### **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 :            |                                  | Report<br>Filed By |                            |           | CANDI   | DATE COMM    |        | MITTEE /    |          | LOBBYIST |            |                             |                |          |           |          |          |
|---|----------------------------------|--------------------|----------------------------|-----------|---------|--------------|--------|-------------|----------|----------|------------|-----------------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C                          | Committee, Candid                | ate or Lo          | obbyist:                   |           | BER     | KS (         | CO DI  | ЕМ СОМ      |          |          |            |                             |                |          |           |          |          |
| Street Address:                           | 434 WALNUT                       | ST                 |                            |           |         |              |        |             |          |          |            |                             |                |          |           |          |          |
| City:                                     | READING                          |                    |                            |           |         |              |        | State:      | PA       |          |            | <b>Zip Code:</b> 19601-0000 |                |          |           |          |          |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY       | 1.                 | 2ND FRIDAY PRE-<br>PRIMARY |           |         |              | 30 DA  |             | POST-    | 3.       |            | AMENDMENT<br>REPORT?        |                | Yes      | No        | •        | <b>/</b> |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION      | 4.                 | 2ND FRIDAY<br>ELECTION     | / PRE     | E- 5    | 5.           | 30 DA  |             | POST-    | 6.       |            | TERMINA<br>REPORT           |                | Yes      | No        | •        | <b>/</b> |
| report type)                              | ANNUAL REPORT                    | 7.                 | <b>Year</b> 2022           |           |         |              |        | NG METHO    |          |          |            | PAPER                       |                | <b>/</b> | DISKE     | TTE      |          |
| Name of Office S                          | -<br>Sought by Candida           | te:                |                            |           |         |              |        | DATE 0      | F ELE    | CTIC     | N          | District<br>Number          | Office<br>Code | Par      | ty Code   | Count    | ty       |
|   |                                  |                    |                            |           |         |              |        | МО          | DAY      | ΥI       | AR         |                             | 1              |          |           |          |          |
|   |                                  |                    |                            |           |         |              |        | 11          |          | 8        | 2022       |                             | (SEE IN        | STRUCTIO | ONS FOR ( | ODES)    |          |
|   | Receipts and                     | МО                 | DAY                        | YEAR      | ₹       |              |        | МО          | DAY      | Y        | EAR        | FO                          | R OFFI         | CE USE   | ONLY      |          |          |
| Expenditures                              | from:                            |                    | 3 29                       | 2         | 022     | Т            | 0      | 5           |          | 2        | 2022       |                             |                |          |           |          |          |
| A. Amount Bro                             | ught Forward Fror                | n Last R           | eport                      |           |         |              | \$     |             |          | 19,8     | 360.65     |                             |                |          |           |          |          |
| B. Total Monet                            | ary Contributions                | And Rec            | eipts (From                | Sche      | dule    | I)           | \$     |             |          | 4,       | 712.00     |                             |                |          |           |          |          |
| C. Total Funds                            | Available (Sum Of                | Lines A            | and B)                     |           |         | \$ 24,572.65 |        |             |          |          |            |                             |                |          |           |          |          |
| D. Total Expen                            | ditures (From Sch                | edule II           | I)                         |           |         |              | \$     |             |          | 4,0      | )20.50     |                             |                |          |           |          |          |
| E. Ending Cash                            | Balance (Subtrac                 | t Line D           | From Line (                | <b>C)</b> |         |              | \$     |             |          | 20,5     | 52.15      |                             |                |          |           |          |          |
| F. Value Of In-                           | Kind Contributions               | Receiv             | ed (From So                | hedu      | le II   | )            | \$     |             |          |          | 0.00       |                             |                |          |           |          |          |
| G. Unpaid Debt                            | s And Obligations                | (From S            | Schedule IV                | )         |         |              | \$     |             |          |          | 0.00       |                             |                | 1        |           |          |          |
|   |                                  |                    |                            | AFF       | IDA     | VI           | T SE   | CTION       |          |          |            |                             |                |          |           |          |          |
|   | s a Committee rep                | -                  | _                          |           |         |              |        |             |          |          |            |                             |                |          |           |          |          |
| I swear (or affirm)<br>correct and comple | ) that this report, incl<br>ete. | uding the          | attached sch               | edule     | s filed | d on         | paper  | or by elect | ronic m  | edium    | , are to t | he best o                   | f my kno       | wledge a | and belie | ef , tru | ie,      |
| Sworn to and subs                         | cribed before me this            | i                  | 20                         |           |         |              |        |             |          | S        | Signature  | of Perso                    | n Submit       | ting Rep | ort       |          | -        |
|   | Signatu                          | ra                 |                            |           |         |              | -<br>- |             |          |          |            | Prin                        | ted Name       | e        |           |          | -        |
| My Commission Ex                          | _                                |                    |                            |           |         |              |        |             |          |          |            | Ema                         | il             |          |           |          | -        |
|   | мо                               | D                  | AY                         | YR        |         |              |        |             | Ar       | ea Cod   | le         | Daytim                      | e Teleph       | none Nu  | mber      |          | _        |
| Part II- If this is                       | a report of a cand               | didate's           | authorized                 | Comn      | nitte   | e, C         | andid  | ate shall   | sign h   | ere.     |            |                             |                |          |           |          |          |
| I swear (or affirm)<br>No 320) as amende  | that to the best of n            | ny knowle          | edge and belie             | ef this   | polit   | ical         | comm   | ittee has n | ot viola | ted ar   | y provis   | ions of the                 | e act of J     | une 3,19 | 937 (P.L  | . 1333   | ,        |
| Sworn to and subsc                        | ribed before me this             |                    |                            |           |         |              |        |             |          |          | s          | ignature o                  | of Candid      | ate      |           |          | -        |
|   | day of<br>                       |                    |                            |           |         |              | -      |             |          |          |            | Printe                      | d Name         |          |           |          | -        |
|   | Signature                        |                    |                            |           |         |              | -      |             |          |          |            |                             |                |          |           |          | _        |
| My Commission Exp                         | <del>-</del>                     |                    |                            |           |         |              |        |             |          |          |            | Ema                         | il             |          |           |          |          |
|   | МО                               | D                  | AY                         | YR        | R       |              | •      |             | Area     | Code     |            | Da                          | aytime T       | elephon  | e Numb    | er       | ·        |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , ,  |                            |          |          |          |  |  |  |
|--|----------------------------|----------|----------|----------|--|--|--|
| Name of Filing Committee or Candidate  | Reporting                  | g Period |          |          |  |  |  |
| BERKS CO DEM COM   | BERKS CO DEM COM From: 3/2 |          |          |          |  |  |  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |                            |          |          |          |  |  |  |
| TOTAL for the Reporting  | J Period                   | (1)      | \$       | 357.00   |  |  |  |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)  |                            |          |          |          |  |  |  |
| Contributions Received From Political Committees (Part A)  |                            |          | \$       | 50.00    |  |  |  |
| All Other Contributions (Part B)   |                            |          | \$       | 1,355.00 |  |  |  |
| TOTAL for the Reporting  | (2)                        | \$       | 1,405.00 |          |  |  |  |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |                            |          |          |          |  |  |  |
| Contributions Received From Political Committees (Part C)  |                            |          | \$       | 450.00   |  |  |  |
| All Other Contributions (Part D)   |                            |          | \$       | 2,500.00 |  |  |  |
| TOTAL for the Reporting  | J Period                   | (3)      | \$       | 2,950.00 |  |  |  |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |                            |          |          |          |  |  |  |
| TOTAL for the Reporting  | g Period                   | (4)      | \$       | 0.00     |  |  |  |
|  |                            |          | 1        |          |  |  |  |
| 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 |                            |          | \$       | 4,712.00 |  |  |  |

#### **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 | Reporting | Period    |     |                 |
|---------------------------------------|-----------|-----------|-----|-----------------|
| BERKS CO DEM COM                      | From:     | 3/29/2022 | То: | <u>5/2/2022</u> |
|                                       |           | DATE      |     | AMOUNT          |

| Full Name of Contributing Committee FRIENDS OF MARK ROZZI |               |       |                   | МО | DAY | YEAR |          |
|---|---------------|-------|-------------------|----|-----|------|----------|
| Mailing Address   | 165 Roja Lane |       |                   |    |     |      | \$ 50.00 |
| City Mertztown  |               | State | Zip Code (Plus 4) | 4  | 18  | 2022 |          |
|   |               | PA    | 19539             |    |     |      |          |

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

**PAGE TOTAL \$** 50.00

### 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 |    |               |         |            |          |
|---|--------------------|-----------------------------------|------------------|----|---------------|---------|------------|----------|
| BERKS CO DEM COM                                |                    |                                   | Fro              | m: | <u>3/29/2</u> | 2022 To | <b>)</b> : | 5/2/2022 |
|   |                    |                                   |                  |    | DATE          |         |            | AMOUNT   |
| Full Name of Contributor Adrian Jadic           |                    |                                   |                  | МО | DAY           | YEAR    |            |          |
| Mailing Address 48 Cardinal Road                |                    |                                   |                  |    |               |         | \$         | 25.00    |
| <b>City</b> Wyomissing                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19610 |                  | 4  | 1             | 2022    |            |          |
| <b>Full Name of Contributor</b><br>Adrian Jadic |                    |                                   |                  | МО | DAY           | YEAR    |            |          |
| Mailing Address 48 Cardinal Road                |                    |                                   |                  |    |               |         | \$         | 25.00    |
| <b>City</b> Wyomissing                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19610 |                  | 5  | 1             | 2022    |            |          |
| Full Name of Contributor Alfred Hare            |                    |                                   |                  | МО | DAY           | YEAR    |            |          |
| Mailing Address 191 BOWERS RD                   |                    |                                   |                  |    |               |         | \$         | 100.00   |
| City Mertztown                                  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19539 |                  | 4  | 8             | 2022    |            |          |
| Full Name of Contributor Ann Sheehan            |                    |                                   |                  | МО | DAY           | YEAR    |            |          |
| Mailing Address 1515 North 15 Stre              |                    |                                   |                  | 4  | 1.5           | 2022    | \$         | 50.00    |
| <b>City</b> Reading                             | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19604 |                  | 4  | 15            | 2022    |            |          |
| Full Name of Contributor Candace Stitzman       |                    |                                   |                  | МО | DAY           | YEAR    |            |          |
| Mailing Address 1115 Showers Lane               |                    |                                   |                  |    |               |         | \$         | 100.00   |
| City Reading                                    | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19605 |                  | 4  | 18            | 2022    |            |          |

|  |  |                 |                                |               |               |                      | PAGE |        |
|--|--|-----------------|--------------------------------|---------------|---------------|----------------------|------|--------|
| Full Name of Cont  | ributor  |                 |                                |               | DAY           | YEAR                 |      |        |
| Candace Stitzma  | n  |                 |                                | МО            | DAY           | YEAR                 |      |        |
| Mailing Address  | 1115 Showers Land  | 2               |                                |               |               |                      | \$   | 20.00  |
| City Reading   |  | State           | Zip Code (Plus 4)              | 4             | 18            | 2022                 |      |        |
| Reduing  |  | PA              | 19605                          |               |               |                      |      |        |
| Full Name of Cont  | ributor  |                 |                                | МО            | DAY           | YEAR                 |      |        |
| Charles Corbit   |  |                 |                                |               |               |                      |      |        |
| Mailing Address  | 54 Sawgrass Drive  |                 |                                |               |               |                      | \$   | 200.00 |
| City Reading   |  | State           | Zip Code (Plus 4)              | 3             | 30            | 2022                 |      |        |
|  |  | PA              | 19606                          |               |               |                      |      |        |
| Full Name of Cont<br>Charles Corbit  | ributor  |                 |                                | мо            | DAY           | YEAR                 |      |        |
| Mailing Address  | 54 Sawgrass Drive  |                 |                                |               |               |                      | \$   | 200.00 |
| City Reading   |  | State           | Zip Code (Plus 4)              | 4             | 30            | 2022                 |      |        |
| reading  |  | PA              | 19606                          |               |               |                      |      |        |
|  |  |                 |                                |               |               |                      |      |        |
| Full Name of Cont  |  |                 | <u>I</u>                       | МО            | DAY           | YEAR                 |      |        |
|  |  |                 |                                | МО            | DAY           | YEAR                 | \$   | 200.00 |
| Debra Jean Georg   | ge   | State           | Zip Code (Plus 4)              | <b>MO</b>     | <b>DAY</b> 18 | <b>YEAR</b> 2022     | \$   | 200.00 |
| Debra Jean Georg   | ge   | <b>State</b> PA | <b>Zip Code (Plus 4)</b> 19601 |               |               |                      | \$   | 200.00 |
| Debra Jean Georg   | ge 910 N. 5th Street   |                 |                                |               |               |                      | \$   | 200.00 |
| Debra Jean Georg  Mailing Address  City Reading  Full Name of Cont   | ge 910 N. 5th Street   |                 |                                | 4             | 18            | 2022                 | \$   | 200.00 |
| Debra Jean Georg  Mailing Address  City Reading  Full Name of Cont Michael McGilvray  Mailing Address  | 910 N. 5th Street  |                 |                                | 4             | 18            | 2022                 |      |        |
| Mailing Address  City Reading  Full Name of Cont Michael McGilvray  Mailing Address  | 910 N. 5th Street  | PA              | 19601                          | мо            | DAY           | 2022<br>YEAR         |      |        |
| Debra Jean Georg  Mailing Address  City Reading  Full Name of Cont Michael McGilvray  Mailing Address  | 910 N. 5th Street  cributor  12 Fawn Drive                           | PA              | 19601  Zip Code (Plus 4)       | мо            | DAY           | 2022<br>YEAR         |      |        |
| Mailing Address  City Reading  Full Name of Cont Michael McGilvray  Mailing Address  City Reading  Full Name of Cont                               | 910 N. 5th Street  cributor  12 Fawn Drive                           | PA              | 19601  Zip Code (Plus 4)       | MO 4          | 18 DAY 4      | 2022<br>YEAR<br>2022 |      |        |
| Mailing Address  City Reading  Full Name of Cont Michael McGilvray  Mailing Address  City Reading  Full Name of Cont Zane Szurgot  Mailing Address | 910 N. 5th Street  pributor  12 Fawn Drive  pributor  146 Spook Lane | PA              | 19601  Zip Code (Plus 4)       | MO 4          | 18 DAY 4      | 2022<br>YEAR<br>2022 | \$   | 100.00 |
| Mailing Address  City Reading  Full Name of Cont Michael McGilvray  Mailing Address  City Reading  Full Name of Cont Zane Szurgot                  | 910 N. 5th Street  pributor  12 Fawn Drive  pributor  146 Spook Lane | State PA        | 19601  Zip Code (Plus 4) 19607 | мо<br>4<br>мо | 18 DAY 4      | 2022 YEAR 2022       | \$   | 100.00 |

| Full Name of Cont<br>Zane Szurgot     | ributor           |                    |                                   | мо       | DAY  | YEAR             |                 |
|---------------------------------------|-------------------|--------------------|-----------------------------------|----------|------|------------------|-----------------|
| Mailing Address                       | 146 Spook Lane    |                    |                                   |          |      |                  | <b>\$</b> 25.00 |
| <b>City</b> Fleetwood                 | I                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19522 | 4        | 20   | 2022             |                 |
| Full Name of Cont<br>Zane Szurgot     | ributor           |                    |                                   | МО       | DAY  | YEAR             |                 |
| Mailing Address                       | 146 Spook Lane    |                    |                                   |          |      |                  | <b>\$</b> 10.00 |
| <b>City</b> Fleetwood                 | I                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 19522    | 4        | 20   | 2022             |                 |
| Full Name of Cont<br>Thomas Woleslag  |                   |                    |                                   | МО       | DAY  | YEAR             |                 |
| Mailing Address                       | 242 Whitton Drive |                    |                                   |          |      |                  | <b>\$</b> 50.00 |
| City Shillington                      | 1                 | State<br>PA        | <b>Zip Code (Plus 4)</b><br>19607 | 4        | 30   | 2022             |                 |
| Full Name of Cont<br>Barbara & Mark C |                   |                    |                                   | МО       | DAY  | YEAR             |                 |
| Mailing Address                       | 48 Woodland Roac  | l                  |                                   |          |      |                  | <b>\$</b> 50.00 |
| City Reading                          |                   | State<br>PA        | <b>Zip Code (Plus 4)</b> 19611    | 4        | 30   | 2022             |                 |
| Full Name of Cont<br>Shannon Delp     | ributor           |                    |                                   | МО       | DAY  | YEAR             |                 |
| Mailing Address                       | 1553 County Line  |                    |                                   | 4        | 30   | 2022             | \$ 50.00        |
| <b>City</b> Gilbertsvi                | lle               | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19525 |          |      |                  |                 |
| Full Name of Contributor Adrian Jadic |                   |                    | МО                                | DAY      | YEAR |                  |                 |
| Mailing Address 48 Cardinal Road      |                   |                    |                                   |          |      | <b>\$</b> 100.00 |                 |
| City Wyomissi                         | ng                | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19610 | 4        | 30   | 2022             |                 |
|                                       |                   |                    | <u> </u>                          | <u>I</u> |      |                  |                 |

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

**PAGE TOTAL \$** 1,355.00

#### **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 Pe |           |     |          |
|---------------------------------------|--------------|-----------|-----|----------|
| BERKS CO DEM COM                      | From:        | 3/29/2022 | То: | 5/2/2022 |

DATE AMOUNT

| Full Name of Contributing Committee FRIENDS OF MARK ROZZI | МО                 | DAY                               | YEAR |    |      |                  |
|---|--------------------|-----------------------------------|------|----|------|------------------|
| Mailing Address 165 Roja Lane                             |                    |                                   |      |    |      | <b>\$</b> 450.00 |
| City Mertztown  | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19539 | 4    | 18 | 2022 |                  |

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

**PAGE TOTAL \$** 450.00

## 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                   |          |         |                     |                          |
|--|---------------------|------|-----------------------------|-----------|------------------------|----------|---------|---------------------|--------------------------|
| BERKS CO DEM COM                                   |                     |      |                             | Fror      | From: <u>3/29/2022</u> |          |         | To: <u>5/2/2022</u> |                          |
|  |                     |      |                             |           | D/                     | ATE      |         | АМО                 | DUNT                     |
| Full Name of Contributor Linda Woleslagle          |                     |      |                             |           | мо                     | DAY      | YEAR    |                     |                          |
| Mailing 242 Whitton Drive                          |                     |      |                             |           |                        | 20       | 2022    | \$                  | 2,500.00                 |
| City Shillington                                   | <b>State</b><br>PA  |      | <b>p Code (Plus</b><br>9607 | 4)        | 4                      | 30       | 2022    |                     |                          |
| Employer Name NA                                   |                     |      |                             |           | Occupat                | ion<br>R | letired |                     |                          |
| Employer Mailing Address/Principal Pla<br>Business | ce of               |      | City                        |           | •                      | State    |         | Zip Code            | (Plus 4)                 |
| 242 Whitton Drive                                  |                     |      | Shillingto                  | n         |                        | PA       |         | 19607               |                          |
| Enter Grand Total of Part C on Scho                | edule I, Detailed S | Sumr | mary Page,                  | Section   | on 3.                  |          |         | PA(                 | <b>GE TOTAL</b> 2,500.00 |

## OTHER RECEIPTS

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

| Name of Filing Committee or Ca  | ndidate                |                  | Repor   | ting Perio | od  |      |    |            |
|---------------------------------|------------------------|------------------|---------|------------|-----|------|----|------------|
|                                 |                        |                  | From:   |            |     | To:  |    |            |
|                                 |                        |                  |         | D          | ATE |      |    | AMOUNT     |
| Full Name                       |                        |                  |         | МО         | DAY | YEAR |    |            |
| Mailing Address                 |                        |                  |         |            |     |      | \$ | 0.00       |
| City                            | State                  | Zip Code (       | Plus 4) |            |     |      |    |            |
| Receipt Description             | ·                      | •                |         |            |     | •    | •  |            |
| Enter Grand Total of Part E on  | Schedule T Detailed    | l Summary Page   | Section | 4          |     |      | ı  | PAGE TOTAL |
| zinci. Grana rotal or rait z on | ocilculate 1, Detailet | . Janimary rage, | Section |            |     |      | \$ | 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 Perio | od                    |                 |
|--|-----------------|-----------------------|-----------------|
| BERKS CO DEM COM   | From:           | 3/29/2022 <b>To</b> : | <u>5/2/2022</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | ER CONTRIBUTOR  |                       |                 |
| TOTAL for the Reporting Pe   | eriod (1)       | \$                    | 0.00            |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | T F)            |                       |                 |
| TOTAL for the Reporting Pe   | eriod (2)       | \$                    | 0.00            |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)   |                 |                       |                 |
| TOTAL for the Reporting Pe   | eriod (3)       | \$                    | 0.00            |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, |                 | \$                    | 0.00            |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

| Name of Filing Committee or Candidate |                      |                       | Reporting Period |               |      |           |            |  |
|---------------------------------------|----------------------|-----------------------|------------------|---------------|------|-----------|------------|--|
|                                       |                      |                       | From:            |               |      | To:       |            |  |
|                                       |                      |                       |                  | DATE          |      |           | AMOUNT     |  |
| Full Name of Contributor              |                      |                       | МО               | DAY           | YEAR |           |            |  |
| Mailing Address                       |                      |                       |                  |               |      | <b>\$</b> | 0.00       |  |
| City                                  | State                | Zip Code (Plus 4)     |                  |               |      |           |            |  |
| Description of Contribution:          |                      |                       |                  |               |      |           |            |  |
| Enter Grand Total of Part F on S      | chedule II In-Kir    | nd Contributions Deta | iled Sum         | mary Pag      | те Г |           | PAGE TOTAL |  |
| Section 2.                            | ciicadic 11, 111 Kii | ia contributions beta | nea Sam          | iiiiai y i aş | ,    |           | PAGE TOTAL |  |
|                                       |                      |                       |                  |               |      | \$        | 0.00       |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate                          |             |        | Reporting Period |         |        |           |           |        |       |                        |
|--|-------------|--------|------------------|---------|--------|-----------|-----------|--------|-------|------------------------|
|  |             |        |                  |         | Fro    | om:       |           | To:    |       |                        |
|  |             |        |                  |         | •      |           | DATE      |        |       | AMOUNT                 |
| Full Name of Contributor                                       |             |        |                  |         |        | мо        | DAY       | YEAR   |       |                        |
| Mailing Address  |             |        |                  |         |        |           |           |        | \$    | 0.00                   |
| City   | State       |        | Zip Code(I       | Plus 4) |        |           |           |        |       |                        |
| Employer of Contributor  |             |        |                  | Occupa  | tion   |           |           |        |       |                        |
| Employer Mailing Address/Principal Plac<br>Business            | ce of       | City   |                  | State   |        | Zip<br>4) | Code(Plus | Descri | ption | of Contribution        |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | edule II, I | n-Kind | Contributi       | ons De  | etaile | ed        |           |        |       | <b>PAGE TOTAL</b> 0.00 |

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Pe | Reporting Period |            |  |  |  |
|---------------------------------------|--------------|------------------|------------|--|--|--|
| BERKS CO DEM COM                      | From         | <u>3/29/2022</u> | To: 5/2/20 |  |  |  |
|                                       |              | DATE             |            |  |  |  |
|                                       | I            | DATE             | AMOUNT     |  |  |  |

| To Whom Paid USW Local 6996                       |   |  |                                      | DAY  | YEAR     |    |          |  |
|---|---|--|--------------------------------------|--|----------|----|----------|--|
| Mailing Address 1251 North Front Street, Suite 1  |   |  | 4                                    | 29   | 2022     | \$ | 1,500.00 |  |
| City READING  State  PA  2ip Code (Plus 4)  19601 |   |  | Description of Expenditure Rent      |  |          |    |          |  |
| To Whom Paid Goodville Mutual Casualty Company    |   |  | мо                                   | DAY  | YEAR     |    |          |  |
| Mailing Address 625 West Main Street, PO Box 489  |   |  | 4                                    | 29   | 2022     | \$ | 1,061.00 |  |
| City New Holland State Zip Code (Plus 4) PA 17557 |   |  | Description of Expenditure Insurance |  |          |    |          |  |
| <b>To Whom Paid</b> GetThru                       |   |  | МО                                   | DAY  | YEAR     |    |          |  |
| Mailing Address 1330 Broadway, 3rd Floor          |   |  | 4                                    | 11   | 2022     | \$ | 414.73   |  |
| City Oakland                                      | Oakland  CA  Zip Code (Plus 4)  CA  94612 |  |                                      | Description of Expenditure  Text messaging service |          |    |          |  |
| To Whom Paid United Labor Council of Berks County |   |  | МО                                   | DAY  | YEAR     |    |          |  |
| Mailing Address 1251 North Front Street, Suite 1  |   |  | 4                                    | 29   | 2022     | \$ | 400.00   |  |
| City READING State Zip Code (Plus 4) PA 19601     |   |  |                                      | otion of Exp                                       |          |    |          |  |
| To Whom Paid Doubletree by Hilton Reading         |   |  | мо                                   | DAY  | YEAR     |    |          |  |
| Mailing Address 701 Penn Street                   |   |  | 4                                    | 18   | 2022     | \$ | 200.00   |  |
| City Reading State Zip Code (Plus 4) PA 19601     |   |  | <b>Descrip</b><br>Events             | tion of Exp  | enditure |    |          |  |

|  |                    |                         |                     |   |           |    | 17.62 14   |  |
|--|--------------------|-------------------------|---------------------|---|-----------|----|------------|--|
| To Whom Paid<br>Charles Corbit             |                    |                         | мо                  | DAY                                       | YEAR      |    |            |  |
| Mailing Address 54 Sawgrass I              | Drive              |                         | 4                   | 29  | 2022      | \$ | 152.61     |  |
| City Reading                               | State              | Zip Code (Plus 4)       | Descri              | otion of Ex                               | nenditure | \  |            |  |
| Reading                                    | PA                 | 19606                   | 1                   | renovation                                |           |    |            |  |
| <b>To Whom Paid</b> Square Space           |                    |                         | мо                  | DAY                                       | YEAR      |    |            |  |
| Mailing Address 225 Varick St., 12th Flr., |                    |                         | 4                   | 17  | 2022      | \$ | 27.56      |  |
| City New York                              | State              | Zip Code (Plus 4)       | Descri              | ntion of Ex                               | nenditure |    |            |  |
| - New York                                 | NY                 | 10014                   | 1                   | <b>cription of Expenditure</b><br>hnology |           |    |            |  |
| <b>To Whom Paid</b><br>Mail Chimp          |                    |                         | МО                  | DAY                                       | YEAR      |    |            |  |
| Mailing Address 675 Ponce De               | Leon Ave.          |                         | 4                   | 15  | 2022      | \$ | 24.38      |  |
| City Atlanta                               | State              | Zip Code (Plus 4)       | Descrip             | otion of Exp                              | penditure |    |            |  |
|  | GA                 | 30308                   | Techno              |   | ,         |    |            |  |
| <b>To Whom Paid</b><br>Act Blue            |                    |                         | МО                  | DAY                                       | YEAR      |    |            |  |
| Mailing Address 366 Summer Street          |                    |                         |                     | 3   | 2022      | \$ | 16.94      |  |
| City Somerville                            | State              | Zip Code (Plus 4)       | Descrip             | tion of Ex                                | penditure |    |            |  |
|  | MA                 | 02144                   | 1                   | ising expe                                |           |    |            |  |
| <b>To Whom Paid</b><br>Vantiv              |                    |                         | мо                  | DAY                                       | YEAR      |    |            |  |
| Mailing Address 8500 Governo               | ors Hill Drive     |                         | 4                   | 10  | 2022      | \$ | 13.80      |  |
| City Symmes Township                       | State              | Zip Code (Plus 4)       | Descrip             | tion of Ex                                | penditure |    |            |  |
| OH 45249-1384                              |                    |                         | Fundraising expense |   |           |    |            |  |
| To Whom Paid<br>Comcast                    |                    |                         | мо                  | DAY                                       | YEAR      |    |            |  |
| Mailing Address 1701 JFK Blvd.             |                    |                         | 4                   | 27  | 2022      | \$ | 209.48     |  |
| <b>City</b> Philadelphia                   | State              | Zip Code (Plus 4)       | Descri              | otion of Ex                               | penditure | 1  |            |  |
|  | PA                 | 19103                   | Techno              |   |           |    |            |  |
|  |                    |                         |                     |   |           |    | PAGE TOTAL |  |
| Enter Grand Total of Expendit              | ures on Page 1, Re | port Cover Page, Item D | •                   |   |           | \$ | 4,020.50   |  |
|  |                    |                         |                     |   |           |    |            |  |