING | | | | |
| Mailing Address 310 KELKER ST | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | | |
| Description of Expenditure | | | | |
| PROFESSIONAL SERVICES | | | | |
| To Whom Paid | | | | |
| TIM HENNESSEY | | | | |
| Mailing Address 1178 FOXVIEW RD | | | | |
| City POTTSTOWN | State PA | Zip Code (Plus 4) 19465 | | |
| Description of Expenditure | | | | |
| REIMBURSEMENT | | | | |
| To Whom Paid | | | | |
| MJM STRATEGIES, LLC | | | | |
| Mailing Address P.O. BOX 624 | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17108 | | |
| Description of Expenditure | | | | |
| COMMISSION | | | | |
| To Whom Paid | | | | |
| POSTMASTER | | | | |
| Mailing Address FEDERAL SQUARE STATION WALNUT AND 2ND ST., 1ST FLOOR | | | | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17108 | | |
| Description of Expenditure | | | | |
| POSTAGE | | | | |

| | | | | | | |
|----------------------------------------------|--------------------|-----------------------------------|----------------------------------------------------|------------|-------------|--------------------|
| To Whom Paid TIM DEFOOR | | | MO | DAY | YEAR | \$ 1,323.36 |
| Mailing Address 1300 ELLIS DR APT 206 | | | 12 | 21 | 2020 | |
| City HARRSIBURG | State PA | Zip Code (Plus 4) 17110 | Description of Expenditure REIMBURSEMENT | | | |

| | | | | | | |
|--------------------------------------------------------------------|--------------------|-----------------------------------|-------------------------------------------------|------------|-------------|--------------------|
| To Whom Paid BARSZ GOWIE AMON & FULTZ | | | MO | DAY | YEAR | \$ 2,565.00 |
| Mailing Address 1400 N PROVIDENCE RD BUILDING 2, SUITE 1040 | | | 12 | 28 | 2020 | |
| City MEDIA | State PA | Zip Code (Plus 4) 19063 | Description of Expenditure CONSULTING | | | |

| | | | | | | |
|--------------------------------------------------|--------------------|-----------------------------------|-----------------------------------------------------------|------------|-------------|------------------|
| To Whom Paid TODD KRICK GRAPHIC DESIGN | | | MO | DAY | YEAR | \$ 950.10 |
| Mailing Address 131 CLOVER LN | | | 12 | 30 | 2020 | |
| City PALMYRA | State PA | Zip Code (Plus 4) 17078 | Description of Expenditure PRINTING AND POSTAGE | | | |

| | | | | | | |
|--------------------------------------------------------------------------------|--|--|--|--|--|---------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 10,039.86 |

