Campaign Finance Report

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

| Filer Identification 20210365 Number : | | | | | | port ed B | | CAND | IDATE | | СОМ | ITTEE | ✓ | LOBBYIST | | |
|--|------------------------------|-------------|--------------------------|------|-------|--------------|----------------|------------------------|-----------|--------|------------|--------------------------|----------------|---------------|-----------|----------------|
| Name of Filing C | Committee, Cand | idate or L | obbyist: | | CITI | IZEN | IS FO | R CHRIS | FRYE | | | | _ | | | |
| Street Address: | 1192 KINGS | CHAPEL | ROAD | | | | | | | | | | | | | |
| City: | NEW CASTL | E | | | | | | State: | PA | | | Zip Cod | ie: 16 | 5105 | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY P PRIMARY | RE- | . [2 | 2. | 30 DA PRIMA | | POST- | | | AMENDM REPORT? | | Yes | No | ~ |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY I ELECTION | PRE | - ! | 5. | 30 DA ELECT | | POST- | 6. | | TERMINA REPORT? | | Yes | No | ~ |
| report type) | ANNUAL REPOR | T 7. | Year 2022 | | | | | NG METHOD IO CHECK ONE | | | | PAPER | | $\overline{}$ | DISKE | ГТЕ |
| Name of Office S | Sought by Candid | ate: | - | | | | | DATE (| OF ELE | CTIO | N | District Number | Office Code | Part | y Code | County Code |
| | | | | | | | | МО | DAY | YE | AR | -1 | LTG | REP | | 37 |
| LIEUTENANT G | OVERNOR | | | | | | | 1: | 1 | 8 | 2022 | | (SEE IN | ISTRUCTIO | NS FOR C | ODES) |
| Summary of Expenditures | Receipts and | МО | DAY YE | AR | | | | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | |
| Expenditures | 5 3 2022 TO 6 6 20 | | | | | | | | 2022 | | | | | | | |
| A. Amount Brought Forward From Last Report \$ 8,530.6 | | | | | | | | | 30.61 | | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | | \$ | | | 4,1 | 17.15 | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | | | | 12,6 | 547.76 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | | \$ | | | 9,3 | 89.42 | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | | \$ | | | 3,2 | 58.34 | | | | | |
| F. Value Of In- | Kind Contributio | ns Receiv | ed (From Sche | dul | e II | I) | \$ | | | | 33.00 | | | | | |
| G. Unpaid Debt | s And Obligation | s (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | 1 | | |
| | | | А | FF. | IDA | ٩VI | T SE | CTION | | | | | | | | |
| PART I - If this is | | | _ | | | | | | | | | | | | | |
| I swear (or affirm) correct and comple | | cluding the | e attached sched | ules | filed | d on | paper (| or by elec | tronic m | edium | , are to t | the best o | f my kno | wledge a | ind belie | f , true |
| Sworn to and subs | cribed before me t day of | nis | 20 | | | | | | | S | ignature | of Perso | n Submit | ting Rep | ort | |
| | Signa | hura | _ | | | | - - | | | | | Prin | ted Name | e | | |
| My Commission Ex | _ | uic | | | | | | | | | | Ema | il | | | |
| | мо | D | AY | YR | | | | | Ar | ea Cod | le | Daytim | e Telepi | none Nur | nber | |
| Part II- If this is | a report of a ca | ndidate's | authorized Co | mm | itte | e, C | andida | ate shall | l sign h | ere. | | | | | | |
| I swear (or affirm) No 320) as amende | | my knowl | edge and belief t | this | polit | tical | commi | ittee has | not viola | ted an | y provis | ions of the | e act of J | une 3,19 | 37 (P.L. | 1333, |
| Sworn to and subsc | | s | | | | | | | | | s | ignature o | of Candid | ate | | |
| | day of | | | | | | _ | | | | | pi | d Ne | | | |
| | Signatur | | | | | | - | | | | | Printe | d Name | | | |
| My Commission Exp | _ | - | | | | | | | | | | Ema | il | | | |
| | МО | D | AY | YR | | | - | | Area | Code | | Daytime Telephone Number | | | | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Period | | | | | | | | |
|---|--|----------------|--------------|----------|--|--|--|--|--|
| CITIZENS FOR CHRIS FRYE | From: | <u>5/3/202</u> | <u>2</u> To: | 6/6/2022 | | | | | |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | | | | | | |
| TOTAL for the Reporting | Period | (1) | \$ | 52.79 | | | | | |
| 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) | All Other Contributions (Part B) | | | | | | | | |
| TOTAL for the Reporting | TOTAL for the Reporting Period (2) \$ 200.00 | | | | | | | | |
| 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) | | | \$ | 3,664.36 | | | | | |
| TOTAL for the Reporting | Period | (3) | \$ | 3,664.36 | | | | | |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | | | | | | |
| TOTAL for the Reporting | Period | (4) | \$ | 200.00 | | | | | |
| | | | | | | | | | |
| Total Monetary Contributions and Receipts During this Reporting Period (Add and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page | | | \$ | 4,117.15 | | | | | |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

| | his Part to itemize onl with an aggregate val | - | | | - | | | |
|---------------------------|--|-------------------|----|----|----------|------|----|------------|
| Name of Filing Comm | ittee or Candidate | | Re | | | | | |
| | | | | | From: To | | | |
| | | 1 | | | DATE | | | AMOUNT |
| Full Name of Contribution | ng Committee | | | 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.

PAGE TOTAL \$0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committee or Candidate

CITIZENS FOR CHRIS FRYE

From: 5/3/2022 To: 6/6/2022

DATE AMOUNT

| Full Name of Contributor James Crivelli | | МО | DAY | YEAR | | |
|---|-------|-------------------|-----|-----------|------|--|
| Mailing Address 102 Olde Ma | | | | \$ 200.00 | | |
| City Moon Twp. | State | Zip Code (Plus 4) | 5 | 12 | 2022 | |
| , i | PA | 15108 | | | | |

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

PAGE TOTAL \$ 200.00

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 Candid | me of Filing Committee or Candidate | | Reporting Period | | | | | |
|-------------------------------------|-------------------------------------|---------------|------------------|------|-----|------|----|------------|
| | | | From: | | | То: | | |
| | | | | DA | TE | | Α | MOUNT |
| Full Name of Contributing Committee | ee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Cod | e (Plus 4) | | | | | |
| | | | | | | | | PAGE TOTAL |
| Enter Grand Total of Part C on S | chedule 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.)

| lame of Filing Committee or Candidate | | | | Rep | Reporting Period | | | | | |
|---|---|--------------------------------|------------|-------|---------------------|--------------|-------------------|-----------|------------|--|
| CITIZENS FOR CHRIS FRYE | | | | Fron | n: | <u>5/3/2</u> | <u>022</u> To | : | 6/6/2022 | |
| | | | | | D/ | ATE | | АМ | OUNT | |
| Full Name of Contributor John Mozzocio | | | | | МО | DAY | YEAR | | | |
| Mailing 3478 Tuscarora Dr Address | | | | | _ | _ | 2022 | \$ | 300.00 | |
| City New Castle | State PA | Zip Code (Plus 4) 16105 | | | 5 | 6 | 2022 | | | |
| Employer Name New Castle Area Scho | New Castle Area School District | | | | | c ion | irector | of Specia | l Services | |
| Employer Mailing Address/Principal Plac Business | e of | | City | | • | State | | Zip Code | (Plus 4) | |
| 420 Fern Street New Castle | | | :le | | PA | | 16101 | | | |
| Full Name of Contributor Angelo Papa | | | | | МО | DAY | YEAR | | | |
| Mailing 234 Northview Ave. | | | | | | | | \$ | 1,500.00 | |
| City New Castle | State PA | Zip 161 | Code (Plus | 4) | 5 | 14 | 2022 | ! | | |
| Employer Name Angelo A. Papa, Attor | ney at Law | | | | Occupation Attorney | | | | | |
| Employer Mailing Address/Principal Plac Business | e of | | City | | State | | | Zip Code | e (Plus 4) | |
| 318 Highland Avenue | | | New Cast | :le | | PA | | 16101 | | |
| Full Name of Contributor Angelo Papa | | | | | МО | DAY | YEAR | | | |
| Mailing Address 234 Northview Ave. | | | | | | | | \$ | 1,000.00 | |
| City New Castle | State PA | Zip 161 | Code (Plus | 4) | 5 | 14 | 2022 | | | |
| Employer Name Angelo A. Papa, Attorney at Law | | | Occupat | ion A | ttorney | , | | | | |
| Employer Mailing Address/Principal Plac Business | Employer Mailing Address/Principal Place of Rusiness City | | | | State | | Zip Code (Plus 4) | | | |
| Business 318 Highland Avenue New Castle | | | :le | PA | | | 16101 | | | |

| | | | | | | | | PAGE / | | | |
|---|------------------|--------------------|------------|--------------------------------|---------|----------------|-------------------|--------------------|--|--|--|
| Full Name of Cor Ronald H. Betz, | | | | | мо | DAY | YEAR | | | | |
| Mailing Address | 308 Oakwood | Circle | | | | | 2022 | \$ 500.0 | | | |
| City McDona | ld | State PA | | p Code (Plus 4) 5057 | 5 | 12 | | | | | |
| Employer Name | Retired | · | | | Occupat | t ion | Retired | ired | | | |
| Employer Mailing Address/Principal Place of Business City | | | | | | State | | Zip Code (Plus 4) | | | |
| Retired | | | | | | 15057 | | | | | |
| Full Name of Contributor Curt Coccodrilli | | | | | МО | DAY | YEAR | | | | |
| Mailing Address | 96 Mountain R | oad | | | | | | \$ 364.3 | | | |
| City Lake Ari | el | State PA | | p Code (Plus 4) 3436 | 5 | 13 | 2022 | | | | |
| Employer Name | Self-Employed | • | | | Occupat | t ion S | Self-Emp | ployed Consultant | | | |
| Employer Mailing Address/Principal Place of Business | | | City | 1 | State | | Zip Code (Plus 4) | | | | |
| 96 Mountain Road Lak | | | Lake Ariel | | PA | | 18436 | | | | |
| Enter Grand To | otal of Part C o | n Schedule I, Deta | iled Sumr | nary Page, Secti | on 3. | | | PAGE TOTAL | | | |
| | | , | | | | | | \$ 3 664 36 | | | |

3,664.36

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 Perio | d | | |
|---------------------------------------|------------------------|------------|---------|-----------|--------|---------------|-----------|
| CITIZENS FOR CHRIS FRYE | | | From: | | 5/3/20 | <u>22</u> To: | 6/6/2022 |
| | | | | D | ATE | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | |
| Cooking 4 Autism | | | | | DAT | TEAR | |
| Mailing Address 852 North 44th St. | | | | | | | \$ 100.00 |
| City Philadelphia | State | Zip Code (| Plus 4) | 6 | 6 | 2022 | |
| · Filliaueipilia | PA | 19104 | | | | | |
| Receipt Description Void Check #10 | 033 - Check lost in ma | ail | | | | | |
| Full Name | | | | | | | |
| Cooking 4 Autism | | | | МО | DAY | YEAR | |
| Mailing Address 852 North 44th St. | | | | | | | \$ 100.00 |
| City Philadelphia | State | Zip Code (| Plus 4) | 6 | 6 | 2022 | |
| · | PA | 19104 | | | | | |
| Receipt Description Void Check #10 | 053 - Checks lost in m | nail | | | | | |

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

PAGE TOTAL \$ 200.00

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 | | | | | | | | | |
|--|---|----------------------------|-----------------|--|--|--|--|--|--|--|
| CITIZENS FOR CHRIS FRYE | From: | <u>5/3/2022</u> To: | <u>6/6/2022</u> | | | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 33.00 | | | | | | | |
| 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, | | \$ | 33.00 | | | | | | | |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | ame of Filing Committee or Candidate | | | Reporting Period | | | | | |
|---------------------------------------|--------------------------------------|--------------------|----------|------------------|------|-----|------------|--|--|
| | | | From: | | | To: | | | |
| | | | | DATE | | | AMOUNT | | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | | | | | | | |
| Description of Contribution: | | | | | | | | | |
| Enter Grand Total of Part F on Sche | dule II. In-Kind C | Contributions Deta | iled Sum | marv Pac | ıe. | | PAGE TOTAL | | |
| Section 2. | , | | | , , , | | \$ | 0.00 | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | ame of Filing Committee or Candidate | | | | Re | porting l | Period | | | | | |
|--|--------------------------------------|---------|------------|---------|--------|-----------|-----------|------|------|--------|------------------|-------------------|
| | | | | | Fro | om: | | То | To: | | | |
| | | | | | | | DATE | | | | AMOUNT | |
| Full Name of Contributor | | | | | | мо | DAY | YEAR | | | | |
| Mailing Address | | | | | | | | | | \$ | 0 | 0.00 |
| City | State | | Zip Code(I | Plus 4) | | | | | | | | |
| Employer of Contributor | | | | | | Occupa | ntion | | · | | | |
| Employer Mailing Address/Principal Pla Business | ce of | City | | State | | Zip 4) | Code(Plus | Desc | ript | ion of | Contribution | n |
| Enter Grand Total of Part G on Scl Summary Page, Section 3. | nedule II, I | in-Kind | Contributi | ons De | etaile | ed | | | | | PAGE TOTA | AL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting |) Period | | |
|---------------------------------------|-----------|----------|--------|----------|
| CITIZENS FOR CHRIS FRYE | From | 5/3/2022 | То: | 6/6/2022 |
| | | DATE | AMOUNT | |

| | | | | DATE | | | |
|--------------------------------------|--|---------------------------------------|-------|---|-------|-------|--|
| | | МО | DAY | YEAR | | | |
| Mailing Address 256 Danner Rd | | | 5 | 2022 | \$ | 74.00 | |
| State PA | Zip Code (Plus 4) 18229 | Description of Expenditure Gas | | | | | |
| | | мо | DAY | YEAR | | | |
| Mailing Address 850 Franklin Rd | | | 7 | 2022 | \$ | 82.00 | |
| State PA | Zip Code (Plus 4) 16137 | Descrip Gas | | | | | |
| | | МО | DAY | YEAR | | | |
| Mailing Address 208 N. Jefferson St. | | | 7 | 2022 | \$ | 62.00 | |
| State PA | Zip Code (Plus 4) 16101 | Description of Expenditure Gas | | | | | |
| | | МО | DAY | YEAR | | | |
| Mailing Address 864 Rogers Road | | | 7 | 2022 | \$ | 30.00 | |
| State PA | Zip Code (Plus 4) 16105 | 1 | | | | | |
| | | МО | DAY | YEAR | | | |
| Mailing Address 333 Brannan St. | | | 7 | 2022 | \$ | 19.99 | |
| State CA | Zip Code (Plus 4) 94107 | 1 | = | | | | |
| | State PA State PA State PA State State PA | State Zip Code (Plus 4) 16137 | State | State PA Zip Code (Plus 4) Description of Exp Gas MO DAY | State | State | |

| To Whom Paid Get Go | | | | DAY | YEAR | | |
|---|----------------------------|-----------------------------------|--|---------------------------------------|---|----|-------------------|
| Mailing Address 1700 B New Butler Road | | | 5 | 13 | 2022 | \$ | 85.00 |
| City New Castle State Zip Code (Plus 4) | | | Descrip | tion of Exp | enditure | | |
| | PA | 16101 | Gas | | | | |
| To Whom Paid Corner Bar and Grillz LLC | | | МО | DAY | YEAR | | |
| Mailing Address 32 E. Main St. | | | 5 | 14 | 2022 | \$ | 58.51 |
| City Corry | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| Cony | PA | 16407 | Meal - Campaign Walk | | | | |
| To Whom Paid Cobblestone Inn & Suites | | | МО | DAY | YEAR | | |
| Mailing Address 864 E. Columbus Ave. | | | 5 | 14 | 2022 | \$ | 92.25 |
| City Corry | State | Zip Code (Plus 4) | Description of Expenditure | | | | |
| · · · · · · · · · · · · · · · · · · · | PA | 16407 | Hotel | | | | |
| | | | | | | | |
| To Whom Paid Get Go | <u> </u> | <u> </u> | мо | DAY | YEAR | | |
| Get Go | ington Road | , | мо 5 | DAY 14 | YEAR 2022 | \$ | 56.00 |
| Get Go Mailing Address 3224 Wilmi | ington Road State | Zip Code (Plus 4) | 5 | 14 | 2022 | - | 56.00 |
| Get Go Mailing Address 3224 Wilmi | | Zip Code (Plus 4) 16105 | 5 | | 2022 | - | 56.00 |
| Get Go Mailing Address 3224 Wilmi | State | | 5 Descrip | 14 | 2022 | - | 56.00 |
| Get Go Mailing Address 3224 Wilmi City New Castle To Whom Paid | State PA | | 5 Descrip | 14 | 2022 penditure | - | 56.00 8,548.22 |
| Get Go Mailing Address 3224 Wilmi City New Castle To Whom Paid Campaign Sidekick Mailing Address 1550 Old A | State PA | | Descrip Gas | DAY | 2022 penditure YEAR 2022 | \$ | |
| Get Go Mailing Address 3224 Wilmi City New Castle To Whom Paid Campaign Sidekick Mailing Address 1550 Old A | State PA | 16105 | Description of the second of t | 14 DAY | 2022 penditure YEAR 2022 penditure | \$ | |
| Get Go Mailing Address 3224 Wilmi City New Castle To Whom Paid Campaign Sidekick Mailing Address 1550 Old A | State PA nnetta State | 16105 Zip Code (Plus 4) | Description of the second of t | DAY 19 ption of Exp | 2022 penditure YEAR 2022 penditure | \$ | |
| Get Go Mailing Address 3224 Wilmi City New Castle To Whom Paid Campaign Sidekick Mailing Address 1550 Old A City Aledo To Whom Paid | State PA nnetta State TX | 16105 Zip Code (Plus 4) | Description of the control of the co | DAY 19 otion of Exp ign Messag | 2022 Penditure YEAR 2022 Penditure ges | \$ | |
| Get Go Mailing Address 3224 Wilmi City New Castle To Whom Paid Campaign Sidekick Mailing Address 1550 Old A City Aledo To Whom Paid WinRed Technical Services | State PA nnetta State TX | 16105 Zip Code (Plus 4) | Description of the second of t | DAY 19 ption of Exp ign Messag DAY | 2022 Penditure 2022 Penditure JEAR 2022 PENDITURE JEAR 2022 | \$ | 8,548.22 |

| | | | | | | | PAGE 14 |
|---|----------------------|-----------------------------------|--|-----|------|----|------------|
| To Whom Paid WinRed Technical Services | | | | DAY | YEAR | | |
| Mailing Address 1776 Wilson Blvd | | | 5 | 5 | 2022 | \$ | 0.11 |
| City Arlington | State VA | Zip Code (Plus 4) 22209 | Description of Expenditure Merchant Fee | | | | |
| To Whom Paid WinRed Technical Services | | | | DAY | YEAR | | |
| Mailing Address 1776 Wilson Blvd | | | 5 | 10 | 2022 | \$ | 0.99 |
| City Arlington | State VA | Zip Code (Plus 4) 22209 | Description of Expenditure Merchant Fee | | | | |
| To Whom Paid WinRed Technical Services | | | | DAY | YEAR | | |
| Mailing Address 1776 Wilson Blvd | | | 5 | 16 | 2022 | \$ | 0.99 |
| City Arlington | State VA | Zip Code (Plus 4) 22209 | Description of Expenditure Merchant Fee | | | | |
| To Whom Paid Cooking 4 Autism | · | | МО | DAY | YEAR | | |
| Mailing Address 852 North 44th Street | | | 6 | 6 | 2022 | \$ | 200.00 |
| City Philadelphia | State PA | Zip Code (Plus 4) 19104 | Description of Expenditure Donation - Reissue Lost Checks | | | | |
| To Whom Paid Brittany Frye Rice Bee's Tees | | | | DAY | YEAR | | |
| Mailing Address 220 Bellview Avenue | | | 5 | 17 | 2022 | \$ | 65.00 |
| City New Castle | State PA | Zip Code (Plus 4) 16101 | Description of Expenditure Campaign T-Shirts | | | | |
| Enter Grand Total of Ever- | litures en Pess 1 Pa | aport Cover Page Them D | | | | | PAGE TOTAL |
| Enter Grand Total of Expend | inures on Page 1, Re | port Cover Page, Item D | - | | | \$ | 9,389.42 |