### **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 2016  | 0170        |                        |        |       | port<br>ed B |                | CANDI       | DATE     |        | СОМ      | 4ITTEE                                     | ✓              | LOBE     | SYIST     |                |
|--|--|-------------|------------------------|--------|-------|--------------|----------------|-------------|----------|--------|----------|--|----------------|----------|-----------|----------------|
| Name of Filing C                         | Committee, Candid                              | ate or L    | obbyist:               |        | FRI   | END          | S OF           | CAROLYN     | I COM    | TTA    |          |  |                |          |           |                |
| Street Address:                          | 115 S. BRANI                                   | DYWINE      | ST.                    |        |       |              |                |             |          |        |          |  |                |          |           |                |
| City:                                    | WEST CHEST                                     | ER          |                        |        |       |              |                | State:      | PA       |        |          | Zip Cod                                    | <b>ie:</b> 19  | 382      |           |                |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY                     | 1.          | 2ND FRIDAY<br>PRIMARY  | PRE    | -     | 2.           | 30 DA<br>PRIMA |             | POST-    | 3.     |          | AMENDMENT REPORT?                          |                | Yes      | No        | <b>~</b>       |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION                    | 4. <b>X</b> | 2ND FRIDAY<br>ELECTION | PRE    | -     | 5.           | 30 DA<br>ELECT |             | POST-    | 6.     |          | TERMINA<br>REPORT                          |                | Yes      | No        | <b>~</b>       |
| report type)                             | ANNUAL REPORT                                  | 7.          | <b>Year</b> 2021       |        |       |              |                | IG METHO    |          |        |          | PAPER                                      |                | <b>/</b> | DISKE     | TTE            |
| Name of Office S                         | Sought by Candida                              | te:         | -                      |        |       |              |                | DATE O      | F ELE    | CTIO   | N        | District<br>Number                         | Office<br>Code | Par      | ty Code   | County<br>Code |
|  | ,  |             |                        |        |       |              |                | МО          | DAY      | YE     | AR       | 19   | STS            | DEM      | 1         | 15             |
| SENATOR IN TH                            | HE GENERAL ASS                                 | EMBLY       |                        |        |       |              |                | 11          |          | 2      | 2021     |  | (SEE IN        | STRUCTIO | ONS FOR C | ODES)          |
| •  | Receipts and                                   | МО          | DAY Y                  | EAR    | l     |              |                | МО          | DAY      | YE     | AR       | FO   | R OFFIC        | CE USE   | ONLY      |                |
| Expenditures                             | s from:  |             | 6 8                    | 2      | 021   | Т            | 0              | 9           |          | 13     | 2021     |  |                |          |           |                |
| A. Amount Bro                            | ught Forward Fro                               | n Last R    | eport                  |        |       |              | \$             |             |          | 1,8    | 67.92    |  |                |          |           |                |
| B. Total Moneta                          | ary Contributions                              | And Rec     | eipts (From S          | Sche   | dule  | e I)         | \$             |             |          | 3,5    | 00.00    |  |                |          |           |                |
| C. Total Funds                           | Available (Sum O                               | f Lines A   | and B)                 |        |       |              | \$             |             |          | 5,3    | 67.92    |  |                |          |           |                |
| D. Total Expend                          | ditures (From Sch                              | edule II    | I)                     |        |       |              | \$             |             |          | 2,1    | 29.83    |  |                |          |           |                |
| E. Ending Cash                           | Balance (Subtrac                               | t Line D    | From Line C)           |        |       |              | \$             |             |          | 3,2    | 38.09    |  |                |          |           |                |
| F. Value Of In-                          | Kind Contribution                              | s Receiv    | ed (From Sch           | edu    | le II | I)           | \$             |             |          |        | 0.00     |  |                |          |           |                |
| G. Unpaid Debt                           | ts And Obligations                             | (From S     | Schedule IV)           |        |       |              | \$             |             |          |        | 0.00     |  |                |          |           |                |
|  |  |             | ,                      | 4FF    | ΊD    | AVI          | T SE           | CTION       |          |        |          |  |                |          |           |                |
| PART I - If this is                      | s a Committee rep                              | ort, trea   | surer sign he          | ere. 1 | [f th | nis is       | a Can          | didate re   | eport, o | candio | late sig | ın here.                                   |                |          |           |                |
| I swear (or affirm) correct and comple   | ) that this report, inc<br>ete.                | luding the  | attached sche          | dules  | file  | ed on        | paper o        | or by elect | ronic m  | edium, | are to t | he best o                                  | f my knov      | wledge a | and belie | ef , true      |
| Sworn to and subs                        | cribed before me this<br>day of                | 5           | 20                     |        |       |              |                |             |          | s      | ignature | of Perso                                   | n Submitt      | ting Rep | ort       |                |
|  | Signatu  | re          | _                      |        |       |              | -              |             |          |        |          | Prin                                       | Printed Name   |          |           |                |
| My Commission Ex                         | cpires   |             |                        |        |       |              |                |             |          |        |          | Ema  | il             |          |           |                |
|  | мо   | D           | AY                     | YR     |       |              |                |             | Are      | ea Cod | e        | Daytim                                     | e Teleph       | one Nu   | mber      |                |
| Part II- If this is                      | a report of a can                              | didate's    | authorized C           | omn    | nitte | ee, C        | andida         | ate shall   | sign he  | ere.   |          |  |                |          |           |                |
| I swear (or affirm)<br>No 320) as amende |  | ny knowl    | edge and belief        | this   | poli  | itical       | commi          | ittee has n | ot viola | ted an | y provis | visions of the act of June 3,1937 (P.L. 13 |                |          |           |                |
| Sworn to and subsc                       | ribed before me this                           |             |                        |        |       |              |                |             |          |        | s        | ignature o                                 | of Candida     | ate      |           |                |
|  | day of<br>———————————————————————————————————— |             |                        |        |       |              | -              |             |          |        |          | Printe                                     | d Name         |          |           |                |
|  | Signature                                      |             |                        |        |       |              | -              |             |          |        |          |  |                |          |           |                |
| My Commission Exp                        | _  |             |                        |        |       |              |                |             |          |        |          | Ema  | il             |          |           |                |
|  | мо   | D           | AY                     | YR     |       |              | •              |             | Area     | Code   |          | Da   | aytime To      | elephon  | e Numbe   | er             |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period |              |           |
|--|-----------|----------|--------------|-----------|
| FRIENDS OF CAROLYN COMITTA   | From:     | 6/8/202  | <u>1</u> To: | 9/13/2021 |
| 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)   |           |          | \$           | 0.00      |
| TOTAL for the Reporting  | ) Period  | (2)      | \$           | 0.00      |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |          |              |           |
| Contributions Received From Political Committees (Part C)  |           |          | \$           | 3,500.00  |
| All Other Contributions (Part D)   |           |          | \$           | 0.00      |
| TOTAL for the Reporting  | ) Period  | (3)      | \$           | 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 ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa |           |          | \$           | 3,500.00  |

#### **PART A**

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

\$50.01 TO \$250.00

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

| Name of Filing Committee     | or Candidate | R                 | eporting | Period |      |    |        |
|------------------------------|--------------|-------------------|----------|--------|------|----|--------|
|                              |              | F                 | rom:     |        | То   | :  |        |
|                              |              | •                 |          | DATE   |      |    | AMOUNT |
| Full Name of Contributing Co | ommittee     |                   | мо       | DAY    | YEAR |    |        |
| Mailing Address              |              |                   |          |        |      | \$ | 0.00   |
| City                         | State        | Zip Code (Plus 4) |          |        |      |    |        |

PAGE TOTAL
0.00

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

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)

| (Exclude cont                    |       | r ponticui conni |     | .03 .01   | Joi tea | in i di c | ~, |            |
|----------------------------------|-------|------------------|-----|-----------|---------|-----------|----|------------|
| Name of Filing Committee or Cand | idate |                  | Rep | oorting P | eriod   |           |    |            |
|                                  |       |                  | Fro | m:        |         | To        | ): |            |
|                                  |       |                  |     |           | DATE    |           |    | AMOUNT     |
| Full Name of Contributor         |       |                  |     | мо        | DAY     | YEAR      |    |            |
| Mailing Address                  |       |                  |     |           |         |           | \$ | 0.00       |
| City                             | State | Zip Code (Plus 4 | )   |           |         |           |    |            |
|                                  |       |                  |     |           |         |           |    | PAGE TOTAL |

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

#### **PART C**

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

**OVER \$250.00** 

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

| Name of Filing Committee or Candidate |                   |          | Reporting  | Period    |                |      |                    |
|---------------------------------------|-------------------|----------|------------|-----------|----------------|------|--------------------|
| FRIENDS OF CAROLYN COMITTA            |                   |          | From:      | <u>6/</u> | <u>/8/2021</u> | То:  | 9/13/2021          |
|                                       |                   |          |            | DA        | TE             |      | AMOUNT             |
| Full Name of Contributing Committee   |                   |          |            | МО        | DAY            | YEAR |                    |
| APSCUF/CAP PA                         |                   |          |            |           |                |      | <b>\$</b> 1,000.00 |
| Mailing Address 319 N FRONT ST        |                   |          |            | 6         | 25             | 2021 |                    |
| City HARRISBURG                       | State             | Zip Code | e (Plus 4) |           |                |      |                    |
|                                       | PA                | 171011   | 203        |           |                |      |                    |
| Full Name of Contributing Committee   |                   |          |            | мо        | DAY            | YEAR |                    |
| COHEN AND GRIGSBY PC PAC              |                   |          |            |           |                |      | <b>\$</b> 500.00   |
| Mailing Address 625 LIBERTY AVE       |                   |          |            | 8         | 12             | 2021 |                    |
| City PITTSBURGH                       | State             | Zip Code | e (Plus 4) |           |                |      |                    |
|                                       | PA                | 152223   | 120        |           |                |      |                    |
| Full Name of Contributing Committee   |                   |          |            | мо        | DAY            | YEAR |                    |
| INDEPENDENCE BLUE CROSS (IBC) PAC     |                   |          |            | MO        | DAT            | TEAR | <b>\$</b> 500.00   |
| Mailing Address 1901 MARKET ST        |                   |          |            | 8         | 12             | 2021 |                    |
| City PHILADELPHIA                     | State             | Zip Code | (Plus 4)   | 0         | 12             | 2021 |                    |
|                                       | PA                | 191031   | 480        |           |                |      |                    |
| Full Name of Contributing Committee   | •                 | •        |            | мо        | DAY            | YEAR |                    |
| PA ASSN OF DEER FARMERS PAC           |                   |          |            | 140       | DAT            | ILAK | <b>\$</b> 500.00   |
| Mailing Address 200 N 3RD ST STE 1    | .500              |          |            | 7         | 19             | 2021 |                    |
| City HARRISBURG                       | State             | Zip Code | (Plus 4)   | ,         | 15             | 2021 |                    |
|                                       | PA                | 171011   | 590        |           |                |      |                    |
| Full Name of Contributing Committee   |                   | •        |            | ма        | DAY            | VESS |                    |
| PA TRIAL LAWYERS                      |                   |          |            | МО        | DAY            | YEAR | <b>\$</b> 500.00   |
| Mailing Address 212 N 3RD ST STE 2    | 203               |          |            | 8         | 12             | 2021 | 300.00             |
| City HARRISBURG                       | State             | Zip Code | (Plus 4)   |           | 12             | 2021 |                    |
|                                       | PA                | 171011   | 505        |           |                |      |                    |
| Full Name of Contributing Committee   |                   | •        |            | МС        | DAY            | VEAD |                    |
| WASTE MANAGEMENT EMPLOYEES BETT       | TER GOVERNMENT FU | JND      |            | МО        | DAY            | YEAR | <b>\$</b> 500.00   |
| Mailing Address                       |                   |          |            | 6         | 25             | 2021 | 300.00             |
| City                                  | State             | Zip Code | e (Plus 4) |           | 23             | 2021 |                    |
|                                       |                   |          |            |           |                |      |                    |

PAGE 6

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

PAGE TOTAL

\$ 3,500.00

### 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     | orting Pe | riod  |      |        |                    |
|--|---------------------|----------------|---------|-----------|-------|------|--------|--------------------|
|  |                     |                | Fron    | n:        |       | To   | ):     |                    |
|  |                     |                |         | D         | ATE   |      |        | AMOUNT             |
| Full Name of Contributor               |                     |                |         | мо        | DAY   | YEAR | \$     | 0.00               |
| Mailing Address                        |                     |                |         |           |       |      | 7      |                    |
| City                                   | State               | Zip Code (Plus | s 4)    |           |       |      |        |                    |
| Employer Name                          |                     |                |         | Occupa    | tion  |      |        |                    |
| Employer Mailing Address/Principal Pla | ce of Business      | City           |         | •         | State |      | Zip Co | ode (Plus 4)       |
| Enter Grand Total of Part C on Sche    | dule I, Detailed Su | ımmary Page,   | Section | on 3.     |       |      | \$     | PAGE TOTAL<br>0.00 |
|  |                     |                |         |           |       |      |        |                    |

## OTHER RECEIPTS

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

| Name of Filing Committee  | or Candidate              |                   | Report | ing Peri | od  |      |          |            |
|---------------------------|---------------------------|-------------------|--------|----------|-----|------|----------|------------|
|                           |                           |                   | From:  |          |     | To:  |          |            |
|                           |                           | •                 |        | D        | ATE |      |          | AMOUNT     |
| Full Name                 |                           |                   |        | мо       | DAY | YEAR | \$       | 0.00       |
| Mailing Address           |                           |                   |        |          |     |      | 7        |            |
| City                      | State                     | Zip Code (Plu     | ıs 4)  |          |     |      |          |            |
| Receipt Description       | •                         | •                 |        |          | 1   |      | <u> </u> |            |
| Futor Count Total of Doub | For Cabadula I Batailad   | I Comment Dans Co |        | 4        |     |      |          | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule 1, Detailed | Summary Page, Se  | ection | 4.       |     |      | \$       | 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 |                            |           |
|--|------------------|----------------------------|-----------|
| FRIENDS OF CAROLYN COMITTA   | From:            | <u>6/8/2021</u> <b>To:</b> | 9/13/2021 |
| 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 Candida          | ate               |                         | Reportin | g Period |      |             |            |
|--|-------------------|-------------------------|----------|----------|------|-------------|------------|
|  |                   |                         | From:    |          |      | To:         |            |
|  |                   |                         |          | DATE     |      |             | AMOUNT     |
| Full Name of Contributor                     |                   |                         | МО       | DAY      | YEAR |             |            |
| Mailing Address                              |                   |                         |          |          |      | <b>7</b> \$ | 0.00       |
| City   | State             | Zip Code (Plus 4)       |          |          |      |             |            |
| Description of Contribution:                 | •                 | •                       | •        | •        |      | •           |            |
|  |                   |                         |          |          | Г    |             |            |
| Enter Grand Total of Part F on Se Section 2. | chedule II, In-Ki | ind Contributions Detai | led Sun  | nmary Pa | ige, |             | PAGE TOTAL |
|  |                   |                         |          |          |      | \$          | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate  |                |     |                  | Re     | porting | Period         |       |      |                 |      |
|--|----------------|-----|------------------|--------|---------|----------------|-------|------|-----------------|------|
|  |                |     |                  | Fro    | m:      |                | To:   |      |                 |      |
|  |                |     |                  |        |         | DATE           |       |      | AMOUN           | т    |
| Full Name of Contributor               |                |     |                  |        | мо      | DAY            | YEAR  |      |                 |      |
| Mailing Address                        |                |     |                  |        |         |                |       | 1    | \$              | 0.00 |
| City                                   | State          |     | Zip Code(Plus 4) |        |         |                |       |      |                 |      |
| Employer of Contributor                |                |     |                  |        | Occup   | oation         |       |      |                 |      |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty               | Stat   | e Zi    | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch     | edule II, In-K | ind | Contributions D  | etaile | ed      |                |       |      | PAGE T          | OTAL |
| Summary Page, Section 3.               |                |     |                  |        |         |                |       |      |                 | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Per | riod     |     |                  |
|---------------------------------------|---------------|----------|-----|------------------|
| FRIENDS OF CAROLYN COMITTA            | From          | 6/8/2021 | То: | <u>9/13/2021</u> |

|                            |                   |                   |         | DATE             |          |    | AMOUNT |
|----------------------------|-------------------|-------------------|---------|------------------|----------|----|--------|
| To Whom Paid               |                   |                   | МО      | DAY              | YEAR     |    |        |
| CHESTER COUNTY CHARITABLE  | FUND              |                   | 140     |                  |          |    |        |
| Mailing Address            |                   |                   | 8       | 17               | 2021     | \$ | 250.00 |
| City                       | State             | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure | •  |        |
|                            |                   |                   | COLOR   | RUN SPON         | ISORSHIF | •  |        |
| To Whom Paid               |                   |                   | МО      | DAY              | YEAR     |    |        |
| CHESTER COUNTY YOUNG DEM   | OCRATS            |                   | 1-10    |                  | ILAK     |    |        |
| Mailing Address PO BOX 222 | 2                 |                   | 8       | 11               | 2021     | \$ | 100.00 |
| City WEST CHESTER          | State             | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure |    |        |
|                            | PA                | 193800098         | MINI-G  | OLF SPONS        | SORSHIP  |    |        |
| To Whom Paid               |                   |                   | МО      | DAY              | YEAR     |    |        |
| CITIZENS BANK              |                   |                   | 1-10    |                  | ILAK     |    |        |
| Mailing Address 39 LEOPARD | RD                |                   | 7       | 26               | 2021     | \$ | 20.00  |
| City PAOLI                 | State             | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure | •  |        |
|                            | PA                | 193011518         | RETURN  | NED CHECK        | < FEE    |    |        |
| To Whom Paid               |                   |                   | МО      | DAY              | YEAR     |    |        |
| CONSERVATION VOTERS OF PE  | NNSYLVANIA ACTION | FUND              | 1-10    |                  | ILAK     |    |        |
| Mailing Address PO BOX 212 | 5                 |                   | 9       | 10               | 2021     | \$ | 150.00 |
| City PHILADELPHIA          | State             | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure | •  |        |
|                            | PA                | 191030125         | GALA S  | PONSORSI         | HIP      |    |        |
| To Whom Paid               |                   |                   | МО      | DAY              | YEAR     |    |        |
| CRIMSON PLANET MEDIA       |                   |                   | 1-10    |                  | ILAK     |    |        |
| Mailing Address 524 W MARS | SHALL ST APT F    |                   | 6       | 21               | 2021     | \$ | 530.00 |
| City WEST CHESTER          | State             | Zip Code (Plus 4) | Descrip | tion of Exp      | enditure |    |        |
|                            | PA                | 193802261         | DIGITA  | L                |          |    |        |
| To Whom Paid               |                   |                   | МО      | DAY              | YEAR     |    |        |
| DIRECT CONNECT             |                   |                   | МО      | DAT              | IEAR     |    |        |
|                            |                   |                   |         | <b>1</b>         |          | 1  |        |
|                            | RVIEW DR STE W    |                   | 7       | 2                | 2021     | \$ | 22.50  |
|                            | RVIEW DR STE W    | Zip Code (Plus 4) |         | 2<br>tion of Exp |          | \$ | 22.50  |

|  |                     |                         |                              |                            |          |    | FAGE 13    |
|--|---------------------|-------------------------|------------------------------|----------------------------|----------|----|------------|
| To Whom Paid                                     |                     |                         | МО                           | DAY                        | YEAR     |    |            |
| DIRECT CONNECT                                   |                     |                         | МО                           | DA1                        | IEAR     |    |            |
| Mailing Address 3901 CENTERVIEW DR STE W         |                     |                         | 8                            | 2                          | 2021     | \$ | 22.50      |
| City CHANTILLY                                   | State               | Zip Code (Plus 4)       | Descrip                      | tion of Exp                | enditure |    |            |
|  | VA                  | 201513229               | MERCHANT CARD FEES JULY 2021 |                            |          |    |            |
| To Whom Paid                                     |                     |                         | мо                           | DAY                        | YEAR     |    |            |
| DIRECT CONNECT                                   |                     |                         | MO                           | DA1                        | ILAK     |    |            |
| Mailing Address 3901 CENTERVIEW DR STE W         |                     |                         | 9                            | 2                          | 2021     | \$ | 22.50      |
| City CHANTILLY                                   | State               | Zip Code (Plus 4)       | Description of Expenditure   |                            |          |    |            |
|  | VA                  | 201513229               | MERCHANT CARD FEES AUG. 2021 |                            |          |    |            |
| To Whom Paid FRIENDS OF MADELEINE DEAN COMMITTEE |                     |                         | мо                           | DAY                        | YEAR     |    |            |
| Mailing Address 795 GLEN RD                      |                     |                         | 7                            | 7                          | 2021     | \$ | 500.00     |
| City JENKINTOWN                                  | State               | Zip Code (Plus 4)       | Description of Expenditure   |                            |          |    |            |
|  | PA                  | 190461528               | CONTRIBUTION                 |                            |          |    |            |
| To Whom Paid                                     |                     |                         | мо                           | DAY                        | YEAR     |    |            |
| NCEL   |                     |                         | 1-10                         |                            | ILAK     |    |            |
| Mailing Address                                  |                     |                         | 7                            | 29                         | 2021     | \$ | 46.13      |
| City   | State               | Zip Code (Plus 4)       | Description of Expenditure   |                            |          |    |            |
|  |                     |                         | CONTRIBUTION                 |                            |          |    |            |
| To Whom Paid                                     |                     |                         | мо                           | DAY                        | YEAR     |    |            |
| NGP VAN  |                     |                         | 1-10                         |                            | 1 Z/IIX  |    |            |
| Mailing Address 1445 NEW YORK AVE NW STE 200     |                     |                         | 8                            | 11                         | 2021     | \$ | 466.20     |
| City WASHINGTON                                  | State               | Zip Code (Plus 4)       | Descrip                      | Description of Expenditure |          |    |            |
|  | DC                  | 200052158               | DATABASE FEE                 |                            |          |    |            |
| Futon Cound Tatal of Fores 12                    | De 1 D              | and Cover Beer 74-      |                              |                            | ĺ        |    | PAGE TOTAL |
| Enter Grand Total of Expenditu                   | ires on Page 1, Rep | oort Cover Page, Item D | <b>'.</b>                    |                            |          | \$ | 2,129.83   |