#### **Campaign Finance Report**

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

| Filer Identification 20170298 Report Filed By : CANDIDATE COMMITTEE LOBBYIS |                       |             |           |                       |          |        |       | YIST  |             |          |        |                  |                       |                            |          |           |                |
|---|-----------------------|-------------|-----------|-----------------------|----------|--------|-------|---|-------------|----------|--------|------------------|-----------------------|----------------------------|----------|-----------|----------------|
| Name of Filing C  | Committee             | e, Candid   | ate or Lo | obbyist:              |          | FRIE   | ND:   | S OF  | SUMMER      | LEE      |        |                  |                       |                            |          |           |                |
| Street Address:   | РО В                  | OX 8250     | 1         |                       |          |        |       |   |             |          |        |                  |                       |                            |          |           |                |
| City:   | PITTS                 | SBURGH      |           |                       |          |        |       |   | State:      | PA       |        |                  | Zip Cod               | de: 15                     | 5218     |           |                |
| TYPE OF<br>REPORT   | 6TH TUES<br>PRE-PRIM  |             | 1.        | 2ND FRIDA<br>PRIMARY  | Y PRE    | - 2    | 2.    | 30 DA<br>PRIMA                                |             | POST-    | 3.     |                  | AMENDMENT Yes REPORT? |                            |          | No        | <b>~</b>       |
| (place X to<br>the right of   | 6TH TUES<br>PRE-ELEC  |             | 4.        | 2ND FRIDA<br>ELECTION | Y PRI    | ≣- 5   | 5.X   |   |             |          |        |                  |                       | TERMINATION Yes No REPORT? |          |           |                |
| report type)  | ANNUAL                | REPORT      | 7.        | <b>Year</b> 2021      |          |        |       |   | NG METHO    |          |        |                  | PAPER DISKET          |                            |          | TTE       |                |
| Name of Office S  | -<br>Sought by        | Candidat    | te:       |                       |          |        |       |   | DATE 0      | F ELE    | CTIO   | N                | District<br>Number    | Office<br>Code             | Part     | ty Code   | County<br>Code |
| REPRESENTATI  | VF IN TH              | IF GENER    | AL ASS    | FMBI Y                |          |        |       |   | МО          | DAY      | YE     | AR               | 34                    | STH                        | DEM      | 1         | 02             |
|   |                       |             |           |                       |          |        |       |   | 11          |          | 2      | 2021             |                       | (SEE IN                    | STRUCTIO | ONS FOR C | ODES)          |
| Summary of<br>Expenditures  |                       | and         | МО        | DAY                   | YEAR     |        | T     | ^   | МО          | DAY      |        | AR               | FC                    | R OFFI                     | CE USE   | ONLY      |                |
|   |                       |             |           | 9 14                  | 2        | 021    |       | 1   | 10          |          | 18     | 2021             |                       |                            |          |           |                |
| A. Amount Bro   |                       |             |           |                       | . Cala   | 4      |       | \$  |             |          |        | )37.11<br>592.74 | _                     |                            |          |           |                |
| B. Total Monet  |                       |             |           |                       | n Sche   | uuie   | 1)    | \$  |             |          |        |                  | 1                     |                            |          |           |                |
| C. Total Funds  |                       | -           |           | -                     |          |        |       | \$  |             |          |        | 29.85            |                       |                            |          |           |                |
| D. Total Expen  |                       |             |           |                       |          |        |       | \$  |             |          |        | 96.52            |                       |                            |          |           |                |
| E. Ending Cash  |                       | <u> </u>    |           |                       |          |        |       | \$  |             |          | 51,8   | 33.33            | -                     |                            |          |           |                |
| F. Value Of In-   |                       |             |           |                       |          | le II) | )     | \$  |             |          |        | 0.00             | 1                     |                            |          |           |                |
| G. Unpaid Debt  | ts And Ob             | ligations   | (From S   | chedule 1             | /)<br>   |        |       | \$  |             |          |        | 0.00             |                       |                            |          |           |                |
|   |                       |             |           |                       |          |        |       |   | CTION       |          |        |                  |                       |                            |          |           |                |
| PART I - If this is  I swear (or affirm)                                    |                       | -           | -         | _                     |          |        |       |   |             |          |        | _                |                       | f my kno                   | wledge a | and belie | ef . true      |
| correct and comple  | ete.                  |             | _         |                       |          |        | ٠ ,   | <b>, , , , , , , , , , , , , , , , , , , </b> | ,           |          |        | ,                |                       | ,                          |          |           | ,              |
| Sworn to and subs   | cribed befo<br>day of | ore me this | •         | 20                    |          |        |       |   |             |          | S      | ignature         | of Perso              | n Submit                   | ting Rep | ort       |                |
|   |                       | Signatu     | re        |                       |          |        |       | -   |             |          |        |                  | Prin                  | ted Name                   | е        |           |                |
| My Commission Ex  | xpires .              |             |           |                       |          |        |       | _   |             |          |        |                  | Ema                   | il                         |          |           |                |
|   |                       | мо          | DA        | ΑΥ                    | YR       |        |       |   |             | Ar       | ea Cod | e                | Daytim                | e Telepl                   | none Nui | nber      |                |
| Part II- If this is   | a report              | of a cand   | lidate's  | authorized            | Comr     | nittee | e, Ca | andid   | ate shall   | sign h   | ere.   |                  |                       |                            |          |           |                |
| I swear (or affirm)<br>No 320) as amende                                    |                       | e best of m | ny knowle | edge and bel          | ief this | politi | ical  | comm  | ittee has n | ot viola | ted an | y provis         | ions of th            | e act of J                 | une 3,19 | 937 (P.L. | 1333,          |
| Sworn to and subso  | ribed befor           | re me this  |           | 20                    |          |        |       |   |             |          |        | s                | ignature (            | of Candid                  | ate      |           |                |
|   |                       |             |           |                       |          |        |       | -   |             |          |        |                  | Printe                | d Name                     |          |           |                |
|   |                       | Signature   |           |                       |          |        |       | -   |             |          |        |                  | Ema                   | ii                         |          |           |                |
| My Commission Exp   | oires                 |             |           |                       |          |        |       |   |             |          |        |                  | Eiila                 |                            |          |           |                |
|   | _                     | мо          | D/        | ΑΥ                    | YR       | 1      |       | -   |             | Area     | Code   |                  | D                     | aytime T                   | elephon  | e Numbe   | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| -  |           |          |              |            |  |  |  |  |  |  |
|--|-----------|----------|--------------|------------|--|--|--|--|--|--|
| Name of Filing Committee or Candidate  | Reporting | g Period |              |            |  |  |  |  |  |  |
| FRIENDS OF SUMMER LEE  | From:     | 9/14/202 | <u>1</u> To: | 10/18/2021 |  |  |  |  |  |  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |          |              |            |  |  |  |  |  |  |
| TOTAL for the Reporting  | ) Period  | (1)      | \$           | 95.00      |  |  |  |  |  |  |
| 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)   | \$        | 100.00   |              |            |  |  |  |  |  |  |
| TOTAL for the Reporting  | \$        | 100.00   |              |            |  |  |  |  |  |  |
| 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)   |           |          | \$           | 1,000.00   |  |  |  |  |  |  |
| TOTAL for the Reporting  | Period    | (3)      | \$           | 1,000.00   |  |  |  |  |  |  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |          |              |            |  |  |  |  |  |  |
| TOTAL for the Reporting  | ) Period  | (4)      | \$           | 2,397.74   |  |  |  |  |  |  |
|  |           |          |              |            |  |  |  |  |  |  |
| 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 |           |          | \$           | 3,592.74   |  |  |  |  |  |  |

#### **PART A**

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

\$50.01 TO \$250.00

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

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

| PAGE TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |
|------------|--|--|--|--|--|--|--|--|--|--|--|--|
| \$<br>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 Period** 

DATE

FRIENDS OF SUMMER LEE

From:

<u>9/14/2021</u> **To:** 

10/18/2021

**AMOUNT** 

| Full Name of Contributor JEREMIAH MCAULIFFE | МО          | DAY                                   | YEAR |    |      |           |
|---|-------------|---------------------------------------|------|----|------|-----------|
| Mailing Address 1450 LAUREL DR              |             |                                       |      |    |      | \$ 100.00 |
| City PITTSBURGH                             | State<br>PA | <b>Zip Code (Plus 4)</b><br>152355209 | 6    | 22 | 2021 |           |

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

**PAGE TOTAL \$** 100.00

#### **PART C**

### **Contributions Received From Political Committees**

**OVER \$250.00** 

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

| Name of Filing Committee or Candidate |                    |               |             | Reporting Period |     |      |    |            |  |  |
|---------------------------------------|--------------------|---------------|-------------|------------------|-----|------|----|------------|--|--|
|                                       |                    |               | From:       |                  |     | То:  |    |            |  |  |
|                                       |                    |               |             | DA               | TE  |      | Α  | MOUNT      |  |  |
| Full Name of Contributing Commit      | tee                |               |             | мо               | DAY | YEAR |    |            |  |  |
| Mailing Address                       |                    |               |             |                  |     |      | \$ | 0.00       |  |  |
| City                                  | State              | Zip Cod       | e (Plus 4)  |                  |     |      |    |            |  |  |
|                                       |                    |               |             |                  |     |      |    | PAGE TOTAL |  |  |
| Enter Grand Total of Part C on S      | Schedule I, Detail | ed Summary 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 Candidate Rep           |                    |                                    |                   |         |                      | eporting Period |               |                       |             |  |  |  |
|---|--------------------|------------------------------------|-------------------|---------|----------------------|-----------------|---------------|-----------------------|-------------|--|--|--|
| FRIENDS OF SUMMER LEE From                          |                    |                                    |                   |         | n:                   | 9/14/2          | <u>021</u> To | To: <u>10/18/2021</u> |             |  |  |  |
|   |                    |                                    |                   |         | D/                   | ATE             |               | P                     | MOUNT       |  |  |  |
| Full Name of Contributor EVAN HUSTED                |                    |                                    |                   |         | МО                   | DAY             | YEAR          |                       |             |  |  |  |
| Mailing 246 CATHARINE ST Address                    |                    |                                    |                   |         |                      |                 |               | \$                    | 1,000.00    |  |  |  |
| City PHILADELPHIA                                   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 191473303 |                   |         | 9                    | 27              | 2021          |                       |             |  |  |  |
| Employer Name TEAM HEALTH                           |                    |                                    |                   |         | Occupation PHYSICIAN |                 |               |                       |             |  |  |  |
| Employer Mailing Address/Principal Plac<br>Business | e of               |                                    | City              |         |                      | State           |               | Zip Co                | de (Plus 4) |  |  |  |
| 2500 ENGLISH CREEK AVE                              |                    |                                    | EGG HAR<br>TOWNSH |         |                      | NJ              |               | 0823                  | 45549       |  |  |  |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed S | umma                               | ary Page,         | Section | on 3.                |                 |               |                       | 1,000.00    |  |  |  |

## 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 Candidate | Reporting Peri |                             |            |
|---------------------------------------|----------------|-----------------------------|------------|
| FRIENDS OF SUMMER LEE                 | From:          | <u>9/14/2021</u> <b>To:</b> | 10/18/2021 |

|                                       |                  |                                       | D  | ATE |      | AMOUNT             |
|---------------------------------------|------------------|---------------------------------------|----|-----|------|--------------------|
| Full Name BERLIN ROSEN                |                  |                                       | мо | DAY | YEAR |                    |
| Mailing Address 15 MAIDEN LN STE 1600 |                  |                                       |    |     |      | <b>\$</b> 2,397.74 |
| City NEW YORK                         | State<br>NY      | <b>Zip Code (Plus 4)</b><br>100385111 | 10 | 14  | 2021 |                    |
| Receipt Description REFUNI            | O OF OVERPAYMENT | •                                     |    |     |      |                    |

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

**PAGE TOTAL** 2,397.74

\$

#### **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 Perio | od                          |            |
|--|-----------------|-----------------------------|------------|
| FRIENDS OF SUMMER LEE  | From:           | <u>9/14/2021</u> <b>To:</b> | 10/18/2021 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER 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 Candidate R |                    |                       |             | Reporting Period |       |           |            |  |  |
|---|--------------------|-----------------------|-------------|------------------|-------|-----------|------------|--|--|
|   | From:              |                       |             |                  |       |           |            |  |  |
|   |                    |                       |             | 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         | porting l | Period    |       |                        |                 |  |
|---|-------|------|------------|---------|------------|-----------|-----------|-------|------------------------|-----------------|--|
|   |       |      |            |         | From:      |           |           | To:   | То:                    |                 |  |
|   |       |      |            |         | •          |           | DATE      |       |                        | AMOUNT          |  |
| Full Name of Contributor  |       |      |            |         |            | МО        | DAY       | YEAR  |                        |                 |  |
| Mailing Address   |       |      |            |         |            |           |           |       | \$                     | 0.00            |  |
| City  | State |      | Zip Code(I | Plus 4) |            |           |           |       |                        |                 |  |
| Employer of Contributor   |       |      |            |         | Occupation |           |           |       |                        |                 |  |
| Employer Mailing Address/Principal Plac<br>Business   | ce of | City |            | State   |            | Zip<br>4) | Code(Plus | Descr | iption                 | of Contribution |  |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. |       |      |            |         |            |           |           |       | <b>PAGE TOTAL</b> 0.00 |                 |  |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporti | ng Period |               |     |            |
|---------------------------------------|---------|-----------|---------------|-----|------------|
| FRIENDS OF SUMMER LEE                 | From    | 9/14      | <u>1/2021</u> | То: | 10/18/2021 |
|                                       |         | DATE      |               |     | AMOUNT     |
| To Whom Paid                          |         |           |               |     |            |

|   |   |                                       | DATE  |           |    | AMOUNT |
|---|---|---------------------------------------|---|-----------|----|--------|
|   |   | мо                                    | DAY   | YEAR      |    |        |
|   |   | 7                                     | 6   | 2021      | \$ | 1.88   |
| <b>State</b><br>MA  | <b>Zip Code (Plus 4)</b> 021440031  |                                       |   | penditure |    |        |
|   |   | МО                                    | DAY   | YEAR      |    |        |
|   |   | 10                                    | 4   | 2021      | \$ | 15.08  |
| City WEST SOMERVILLE State MA Zip Code (Plus 4) 021440031 |   |                                       |   | enditure  |    |        |
|   |   | мо                                    | DAY   | YEAR      |    |        |
| RD STE 100  |   | 9                                     | 27  | 2021      | \$ | 38.34  |
| <b>State</b><br>AZ  | <b>Zip Code (Plus 4)</b><br>852606993                                     |                                       |   |           |    |        |
|   |   | МО                                    | DAY   | YEAR      |    |        |
| TRE PKWY  |   | 7                                     | 6   | 2021      | \$ | 38.52  |
| <b>State</b><br>CA  | <b>Zip Code (Plus 4)</b><br>940431351                                     | 1                                     | -   |           |    |        |
|   |   | МО                                    | DAY   | YEAR      |    |        |
| TRE PKWY  |   | 8                                     | 3   | 2021      | \$ | 38.52  |
| <b>State</b><br>CA  | <b>Zip Code (Plus 4)</b><br>940431351                                     |                                       |   |           |    |        |
|   | State MA  RD STE 100  State AZ  FRE PKWY  State CA  FRE PKWY  State State | State   Zip Code (Plus 4)   021440031 | State   Zip Code (Plus 4)   Descrip   SERVICE | MO        | MO | MO     |

| To Whom Paid<br>GOOGLE  |   |                                    |                                    | мо                                    | DAY                             | YEAR   |         |                |
|---|---|------------------------------------|------------------------------------|---------------------------------------|---------------------------------|--|---------|----------------|
| Mailing Address 1600  | AMPHITHEATR                                       | E PKWY                             |                                    | 9                                     | 2                               | 2021   | \$      | 38.52          |
| City MOUNTAIN VIEW  | UNTAIN VIEW  CA  Zip Code (Plus 4)  940431351     |                                    |                                    |                                       | otion of Exp                    |  |         |                |
| To Whom Paid GOOGLE   |   |                                    | МО                                 | DAY                                   | YEAR                            |  |         |                |
| Mailing Address 1600  | Mailing Address 1600 AMPHITHEATRE PKWY            |                                    |                                    | 10                                    | 4                               | 2021   | \$      | 38.52          |
| City MOUNTAIN VIEW  | y MOUNTAIN VIEW  CA  Zip Code (Plus 4)  940431351 |                                    |                                    |                                       | otion of Exp                    |  |         |                |
| To Whom Paid<br>EVAN HUSTED   |   |                                    |                                    | МО                                    | DAY                             | YEAR   |         |                |
| Mailing Address 246 C   | CATHARINE ST                                      |                                    |                                    | 10                                    | 6                               | 2021   | \$      | 1,000.00       |
| City PHILADELPHIA   | HILADELPHIA PA Zip Code (Plus 4) 191473303        |                                    |                                    |                                       | otion of Exp                    |  | N       |                |
| <b></b>   |   |                                    |                                    |                                       |                                 |  |         |                |
| To Whom Paid ALEXANDER KOLOKOTRO  | DNIS  |                                    |                                    | МО                                    | DAY                             | YEAR   |         |                |
| ALEXANDER KOLOKOTRO   | DNIS<br>DRANGE ST API                             | <sup>-</sup> 201                   |                                    | <b>MO</b>                             | <b>DAY</b> 12                   | <b>YEAR</b> 2021                                       | \$      | 15.00          |
| ALEXANDER KOLOKOTRO   |   | - 201<br><b>State</b><br>CT        | <b>Zip Code (Plus 4)</b> 065101704 | 10  Descrip                           |                                 | 2021<br>penditure                                      | -       | 15.00          |
| Mailing Address 284 0   |   | State                              |                                    | 10  Descrip                           | 12<br>otion of Exp              | 2021<br>penditure                                      | -       | 15.00          |
| ALEXANDER KOLOKOTRO  Mailing Address 284 O  City NEW HAVEN  To Whom Paid MAILCHIMP  | DRANGE ST APT                                     | State                              |                                    | 10  Descrip                           | 12<br>DOF CONT                  | 2021<br>Denditure<br>TRIBUTIO                          | -       | 15.00<br>38.51 |
| ALEXANDER KOLOKOTRO  Mailing Address 284 O  City NEW HAVEN  To Whom Paid MAILCHIMP  | DRANGE ST APT                                     | <b>State</b><br>CT                 |                                    | Descrip REFUNI  MO  7  Descrip        | 12  Ition of Exp O OF CONT      | 2021 Deenditure TRIBUTIO YEAR 2021 Deenditure          | N<br>\$ |                |
| ALEXANDER KOLOKOTRO  Mailing Address 284 O  City NEW HAVEN  To Whom Paid MAILCHIMP  Mailing Address 675 P                                       | DRANGE ST APT                                     | State CT  I AVE NE STE 5000  State | 065101704  Zip Code (Plus 4)       | Descrip REFUNI  MO  7  Descrip        | 12 DAY  DAY  2 Stion of Exp     | 2021 Deenditure TRIBUTIO YEAR 2021 Deenditure          | N<br>\$ |                |
| ALEXANDER KOLOKOTRO  Mailing Address 284 O  City NEW HAVEN  To Whom Paid MAILCHIMP  Mailing Address 675 P  City ATLANTA  To Whom Paid MAILCHIMP | PORANGE ST APT                                    | State CT  I AVE NE STE 5000  State | 065101704  Zip Code (Plus 4)       | Descrip REFUNI  MO  7  Descrip REFUNI | DAY  2  Dition of Exp O OF CONT | 2021 Penditure TRIBUTIO  YEAR  2021 Penditure TRIBUTIO | N<br>\$ |                |

|  |                   |                          |                                       |  |                                     |  | PAGE  |                |
|--|-------------------|--------------------------|---------------------------------------|--|-------------------------------------|--|-------|----------------|
| To Whom Paid<br>MAILCHIMP  |                   |                          |                                       | мо                                       | DAY                                 | YEAR   |       |                |
| Mailing Address  | 675 PONCE DE LEOR | N AVE NE STE 5000        |                                       | 8  | 31                                  | 2021   | \$    | 38.51          |
| City ATLANTA   |                   | State                    | Zip Code (Plus 4)                     | Descrip                                  | tion of Exp                         | enditure   |       |                |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                   | GA                       | 303082172                             |  | DATABASE                            |  |       |                |
| To Whom Paid<br>MAILCHIMP  |                   |                          |                                       | мо                                       | DAY                                 | YEAR   |       |                |
| Mailing Address 675 PONCE DE LEON AVE NE STE 5000  |                   |                          | 10                                    | 1  | 2021                                | \$   | 38.51 |                |
| City ATLANTA State Zip Code (Plus 4)   |                   |                          |                                       | Descrip                                  | tion of Exp                         | enditure   |       |                |
| , <u>_</u> , .   |                   | GA                       | 303082172                             |  | DATABASE                            |  |       |                |
| To Whom Paid<br>MON RIVER FLEE   | ET LION'S CLUB    |                          |                                       | МО                                       | DAY                                 | YEAR   |       |                |
| Mailing Address  | 950 FAWCETT AVE   |                          |                                       | 8  | 10                                  | 2021   | \$    | 150.00         |
| City MCKEESF   | PORT              | <b>State</b><br>PA       | <b>Zip Code (Plus 4)</b> 151321401    |  | otion of Exp                        |  |       |                |
|  |                   |                          |                                       |  |                                     |  |       |                |
| To Whom Paid<br>NATIONBUILDER  | l.                |                          |                                       | мо                                       | DAY                                 | YEAR   |       |                |
|  | 520 S GRAND AVE F | :L 2                     |                                       | <b>MO</b> 7                              | <b>DAY</b> 2                        | <b>YEAR</b> 2021   | \$    | 35.90          |
| NATIONBUILDER  | 520 S GRAND AVE F | EL 2                     | Zip Code (Plus 4)                     | 7  |                                     | 2021   |       | 35.90          |
| Mailing Address  | 520 S GRAND AVE F | T                        | <b>Zip Code (Plus 4)</b><br>900712600 | 7 Descrip                                | 2                                   | 2021<br>penditure  |       | 35.90          |
| Mailing Address  | 520 S GRAND AVE F | State                    |                                       | 7 Descrip                                | 2<br>otion of Exp                   | 2021<br>penditure  |       | 35.90          |
| Mailing Address  City LOS ANG  To Whom Paid  | 520 S GRAND AVE F | State<br>CA              |                                       | 7  Descrip  CAMPA:                       | 2<br>Dition of Exp<br>IGN DATAR     | 2021<br>Denditure<br>BASE                                  |       | 35.90<br>35.90 |
| Mailing Address  City LOS ANG  To Whom Paid  NATIONBUILDER   | 520 S GRAND AVE F | State<br>CA              |                                       | 7  Descrip CAMPA:  MO                    | 2<br>Ition of Exp<br>IGN DATAI      | 2021 Denditure BASE YEAR 2021                              | \$    |                |
| Mailing Address  City LOS ANG  To Whom Paid NATIONBUILDER  Mailing Address   | 520 S GRAND AVE F | State<br>CA              | 900712600                             | 7  Descrip CAMPA:  MO  8  Descrip        | 2 DAY  2  2  2  2  2  2  2  2  2    | 2021 Denditure BASE  YEAR  2021 Denditure                  | \$    |                |
| Mailing Address  City LOS ANG  To Whom Paid NATIONBUILDER  Mailing Address   | 520 S GRAND AVE F | CA CA                    | 900712600<br>Zip Code (Plus 4)        | 7  Descrip CAMPA:  MO  8  Descrip        | 2 DAY  2 DAY 2                      | 2021 Denditure BASE  YEAR  2021 Denditure                  | \$    |                |
| Mailing Address  City LOS ANG  To Whom Paid NATIONBUILDER  Mailing Address  City LOS ANG  To Whom Paid               | 520 S GRAND AVE F | State CA  EL 2  State CA | 900712600<br>Zip Code (Plus 4)        | 7 Descrip CAMPA: MO  8 Descrip CAMPA:    | DAY  2  DAY  2  DAY  2  DION of Exp | 2021  penditure BASE  YEAR  2021  penditure BASE           | \$    |                |
| Mailing Address  City LOS ANG  To Whom Paid NATIONBUILDER  Mailing Address  City LOS ANG  To Whom Paid NATIONBUILDER | 520 S GRAND AVE F | State CA  EL 2  State CA | 900712600<br>Zip Code (Plus 4)        | 7 Descrip CAMPA: MO  8 Descrip CAMPA: MO | DAY  2  DAY  2  DAY  DAY            | 2021 Denditure BASE  YEAR  2021 Denditure BASE  YEAR  2021 | \$    | 35.90          |

| To Whom Paid NATIONBUILDER  |  |                                    | мо                                      | DAY   | YEAR   |              |
|---|--|------------------------------------|---|---|--|--------------|
| Mailing Address 520 S GRAND AVE F   | FL 2   |                                    | 10                                      | 4   | 2021   | \$<br>35.90  |
| City LOS ANGELES  | LOS ANGELES  CA  Zip Code (Plus 4)  900712600        |                                    |   |   | penditure<br>BASE                                |              |
| <b>To Whom Paid</b><br>NGP VAN, INC   |  |                                    | МО                                      | DAY   | YEAR   |              |
| Mailing Address 655 15TH ST NW STE 650  |  |                                    | 7                                       | 2   | 2021   | \$<br>262.08 |
| City WASHINGTON   | City WASHINGTON State Zip Code (Plus 4) DC 200055701 |                                    |   |   | penditure<br>BASE                                |              |
| To Whom Paid<br>NGP VAN, INC  |  |                                    | МО                                      | DAY   | YEAR   |              |
| Mailing Address 655 15TH ST NW ST   | ΓE 650   |                                    | 8                                       | 2   | 2021   | \$<br>262.08 |
| City WASHINGTON   | WASHINGTON  State  DC  Zip Code (Plus 4)  200055701  |                                    |   |   | <b>penditure</b><br>BASE                         |              |
| To Whom Paid  |  |                                    |   |   |  |              |
| NGP VAN, INC  |  |                                    | МО                                      | DAY   | YEAR   |              |
|   | TE 650   |                                    | <b>мо</b><br>9                          | 2   | <b>YEAR</b> 2021                                 | \$<br>262.08 |
| NGP VAN, INC  | TE 650 State DC                                      | <b>Zip Code (Plus 4)</b> 200055701 | 9<br>Descrip                            |   | 2021<br>penditure                                | \$<br>262.08 |
| Mailing Address 655 15TH ST NW ST   | State  |                                    | 9<br>Descrip                            | 2<br>otion of Exp   | 2021<br>penditure                                | \$<br>262.08 |
| NGP VAN, INC  Mailing Address 655 15TH ST NW ST  City WASHINGTON  To Whom Paid  | State<br>DC  |                                    | 9  Descrip CAMPAI                       | 2<br>Ition of Exp   | 2021<br>Denditure<br>BASE                        | \$<br>262.08 |
| Mailing Address 655 15TH ST NW ST  City WASHINGTON  To Whom Paid NGP VAN, INC   | State<br>DC  |                                    | 9  Descrip CAMPA  MO  10  Descrip       | 2 Ition of Exp IGN DATA   | 2021 Deenditure BASE  YEAR  2021 Deenditure      |              |
| Mailing Address 655 15TH ST NW ST  City WASHINGTON  To Whom Paid NGP VAN, INC  Mailing Address 655 15TH ST NW ST                                | State DC  TE 650  State                              | 200055701  Zip Code (Plus 4)       | 9  Descrip CAMPA  MO  10  Descrip       | 2 Ition of Exp IGN DATA  DAY  4   | 2021 Deenditure BASE  YEAR  2021 Deenditure      |              |
| Mailing Address 655 15TH ST NW ST  City WASHINGTON  To Whom Paid NGP VAN, INC  Mailing Address 655 15TH ST NW ST  City WASHINGTON  To Whom Paid | State DC  TE 650  State DC                           | 200055701  Zip Code (Plus 4)       | 9  Descrip CAMPA  MO  10  Descrip CAMPA | 2 Ition of Exp IGN DATA  DAY  4 Ition of Exp IGN DATA  IGN DATA  IGN DATA | 2021  penditure BASE  YEAR  2021  penditure BASE |              |

| <b>To Whom Paid</b><br>PNC BANK  |                           |                              | мо                         | DAY                                 | YEAR                                       |    |      |  |
|--|---------------------------|------------------------------|----------------------------|-------------------------------------|--|----|------|--|
| Mailing Address 1701 S BRA   | ADDOCK AVE                |                              | 8                          | 2                                   | 2021                                       | \$ | 6.00 |  |
| City PITTSBURGH  | State                     | Zip Code (Plus 4)            | Descrip                    | tion of Exp                         | enditure                                   |    |      |  |
|  | PA                        | 152181865                    |                            | NG SERVIC                           |  | E  |      |  |
| <b>To Whom Paid</b><br>PNC BANK  |                           |                              | мо                         | DAY                                 | YEAR                                       |    |      |  |
| Mailing Address 1701 S BRADDOCK AVE  |                           |                              | 9                          | 1                                   | 2021                                       | \$ | 6.00 |  |
| City PITTSBURGH State Zip Code (Plus 4)  |                           |                              | Descrit                    | tion of Exp                         | enditure                                   |    |      |  |
| TTTSSSNGT  | PA                        | 152181865                    |                            | NG SERVIC                           |  | E  |      |  |
| <b>To Whom Paid</b><br>PNC BANK  |                           |                              | МО                         | DAY                                 | YEAR                                       |    |      |  |
| Mailing Address 1701 S BRA   | ADDOCK AVE                |                              | 10                         | 1                                   | 2021                                       | \$ | 6.00 |  |
| City PITTSBURGH  | State                     | Zip Code (Plus 4)            | Description of Expenditure |                                     |  |    |      |  |
|  | PA                        | 152181865                    | BANKIN                     | NG SERVIC                           | E  |    |      |  |
| <b>To Whom Paid</b><br>VANTIV, LLC   |                           |                              | мо                         | DAY                                 | YEAR                                       |    |      |  |
| Mailing Address 8500 GOVE  | ERNORS HILL DR            |                              | 6                          | 9                                   | 2021                                       | \$ | 7.01 |  |
| City SYMMES TWP  | State                     | Zip Code (Plus 4)            | +                          |                                     | <u> </u>                                   |    |      |  |
|  |                           | Zip code (Flus 4)            | Descrip                    | tion of Exp                         | enditure                                   |    |      |  |
|  | ОН                        | 452491384                    | 1                          | PROCESS                             |  |    |      |  |
| To Whom Paid<br>VANTIV, LLC  | ОН                        |                              | 1                          | _                                   |  |    |      |  |
| VANTIV, LLC  | OH<br>ERNORS HILL DR      |                              | ONLINE                     | PROCESS                             | SING FEE                                   | \$ | 7.01 |  |
| VANTIV, LLC  Mailing Address 8500 GOVE   |                           |                              | MO 6                       | DAY                                 | YEAR 2021                                  | \$ | 7.01 |  |
| VANTIV, LLC  Mailing Address 8500 GOVE   | ERNORS HILL DR            | 452491384                    | MO 6                       | DAY 9                               | YEAR 2021                                  | \$ | 7.01 |  |
| VANTIV, LLC  Mailing Address 8500 GOVE   | ERNORS HILL DR State      | 452491384  Zip Code (Plus 4) | MO 6                       | DAY  9  otion of Exp                | YEAR 2021                                  | \$ | 7.01 |  |
| VANTIV, LLC  Mailing Address 8500 GOVE  City SYMMES TWP  To Whom Paid  VANTIV, LLC | ERNORS HILL DR State      | 452491384  Zip Code (Plus 4) | MO 6 Descrip               | DAY  9  ption of Experience PROCESS | YEAR  2021  Denditure SING FEE             | \$ | 7.01 |  |
| VANTIV, LLC  Mailing Address 8500 GOVE  City SYMMES TWP  To Whom Paid  VANTIV, LLC | ERNORS HILL DR  State  OH | 452491384  Zip Code (Plus 4) | MO 6 Description ONLINE    | DAY  9  Dition of Exp PROCESS  DAY  | YEAR  2021  Denditure SING FEE  YEAR  2021 |    |      |  |

| To Whom Paid<br>VANTIV, LLC   |                     |                         | мо      | DAY         | YEAR     |                |
|-------------------------------|---------------------|-------------------------|---------|-------------|----------|----------------|
| Mailing Address 8500 GOVER    | NORS HILL DR        |                         | 8       | 10          | 2021     | \$<br>0.50     |
| City SYMMES TWP               | State               | Zip Code (Plus 4)       | Descrip | tion of Exp | enditure |                |
| S25                           | ОН                  | 452491384               | 1 .     | PROCESS     |          |                |
| To Whom Paid<br>VANTIV, LLC   |                     |                         | МО      | DAY         | YEAR     |                |
| Mailing Address 8500 GOVER    | NORS HILL DR        |                         | 9       | 9           | 2021     | \$<br>3.78     |
| City SYMMES TWP               | State               | Zip Code (Plus 4)       | Descrip | tion of Exp | enditure |                |
|                               | ОН                  | 452491384               | ONLINE  | PROCESS     | SING FEE |                |
| To Whom Paid<br>VANTIV, LLC   |                     |                         | МО      | DAY         | YEAR     |                |
| Mailing Address 8500 GOVER    | NORS HILL DR        |                         | 10      | 12          | 2021     | \$<br>29.24    |
| City SYMMES TWP               | State               | Zip Code (Plus 4)       | Descrip | tion of Exp | enditure |                |
|                               | ОН                  | 452491384               | 1 .     | E PROCESS   |          |                |
| Futor Consideration of F      |                     | nest Carre Barra Ti D   |         |             |          | PAGE TOTAL     |
| Enter Grand Total of Expendit | tures on Page 1, Re | port Cover Page, Item D | •       |             |          | \$<br>2,796.52 |