### **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 9500  | )237        |                        |         |        | port       |        | CANDI               | DATE     |        | СОМ        | <b>ITTEE</b>       | <b>✓</b>       | LOBE         | YIST      |                |  |
|---|--|-------------|------------------------|---------|--------|------------|--------|---------------------|----------|--------|------------|--------------------|----------------|--------------|-----------|----------------|--|
| Name of Filing C                          | Committee, Candid                              | late or L   | obbyist:               |         | BAR    | RAF        | R, STE | PHEN FR             | IENDS    | OF     |            |                    |                |              |           |                |  |
| Street Address:                           | 1620 BALTIM                                    | ORE PI      | (E,PO BOX              | 1705    |        |            |        |                     |          |        |            |                    |                |              |           |                |  |
| City:                                     | CHADDS FOR                                     | D           |                        |         |        |            |        | State:              | PA       |        |            | Zip Cod            | de: 19         | 9317-1       | 705       |                |  |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY                     | 1.          | 2ND FRIDA'<br>PRIMARY  | Y PRE   | -      | 2.         | 30 DA  |                     | POST-    | 3.     |            | AMENDM<br>REPORT   |                | Yes          | No        | <b>~</b>       |  |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION                    | 4. <b>X</b> | 2ND FRIDA'<br>ELECTION | y pre   | E      | 5.         | 30 DA  |                     | POST-    | 6.     |            | TERMINA<br>REPORT  |                | Yes          | No        | <b>~</b>       |  |
| report type)                              | ANNUAL REPORT                                  | 7.          | <b>Year</b> 2022       |         |        |            |        | NG METHO<br>CHECK O |          |        |            | PAPER              |                | $\checkmark$ | DISKE     | TTE            |  |
| Name of Office S                          | Sought by Candida                              | rte:        | •                      |         |        |            |        | DATE O              | F ELE    | CTIO   | N          | District<br>Number | Office<br>Code | Part         | ty Code   | County<br>Code |  |
|   | , cag 2, caa.a                                 |             |                        |         |        |            |        | МО                  | DAY      | YE     | EAR        | 160                | Code           | REP          |           | 23             |  |
|   |  |             |                        |         |        |            |        | 11                  |          | 8      | 2022       |                    | (SEE IN        | STRUCTIO     | ONS FOR C | ODES)          |  |
|   | Receipts and                                   | МО          | DAY                    | YEAR    | 2      |            |        | МО                  | DAY      | YI     | EAR        | FO                 | R OFFI         | CE USE       | ONLY      |                |  |
| Expenditures                              | from:  |             | 6 7                    | 2       | 022    | Т          | 0      | 9                   | :        | 19     | 2022       |                    |                |              |           |                |  |
| A. Amount Bro                             | ught Forward Fro                               | m Last R    | eport                  |         |        |            | \$     |                     |          | 15,4   | 164.81     |                    |                |              |           |                |  |
| B. Total Moneta                           | ary Contributions                              | And Rec     | eipts (From            | Sche    | dule   | <b>I</b> ) | \$     |                     |          |        | 0.00       | ]                  |                |              |           |                |  |
| C. Total Funds                            | Available (Sum O                               | f Lines A   | and B)                 |         |        |            | \$     |                     |          | 15,4   | 464.81     |                    |                |              |           |                |  |
| D. Total Expend                           | ditures (From Sch                              | edule II    | I)                     |         |        |            | \$     |                     |          | 2,8    | 379.43     |                    |                |              |           |                |  |
| E. Ending Cash                            | Balance (Subtrac                               | t Line D    | From Line (            | C)      |        |            | \$     |                     |          | 12,5   | 85.38      |                    |                |              |           |                |  |
| F. Value Of In-                           | Kind Contribution                              | s Receiv    | ed (From S             | chedu   | le II  | ()         | \$     |                     |          |        | 0.00       |                    |                |              |           |                |  |
| G. Unpaid Debt                            | s And Obligations                              | (From S     | Schedule IV            | )       |        |            | \$     |                     |          |        | 0.00       |                    |                | 1            |           |                |  |
|   |  |             |                        | AFF     | ID/    | ٩VI        | T SE   | CTION               |          |        |            |                    |                |              |           |                |  |
| PART I - If this is                       | s a Committee rep                              | ort, trea   | surer sign l           | here.   | If th  | is is      | a Car  | ndidate re          | eport, o | candi  | date sig   | jn here.           |                |              |           |                |  |
| I swear (or affirm)<br>correct and comple | ) that this report, inc<br>ete.                | luding the  | attached scl           | hedule  | s file | d on       | paper  | or by elect         | ronic m  | edium  | , are to t | the best o         | f my kno       | wledge a     | and belie | ef , true      |  |
| Sworn to and subs                         | cribed before me thi<br>day of                 | s           | 20                     |         |        |            |        |                     |          | S      | Signature  | of Perso           | n Submit       | ting Rep     | ort       |                |  |
|   | Signatu  |             |                        |         |        |            | -      |                     |          |        |            | Prin               | ted Name       | e            |           |                |  |
| My Commission Ex                          | -  |             |                        |         |        |            |        |                     |          |        |            | Ema                | il             |              |           |                |  |
|   | МО   | D           | AY                     | YR      |        |            | -      |                     | Are      | ea Cod | le         | Daytim             | ne Telepi      | none Nui     | nber      |                |  |
| Part II- If this is                       | a report of a can                              | didate's    | authorized             | Comn    | nitte  | e, C       | andid  | ate shall           | sign he  | ere.   |            |                    |                |              |           |                |  |
| I swear (or affirm)<br>No 320) as amende  | that to the best of e                          | my knowl    | edge and beli          | ef this | polit  | tical      | comm   | ittee has n         | ot viola | ted an | y provis   | ions of th         | e act of J     | une 3,19     | 937 (P.L  | 1333,          |  |
| Sworn to and subsc                        | ribed before me this                           |             |                        |         |        |            |        |                     |          |        | s          | ignature o         | of Candid      | ate          |           |                |  |
|   | day of<br>———————————————————————————————————— |             |                        |         |        |            | _      |                     |          |        |            |                    |                |              |           |                |  |
|   | Signature                                      |             |                        |         |        |            | -      |                     |          |        |            | Printe             | ed Name        |              |           |                |  |
| My Commission Exp                         | _  |             |                        |         |        |            |        |                     |          |        |            | Ema                | il             |              |           |                |  |
|   | мо   | D           | AY                     | YR      | 2      |            | -      |                     | 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       |              |           |
|--|-----------|----------------|--------------|-----------|
| BARRAR, STEPHEN FRIENDS OF   | From:     | <u>6/7/202</u> | <u>2</u> To: | 9/19/2022 |
| 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)  |           |                | \$           | 0.00      |
| All Other Contributions (Part D)   |           |                | \$           | 0.00      |
| TOTAL for the Reporting  | Period    | (3)            | \$           | 0.00      |
| 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 |           |                | \$           | 0.00      |

#### **PART A**

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

\$50.01 TO \$250.00

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

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

| PAGE TOTAL |
|------------|
| \$<br>0.00 |

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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

(Exclude contributions from political committees reported in Part A)

| Name of Filling Committee of Candidate |       |                   |   | Reporting Period  From: To: |      |      |    |        |
|--|-------|-------------------|---|-----------------------------|------|------|----|--------|
|  |       |                   |   |                             | DATE |      |    | AMOUNT |
| Full Name of Contributor               |       |                   |   | МО                          | DAY  | YEAR |    |        |
| Mailing Address                        |       |                   |   |                             |      |      | \$ | 0.00   |
| City                                   | State | Zip Code (Plus 4) | 1 |                             |      |      |    |        |

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

**PAGE TOTAL \$**0.00

#### **PART C**

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

**OVER \$250.00** 

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

| Name of Filing Committee or Candidate |                       |          | Reporting   | Period |     |      |    |            |
|---------------------------------------|-----------------------|----------|-------------|--------|-----|------|----|------------|
|                                       |                       |          | From:       |        |     | То:  |    |            |
|                                       |                       |          |             | DA     | TE  |      | А  | MOUNT      |
| Full Name of Contributing Committee   |                       |          |             | мо     | DAY | YEAR |    |            |
| Mailing Address                       |                       |          |             |        |     |      | \$ | 0.00       |
| City                                  | State                 | Zip Cod  | e (Plus 4)  |        |     |      |    |            |
|                                       |                       |          |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on Scho   | edule I, Detailed Sun | nmary Pa | age, Sectio | n 3.   |     |      | \$ | 0.00       |

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

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

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate               | ame of Filing Committee or Candidate |               |         |        | Reporting Period |      |         |                    |  |  |
|---|--------------------------------------|---------------|---------|--------|------------------|------|---------|--------------------|--|--|
|   |                                      |               | Fror    | n:     |                  | To   |         |                    |  |  |
|   |                                      |               |         | D      | ATE              |      | А       | MOUNT              |  |  |
| Full Name of Contributor                            |                                      |               |         | мо     | DAY              | YEAR |         |                    |  |  |
| Mailing<br>Address                                  |                                      |               |         |        |                  |      | \$      | 0.00               |  |  |
| City  | State                                | Zip Code (Plu | s 4)    |        |                  |      |         |                    |  |  |
| Employer Name                                       |                                      | •             |         | Occupa | tion             |      | •       |                    |  |  |
| Employer Mailing Address/Principal Plac<br>Business | e of                                 | City          |         |        | State            |      | Zip Coo | de (Plus 4)        |  |  |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed S                   | ummary 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  | 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 o | on Schedule I. Detaile | d Summary Page                          | Section | 4          |     |      | ,  | PAGE TOTAL |
|                               | m Schedule 1, Betailet | <i>z 5</i> 4a. <b>y</b> 1 4 <b>9</b> 0, | 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 | d                          |           |
|---|-----------------|----------------------------|-----------|
| BARRAR, STEPHEN FRIENDS OF  | From:           | <u>6/7/2022</u> <b>To:</b> | 9/19/2022 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P   | PER CONTRIBUTOR |                            |           |
| TOTAL for the Reporting Pe  | eriod (1)       | \$                         | 0.00      |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR  | TF)             |                            |           |
| 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 Candidat | :e                 |                       | Reporting   | g Period    |       |           |            |
|--------------------------------------|--------------------|-----------------------|-------------|-------------|-------|-----------|------------|
|                                      |                    |                       | From:       |             |       | То:       |            |
|                                      |                    |                       |             | DATE        |       |           | AMOUNT     |
| Full Name of Contributor             |                    |                       | МО          | DAY         | YEAR  |           |            |
| Mailing Address                      |                    |                       |             |             |       | <b>\$</b> | 0.00       |
| City                                 | State              | Zip Code (Plus 4)     |             |             |       |           |            |
| Description of Contribution:         |                    |                       |             |             |       |           |            |
| Enter Grand Total of Part F on Sch   | andula II. In-Kir  | nd Contributions Data | ilad Sum    | mary Pag    |       |           | DACE TOTAL |
| Section 2.                           | iedule II, III-KII | ia contributions Deta | iiieu Suiii | iliai y Pag | , je, |           | PAGE TOTAL |
|                                      |                    |                       |             |             |       | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidat                          | e            |         |            |         | Re    | porting F | Period    |        |           |                    |
|---|--------------|---------|------------|---------|-------|-----------|-----------|--------|-----------|--------------------|
|   |              |         |            |         | Fro   | om:       |           | To:    |           |                    |
|   |              |         |            |         |       |           | DATE      |        |           | AMOUNT             |
| Full Name of Contributor                                      |              |         |            |         |       | мо        | DAY       | YEAR   |           |                    |
| Mailing Address   |              |         |            |         |       |           |           |        | <b>\$</b> | 0.00               |
| City  | State        |         | Zip Code(F | Plus 4) |       |           |           |        |           |                    |
| Employer of Contributor                                       | •            |         | •          |         |       | Occupa    | tion      |        | •         |                    |
| Employer Mailing Address/Principal Pla<br>Business            | ace of       | City    |            | State   |       | Zip<br>4) | Code(Plus | Descri | ption     | of Contribution    |
| Enter Grand Total of Part G on Sc<br>Summary Page, Section 3. | hedule II, I | In-Kind | Contributi | ons De  | taile | ed        |           |        |           | PAGE TOTAL<br>0.00 |

### **SCHEDULE III STATEMENT OF EXPENDITURES**

| Name of Filing Committee on Condid     | lame of Filing Committee or Candidate |                   |          |             |            |      |           |
|--|---------------------------------------|-------------------|----------|-------------|------------|------|-----------|
| Name or Filing Committee or Candid     | ate                                   |                   | Reportii | ng Period   |            |      |           |
| BARRAR, STEPHEN FRIENDS OF             |                                       |                   | From     | <u>6/3</u>  | 7/2022     | То:  | 9/19/2022 |
|  |                                       |                   |          | DATE        |            |      | AMOUNT    |
| To Whom Paid                           |                                       |                   | мо       | DAY         | YEAR       |      |           |
| USPS                                   |                                       |                   |          |             |            |      |           |
| Mailing Address 3911 Concord Ro        | oad                                   |                   | 6        | 15          | 2022       | \$   | 8.95      |
| <b>City</b> Wilmington                 | State                                 | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure   |      |           |
| -                                      | DE                                    | 19803             | Mail Ca  | ımpaign Re  | eports-de  | bit  |           |
| To Whom Paid TD Bank                   |                                       |                   |          | DAY         | YEAR       |      |           |
| Mailing Address PO Box1377             |                                       |                   | 7        | 29          | 2022       | \$   | 6.00      |
| City Lewiston                          | State                                 | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure   |      |           |
|  | ME                                    | 04243             | Statem   | ent Fee(s)  | -Jun/Jul : | 2022 |           |
| <b>To Whom Paid</b><br>Staples         |                                       |                   | МО       | DAY         | YEAR       |      |           |
| Mailing Address 3640 Concord Pi        | ke                                    |                   | 7        | 14          | 2022       | \$   | 95.48     |
| <b>City</b> Wilmington                 | State                                 | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure   |      |           |
| -                                      | DE                                    | 19803             | Supplie  | es and Pape | er-debit   |      |           |
| To Whom Paid Friends of Doug Mastriano |                                       |                   | мо       | DAY         | YEAR       |      |           |
| Mailing Address PO Box 138             |                                       |                   | 7        | 25          | 2022       | \$   | 150.00    |
| <b>City</b> Fayetteville               | State                                 | Zip Code (Plus 4) | Descrip  | tion of Exp | enditure   |      |           |
| ·                                      | PA                                    | 17222             | Contrib  | oution-chec | ck # 4003  | 3    |           |
|  | •                                     |                   |          |             |            |      |           |

| TD Bank                                       |                    |                                   | МО   | DAT  | TEAR |        |        |
|---|--------------------|-----------------------------------|--|------|------|--------|--------|
| Mailing Address PO Box1377                    |                    |                                   | 7  | 29   | 2022 | \$     | 6.00   |
| <b>City</b> Lewiston                          | <b>State</b><br>ME | <b>Zip Code (Plus 4)</b><br>04243 | Description of Expenditure Statement Fee(s)-Jun/Jul 2022           |      |      |        |        |
| To Whom Paid<br>Staples                       |                    |                                   | МО   | DAY  | YEAR |        |        |
| Mailing Address 3640 Concord Pike             |                    |                                   | 7  | 14   | 2022 | \$     | 95.48  |
| <b>City</b> Wilmington                        | <b>State</b> DE    | <b>Zip Code (Plus 4)</b><br>19803 | Description of Expenditure Supplies and Paper-debit                |      |      |        |        |
| <b>To Whom Paid</b> Friends of Doug Mastriano |                    |                                   | МО   | DAY  | YEAR |        |        |
| Mailing Address PO Box 138                    |                    | 7                                 | 25   | 2022 | \$   | 150.00 |        |
| <b>City</b> Fayetteville                      | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17222 | Description of Expenditure Contribution-check # 4003               |      |      |        |        |
| <b>To Whom Paid</b> Friends of Chris Quinn    |                    |                                   | МО   | DAY  | YEAR |        |        |
| Mailing Address 815 Greenwood Ave, Suite 21   |                    |                                   | 8  | 8    | 2022 | \$     | 800.00 |
| <b>City</b> Jeninktown                        | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19046 | Description of Expenditure  ContributionEvent Aug 2022-check #4004 |      |      |        | 4004   |
|   |                    |                                   |  |      |      |        |        |

| <b>To Whom Paid</b><br>USPS   |   |                                   | мо   | DAY   | YEAR  |               |     |                  |
|---|---|-----------------------------------|--|---|---|---------------|-----|------------------|
| Mailing Address 1620 Baltimore Pike   |   |                                   | 7  | 12  | 2022  | \$            |     | 166.00           |
| City Chadds Ford  | State                                       | Zip Code (Plus 4)                 | Descrip  | tion of Exp   | enditure  |               |     |                  |
| Chadas Ford   | PA  | 19317                             | PO Box Rental-6 months-debit   |   |   |               |     |                  |
| To Whom Paid Friends of Leon Spencer  |   |                                   | мо   | DAY   | YEAR  |               |     |                  |
| Mailing Address PO Box 360  |   |                                   | 8  | 19  | 2022  | \$            |     | 250.00           |
| City Kennett Square State Zip Code (Plus 4)   |   |                                   | Descrip  | tion of Exp   | enditure  |               |     |                  |
| Keimett Squuite   | PA  | 19348                             | check #4005 Event Contribution   |   |   |               |     |                  |
| To Whom Paid Friends of Craig Willliams   |   |                                   | МО   | DAY   | YEAR  |               |     |                  |
| Mailing Address 16 Hawk Hill Road   |   |                                   | 9  | 14  | 2022  | \$            |     | 500.00           |
| <b>City</b> Downingtown   | State<br>PR                                 | <b>Zip Code (Plus 4)</b><br>19335 | Description of Expenditure  Donation Event-Check #4006   |   |   |               |     |                  |
|   |   |                                   |  |   |   |               |     |                  |
| <b>To Whom Paid</b> PA Veterans Museum  |   |                                   | мо   | DAY   | YEAR  |               |     |                  |
| PA Veterans Museum  | ate Street                                  |                                   | <b>мо</b>  | <b>DAY</b> 14   | <b>YEAR</b> 2022  | \$            |     | 250.00           |
| PA Veterans Museum  Mailing Address 12 E. Sta   | ate Street State                            | Zip Code (Plus 4)                 | 9  | 14  | 2022  |               |     | 250.00           |
| PA Veterans Museum  Mailing Address 12 E. Sta   |   | <b>Zip Code (Plus 4)</b><br>19063 | 9<br>Descrip   |   | 2022<br>penditure   |               |     | 250.00           |
| PA Veterans Museum  Mailing Address 12 E. Sta   | State                                       |                                   | 9<br>Descrip   | 14<br>otion of Exp  | 2022<br>penditure   |               |     | 250.00           |
| PA Veterans Museum  Mailing Address 12 E. Sta  City Media,  To Whom Paid Stephen Mancini  | State                                       |                                   | 9  Descrip   | 14 Party-chec   | 2022<br>penditure<br>k #4007  |               |     | 250.00<br>400.00 |
| PA Veterans Museum  Mailing Address 12 E. Sta  City Media,  To Whom Paid Stephen Mancini  Mailing Address PO Box 9                    | State<br>PA                                 |                                   | 9  Descrip Donor I  MO   | 14 Partion of Exp Party-chec  | 2022 Denditure k #4007  YEAR  2022                                  | \$            |     |                  |
| PA Veterans Museum  Mailing Address 12 E. Sta  City Media,  To Whom Paid Stephen Mancini  Mailing Address PO Box 5                    | State PA 585 1620 Baltimore Pike            | 19063                             | 9 Descrip Donor II MO 9 Descrip  | DAY   | 2022  penditure k #4007  YEAR  2022                                 | \$            | 008 |                  |
| PA Veterans Museum  Mailing Address 12 E. Sta  City Media,  To Whom Paid Stephen Mancini  Mailing Address PO Box 9                    | State PA  585 1620 Baltimore Pike  State    | 19063  Zip Code (Plus 4)          | 9 Descrip Donor II MO 9 Descrip  | 14 Party-chec  DAY  14  ption of Exp                                | 2022  penditure k #4007  YEAR  2022                                 | \$            | 008 |                  |
| Mailing Address 12 E. Sta  City Media,  To Whom Paid Stephen Mancini  Mailing Address PO Box !  City Chadds Ford  To Whom Paid EDM4PA | State PA  585 1620 Baltimore Pike  State    | 2ip Code (Plus 4)<br>19317        | 9  Description of the second o | DAY  14  Dition of Exp  party-chec                                  | 2022  penditure k #4007  YEAR  2022  penditure pense-ch             | \$            | 008 |                  |
| Mailing Address 12 E. Sta  City Media,  To Whom Paid Stephen Mancini  Mailing Address PO Box !  City Chadds Ford  To Whom Paid EDM4PA | State PA  585 1620 Baltimore Pike  State PA | 2ip Code (Plus 4)<br>19317        | 9 Description of the second of | DAY  14  ption of Exp Party-chec  DAY  14  ption of Exp strative Ex | 2022  penditure k #4007  YEAR  2022  penditure pense-ch  YEAR  2022 | \$<br>eck #40 | 008 | 400.00           |

| To Whom Paid TD Bank  Mailing Address PO Box1377 |                         |                                | МО  | DAY | YEAR |    |                            |
|--|-------------------------|--------------------------------|---|-----|------|----|----------------------------|
|  |                         |                                | 8   | 31  | 2022 | \$ | 3.00                       |
| City Lewiston                                    | <b>State</b><br>ME      | <b>Zip Code (Plus 4)</b> 04243 | <b>Description of Expenditure</b> Statement Fee-August 2022 |     |      |    |                            |
| Enter Grand Total of Expe                        | nditures on Page 1, Rep | port Cover Page, Item D.       | •   |     |      | \$ | <b>PAGE TOTAL</b> 2,879.43 |
|  |                         |                                |   |     |      |    |                            |
|  |                         |                                |   |     |      |    |                            |