### **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 2021                         | 0276        |                          |         | Report      |          | CANDI        | DATE     |                           | СОМ        | 4ITTEE                  | ✓              | LOB                  | BYIST     |         |          |
|---|---------------------------------|-------------|--------------------------|---------|-------------|----------|--------------|----------|---------------------------|------------|-------------------------|----------------|----------------------|-----------|---------|----------|
| Name of Filing C                                | ommittee, Candid                | ate or L    | obbyist:                 | <u></u> | 1CSWA       | IN FC    | R GOVER      | RNOR     |                           |            |                         | <u> </u>       |                      |           |         |          |
| Street Address:                                 | PO BOX 2129                     |             |                          |         |             |          |              |          |                           |            |                         |                |                      |           |         |          |
| City:   | PHILADELPHI                     | Α           |                          |         |             |          | State:       | PA       |                           |            | Zip Cod                 | <b>le:</b> 19  | 9103                 |           |         |          |
| TYPE OF<br>REPORT                               | 6TH TUESDAY<br>PRE-PRIMARY      | 1.          | 2ND FRIDAY PE<br>PRIMARY | RE-     | 2.          | 30 DA    |              | POST-    | 3.                        |            | AMENDM<br>REPORT        |                | Yes                  | No        |         |          |
| (place X to<br>the right of                     | 6TH TUESDAY<br>PRE-ELECTION     | 4.          | 2ND FRIDAY P<br>ELECTION | RE-     | 5.          | 30 DA    |              |          |                           |            | TERMINATION Yes REPORT? |                |                      | No        |         | <b>/</b> |
| report type)                                    | ANNUAL REPORT                   | 7. <b>X</b> | <b>Year</b> 2022         |         |             |          |              |          | ING METHOD<br>) CHECK ONE |            |                         |                | /                    | DISKE     | TTE     |          |
| Name of Office S                                | ought by Candida                | te:         |                          |         |             |          | DATE O       | F ELE    | СТІО                      | N          | District<br>Number      | Office<br>Code | Par                  | ty Code   | Coun    |          |
|   |                                 |             |                          |         |             |          | МО           | DAY      | YE                        | AR         |                         |                | REF                  | ,         |         |          |
|   |                                 |             |                          |         |             |          | 11           |          | 8                         | 2022       |                         | (SEE IN        | STRUCTI              | ONS FOR ( | CODES   | )        |
| Summary of Receipts and MO DAY YEAR             |                                 |             |                          |         |             |          | МО           | DAY      | YE                        | AR         | FO                      | R OFFI         | CE USE               | ONLY      |         |          |
| Expenditures                                    | from:                           |             | 11 29                    | 20      | 22 <b>T</b> | 0        | 12           | :        | 31                        | 2022       |                         |                |                      |           |         |          |
| A. Amount Bro                                   | ught Forward Froi               | n Last R    | eport                    |         |             | \$       |              |          | 89,9                      | 62.95      |                         |                |                      |           |         |          |
| B. Total Moneta                                 | ary Contributions               | And Rec     | eipts (From Sch          | ned     | ule I)      | \$       | \$ 18,273.78 |          |                           |            |                         |                |                      |           |         |          |
| C. Total Funds Available (Sum Of Lines A and B) |                                 |             |                          |         |             |          |              |          | 108,2                     | 236.73     |                         |                |                      |           |         |          |
| D. Total Expenditures (From Schedule III)       |                                 |             |                          |         |             |          |              |          | 98,5                      | 37.82      |                         |                |                      |           |         |          |
| E. Ending Cash                                  | Balance (Subtrac                | t Line D    | From Line C)             |         |             | \$       |              |          | 9,6                       | 98.91      |                         |                |                      |           |         |          |
| F. Value Of In-                                 | Kind Contribution               | Receiv      | ed (From Sched           | lule    | e II)       | \$       |              |          |                           | 0.00       |                         |                |                      |           |         |          |
| G. Unpaid Debt                                  | s And Obligations               | (From S     | Schedule IV)             |         |             | \$       |              |          | 124,2                     | 94.69      |                         |                | •                    |           |         |          |
|   |                                 |             | AF                       | FI      | DAVI        | T SE     | CTION        |          |                           |            |                         |                |                      |           |         |          |
| PART I - If this is                             | a Committee rep                 | ort, trea   | surer sign here          | . If    | this is     | a Car    | ndidate re   | eport, o | candi                     | date sig   | ın here.                |                |                      |           |         |          |
| I swear (or affirm) correct and comple          | that this report, incete.       | uding the   | attached schedu          | les 1   | filed on    | paper    | or by elect  | ronic m  | edium                     | , are to t | he best o               | f my kno       | wledge               | and beli  | ef , tr | ue,      |
| Sworn to and subs                               | cribed before me this<br>day of | ;           | 20                       |         |             |          |              |          | S                         | ignature   | of Perso                | n Submit       | ting Re <sub>l</sub> | oort      |         |          |
|   | Signatu                         | re          |                          |         |             | <b>-</b> |              |          |                           |            | Prin                    | ted Name       | 9                    |           |         | _        |
| My Commission Ex                                | cpires                          |             |                          |         |             | _        |              |          |                           |            | Ema                     | il             |                      |           |         | _        |
|   | МО                              | D           | AY Y                     | 'R      |             |          |              | Are      | ea Cod                    | e          | Daytim                  | e Teleph       | one Nu               | mber      |         |          |
| Part II- If this is                             | a report of a can               | lidate's    | authorized Con           | nmi     | ittee, C    | andid    | ate shall    | sign he  | ere.                      |            |                         |                |                      |           |         |          |
| I swear (or affirm)<br>No 320) as amende        | that to the best of red.        | ny knowle   | edge and belief th       | nis p   | oolitical   | comm     | ittee has n  | ot viola | ted an                    | y provis   | ions of th              | e act of J     | une 3,1              | 937 (P.L  | . 1333  | 3,       |
| Sworn to and subsc                              | ribed before me this<br>day of  |             | 20                       |         |             |          |              |          |                           | S          | ignature o              | of Candid      | ate                  |           |         | _        |
|   |                                 |             |                          |         |             | -        |              |          |                           |            | Printe                  | d Name         |                      |           |         | -        |
| My Commission Exp                               | Signature                       |             |                          |         |             | -        |              |          |                           |            | Ema                     | il             |                      |           |         | -        |
| ,   |                                 |             |                          |         |             | _        |              |          |                           |            |                         |                |                      |           |         | ╻┃       |
|   | МО                              | D           | AY Y                     | ΥR      |             |          |              | Area     | Code                      |            | Da                      | aytime T       | elephor              | e Numb    | er      |          |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -  |           |           |              |            |
|--|-----------|-----------|--------------|------------|
| Name of Filing Committee or Candidate  | Reporting | g Period  |              |            |
| MCSWAIN FOR GOVERNOR   | From:     | 11/29/202 | <u>2</u> To: | 12/31/2022 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |           |              |            |
| TOTAL for the Reporting  | ) Period  | (1)       | \$           | (527.88)   |
| 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  | \$        | 0.00      |              |            |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |           |              |            |
| Contributions Received From Political Committees (Part C)  |           |           | \$           | 6,000.00   |
| All Other Contributions (Part D)   |           |           | \$           | 0.00       |
| TOTAL for the Reporting  | ) Period  | (3)       | \$           | 6,000.00   |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)   |           |           |              |            |
| TOTAL for the Reporting  | ) Period  | (4)       | \$           | 18,801.66  |
| 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 |           |           | \$           | 24,273.78  |

#### **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 |      |    |        |  |  |  |
|---------------------------------------|-------|-------------------|-------|------------------|------|----|--------|--|--|--|
|                                       |       |                   | From: |                  | То   | :  |        |  |  |  |
|                                       |       | •                 |       | DATE             |      |    | AMOUNT |  |  |  |
| Full Name of Contributing Comm        | ittee |                   | мо    | DAY              | YEAR |    |        |  |  |  |
| Mailing Address                       |       |                   |       |                  |      | \$ | 0.00   |  |  |  |
| City                                  | State | Zip Code (Plus 4) |       |                  |      |    |        |  |  |  |

PAGE TOTAL
0.00

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

### 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.

| Name of Filing Commi     | Name of Filing Committee or Candidate |                   |       |      | Reporting Period |    |        |  |  |  |  |
|--------------------------|---------------------------------------|-------------------|-------|------|------------------|----|--------|--|--|--|--|
|                          |                                       | 1                 | From: |      | To               | o: |        |  |  |  |  |
|                          |                                       | L                 |       | DATE |                  |    | AMOUNT |  |  |  |  |
| Full Name of Contributor | r                                     |                   | мо    | DAY  | YEAR             |    |        |  |  |  |  |
| Mailing Address          |                                       |                   |       |      |                  | \$ | 0.00   |  |  |  |  |
| City                     | State                                 | Zip Code (Plus 4) |       |      |                  |    |        |  |  |  |  |

5/12/2025 2:48:39 AM

#### **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 F | Period     |     |            |
|---------------------------------------|-------------|------------|-----|------------|
| MCSWAIN FOR GOVERNOR                  | From:       | 11/29/2022 | То: | 12/31/2022 |

DATE AMOUNT

| Full Name of Contributing Committee         | МО    | DAY               | YEAR |                    |      |  |
|---|-------|-------------------|------|--------------------|------|--|
| FREEDOM PA                                  | 1-10  | DA!               | ILAK | <b>\$</b> 6,000.00 |      |  |
| Mailing Address 228 S WASHINGTON ST STE 115 |       |                   |      | 6                  | 2022 |  |
| City ALEXANDRIA                             | State | Zip Code (Plus 4) | ,    |                    | 2022 |  |
|   | VA    | 22314             |      |                    |      |  |

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

**PAGE TOTAL**\$ 6,000.00

### 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                                     |               |                         |      |  | orting Pe  | riod  |     |    |         |            |                   |
|---|---------------|-------------------------|------|--|------------|-------|-----|----|---------|------------|-------------------|
| Fron  |               |                         |      |  | om: To:    |       |     |    |         |            |                   |
|   |               |                         |      |  | D          | ATE   |     |    | А       | MOUNT      |                   |
| Full Name of Contributor  |               |                         |      |  | мо         | DAY   | YEA | R  | \$      |            | 0.00              |
| Mailing Address   |               |                         |      |  |            |       |     |    |         |            |                   |
| City  | State         | State Zip Code (Plus 4) |      |  |            |       |     |    |         |            |                   |
| Employer Name   |               |                         |      |  | Occupation |       |     |    |         |            |                   |
| Employer Mailing Address/Principal Plac                                   | e of Business |                         | City |  |            | State |     | 2  | Zip Cod | le (Plus 4 | )                 |
| Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section |               |                         |      |  | on 3.      |       |     | \$ | P       | AGE TOTA   | <b>AL</b><br>0.00 |
|   |               |                         |      |  |            |       | L   |    |         |            |                   |

## OTHER RECEIPTS

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

| Name of Filing Committee or Candidate | Reporting Pe | eriod                 |            |
|---------------------------------------|--------------|-----------------------|------------|
| MCSWAIN FOR GOVERNOR                  | From:        | 11/29/2022 <b>To:</b> | 12/31/2022 |

|                                   |              |                   | D  | ATE |      | AM | MOUNT     |
|-----------------------------------|--------------|-------------------|----|-----|------|----|-----------|
| Full Name                         |              |                   |    | DAY | VEAD |    |           |
| TARGET ENTERPRISES LLC            |              |                   | МО | DAY | YEAR | \$ | 18,801.66 |
| Mailing Address 15260 VENTURA BLV | D. STE. 1240 |                   | 9  | 6   | 2022 |    |           |
| City SHERMAN OAKS                 | State        | Zip Code (Plus 4) |    |     | 2022 |    |           |
|                                   | CA           | 91403             |    |     |      |    |           |
| Receipt Description MEDIA REFUND  | •            | •                 |    |     |      |    |           |

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

**PAGE TOTAL \$** 18,801.66

#### **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 Per | iod                          |            |  |  |  |  |  |  |
|--|---------------|------------------------------|------------|--|--|--|--|--|--|
| MCSWAIN FOR GOVERNOR   | From:         | <u>11/29/2022</u> <b>To:</b> | 12/31/2022 |  |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR  |               |                              |            |  |  |  |  |  |  |
| TOTAL for the Reporting Pe   | eriod (1)     | \$                           | 0.00       |  |  |  |  |  |  |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART 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 Re |                  |                      |          | Reporting Period |      |             |           |      |  |
|--|------------------|----------------------|----------|------------------|------|-------------|-----------|------|--|
| Fi                                       |                  |                      |          |                  |      | То:         |           |      |  |
|  |                  |                      |          | DATE             |      |             | AMOUNT    |      |  |
| Full Name of Contributor                 |                  |                      | МО       | DAY              | YEAR |             |           |      |  |
| Mailing Address                          |                  |                      |          |                  |      | <b>7</b> \$ |           | 0.00 |  |
| City                                     | State            | Zip Code (Plus 4)    |          |                  |      |             |           |      |  |
| Description of Contribution:             | -                | <b>-</b>             | •        | •                | •    |             |           |      |  |
|  |                  |                      |          |                  |      |             |           |      |  |
| Enter Grand Total of Part F on Sche      | dule II, In-Kind | d Contributions Deta | iled Sum | mary Pag         | ge,  |             | PAGE TOTA | L    |  |
| Section 2.                               |                  |                      |          |                  |      | \$          |           | 0.00 |  |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

| Name of Filing Committee or Candidate  |                |     |                  |        | porting    | Period         |       |       |                   |      |
|--|----------------|-----|------------------|--------|------------|----------------|-------|-------|-------------------|------|
|  |                |     |                  | Fro    | m:         |                | To:   |       |                   |      |
|  |                |     |                  |        |            | DATE           |       |       | AMOUNT            |      |
| Full Name of Contributor               |                |     |                  |        | мо         | DAY            | YEAR  |       |                   |      |
| Mailing Address                        |                |     |                  |        |            |                |       | \$    |                   | 0.00 |
| City                                   | State          |     | Zip Code(Plus 4) |        |            |                |       |       |                   |      |
| Employer of Contributor                |                |     |                  |        | Occupation |                |       |       |                   |      |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty               | Stat   | e Zij      | p Code(Plus 4) | Descr | iptio | n of Contribution | on   |
| Enter Grand Total of Part G on Sch     | edule II. In-K | ind | Contributions D  | etaile | ed         |                |       |       | PAGE TOT          | ΓAL  |
| Summary Page, Section 3.               |                |     |                  |        | -          |                |       |       |                   | 0.00 |

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting F | Period     |     |            |
|---------------------------------------|-------------|------------|-----|------------|
| MCSWAIN FOR GOVERNOR                  | From        | 11/29/2022 | То: | 12/31/2022 |

| To Whom Paid COLLEEN CHRISTY  Mailing Address PO BOX 2129  City PHILADELPHIA  State  DATE  MO DAY YEAR  6 14 2022 \$  City PHILADELPHIA  Description of Expenditure  | 209.08   |
|--|----------|
| COLLEEN CHRISTY  Mo DAY YEAR  Mo Mo DAY  Mailing Address PO BOX 2129  6 14 2022  \$  | 209.08   |
| COLLEEN CHRISTY  Mailing Address PO BOX 2129  6 14 2022 \$   | 209.08   |
| 7 DOX 2123   | 209.08   |
| City PHILADELPHIA State Zip Code (Plus 4) Description of Expenditure   |          |
|  |          |
| PA 19103 TRAVEL  |          |
| To Whom Paid MO DAY YEAR   |          |
| DAVID HARVEY   |          |
| Mailing Address         P.O. BOX 2129         6         14         2022         \$   | 1,591.51 |
| City PHILADELPHIA State Zip Code (Plus 4) Description of Expenditure   |          |
| PA 19103 TRAVEL  |          |
| To Whom Paid MO DAY YEAR   |          |
| DEREK ROCKEY   |          |
| Mailing Address         P.O. BOX 2129         6         14         2022         \$   | 580.75   |
| City PHILADELPHIA State Zip Code (Plus 4) Description of Expenditure   |          |
| PA 19103 TRAVEL  |          |
|  |          |
| To Whom Paid MO DAY YEAR   |          |
| To Whom Paid DEREK ROCKEY  MO DAY YEAR   |          |
| MO DAY YEAR  | 91.50    |
| DEREK ROCKEY  MO DAY YEAR  | 91.50    |
| DEREK ROCKEY  Mo DAY YEAR  Mailing Address P.O. BOX 2129  11 17 2022  \$   | 91.50    |
| MO   | 91.50    |
| DEREK ROCKEY  Mailing Address P.O. BOX 2129  City PHILADELPHIA  State Zip Code (Plus 4) Description of Expenditure PA 19103  TRAVEL  | 91.50    |
| DEREK ROCKEY         MO         DAY         YEAR           Mailing Address         P.O. BOX 2129         11         17         2022         \$           City         PHILADELPHIA         State         Zip Code (Plus 4)         Description of Expenditure           PA         19103         TRAVEL   To Whom Paid | 91.50    |
| DEREK ROCKEY  Mailing Address P.O. BOX 2129  City PHILADELPHIA  State Zip Code (Plus 4) PA 19103  TRAVEL  To Whom Paid RACHEL TRIPP  |          |
| Mo   |          |
| Mo   |          |
| MO   DAY   YEAR  |          |
| Mo   |          |
| Mo   | 202.86   |

| To Whom Paid                            |                                |               |                   | МО  | DAY          | YEAR     |        |          |
|---|--------------------------------|---------------|-------------------|---|--------------|----------|--------|----------|
| THOMAS STONER                           |                                |               |                   | MO  |              | ILAK     |        |          |
| Mailing Address                         | P.O. BOX 2129                  |               |                   | 6   | 14           | 2022     | \$     | 2,800.00 |
| City PHILADELF                          | PHIA                           | State         | Zip Code (Plus 4) | Descript                                  | tion of Exp  | enditure |        |          |
|   |                                | PA            | 19103             | STRATE                                    | GIC CONS     | ULTING   |        |          |
| To Whom Paid                            |                                |               |                   | мо  | DAY          | YEAR     |        |          |
| BILL'S COPIER SE                        | RVICE                          |               |                   | МО  | DAI          | ILAK     |        |          |
| Mailing Address                         | 158 DURHAM RD.                 |               |                   | 6 14 2022 \$ 53                           |              |          |        |          |
| City NEWTOWN                            | I                              | State         | Zip Code (Plus 4) | Descript                                  | tion of Exp  | enditure |        |          |
|   |                                | PA            | 18940             | OFFICE                                    | SUPPLIES     |          |        |          |
| To Whom Paid                            |                                |               |                   | МО  | DAY          | YEAR     |        |          |
| CMDI                                    |                                |               |                   | МО  | DAI          | ILAK     |        |          |
| Mailing Address                         | 1593 SPRING HILL F             | RD. STE. 400  |                   | 7   | 5            | 2022     | \$     | 2,400.00 |
| City TYSONS C                           | ORNER                          | State         | Zip Code (Plus 4) | Descript                                  | tion of Exp  | enditure |        |          |
|   |                                | VA            | 22182             | DATA M                                    | ANAGEMEI     | NT       |        |          |
| To Whom Paid                            |                                |               |                   | мо  | DAY          | YEAR     |        |          |
| Mailing Address                         | 1593 SPRING HILL F             | RD. STE. 400  |                   | 7   | 8            | 2022     | \$     | 2,500.00 |
| City TYSONS C                           | ORNER                          | State         | Zip Code (Plus 4) |   |              |          |        |          |
| ,                                       |                                | VA            | 22182             | DATA MANAGEMENT                           |              |          |        |          |
| To Whom Paid                            |                                |               |                   |   |              |          |        |          |
| EMERALD BUSINESS SUPPLY                 |                                |               | МО                | DAY                                       | YEAR         |          |        |          |
| Mailing Address 4807 ASHBURNER ST.      |                                |               | 9                 | 9   | 2022         | \$       | 544.80 |          |
| City PHILADELF                          | PHIA                           | State         | Zip Code (Plus 4) | Description of Expenditure                |              |          |        |          |
|   |                                | PA            | 19136             | OFFICE SUPPLIES                           |              |          |        |          |
| To Whom Paid                            | id                             |               |                   |   | DAY          | VEAD     |        |          |
| ESPLANADE STRA                          | TEGIES LLC                     |               |                   | MO DAY YEAR                               |              |          |        |          |
| Mailing Address                         | ailing Address P.O. BOX 382090 |               |                   |   | 14           | 2022     | \$     | 2,800.00 |
| City CAMBRIDG                           | GE                             | State         | Zip Code (Plus 4) | ) Description of Expenditure              |              |          |        |          |
|   |                                | MA            | 02238             | STRATEGIC CONSULTING                      |              |          |        |          |
| To Whom Paid GOLDSTEIN LAW PARTNERS LLC |                                |               |                   | мо  | DAY          | YEAR     |        |          |
| Mailing Address                         | 11 CHURCH RD.                  |               |                   | 8   | 8            | 2022     | \$     | 240.90   |
|   | TI CHOKET KD.                  | T             |                   |   |              |          |        |          |
| City HATFIELD                           |                                | State         | Zip Code (Plus 4) | 4) Description of Expenditure  LEGAL FEES |              |          |        |          |
| To What Dair                            |                                | PA            | 19440             | LEGAL F                                   | EES          |          |        |          |
| To Whom Paid  RAP PERFORMANO            | FIIC                           |               |                   | мо  | DAY          | YEAR     |        |          |
| Mailing Address                         | 1691 SOUTH BROOK               | (FIELD STREET |                   | 6   | 14           | 2022     | \$     | 961.92   |
|   |                                | State         | Zip Code (Plus 4) |   | tion of Exp  |          |        |          |
| City VINELAND                           |                                | NJ            | 08361             |   | GN ATTIRE    |          |        |          |
|   |                                |               | 00001             |   | 211 71 111/1 | -        |        |          |

| To Whom Paid                                 |                                   |                   | МО                     | DAY         | YEAR     |    |           |  |
|--|-----------------------------------|-------------------|------------------------|-------------|----------|----|-----------|--|
| RAP PERFORMANCE LLC                          |                                   |                   | 1-10                   |             | ILAK     |    |           |  |
| Mailing Address 1691 SOUTH BROOKFIELD STREET |                                   |                   |                        | 9           | 2022     | \$ | 166.43    |  |
| City VINELAND                                | ELAND State Zip Code (Plus 4)     |                   |                        |             | enditure |    |           |  |
|  | NJ                                | 08361             | CAMPAI                 | GN ATTIRI   |          |    |           |  |
| To Whom Paid                                 |                                   |                   | МО                     | DAY         | YEAR     |    |           |  |
| TARGETED VICTORY LLC                         |                                   |                   |                        | DAI         | ILAK     |    |           |  |
| Mailing Address 2311 WILSON BLV              | 'D STE 200                        |                   | 8                      | 8           | 2022     | \$ | 60,000.00 |  |
| City ARLINGTON                               | ARLINGTON State Zip Code (Plus 4) |                   |                        |             | enditure |    |           |  |
|  | VA                                | 22201             | DIGITAL FUNDRAISING    |             |          |    |           |  |
| To Whom Paid                                 |                                   |                   | МО                     | DAY         | YEAR     |    |           |  |
| TARGETED VICTORY LLC                         |                                   |                   | MO                     | DAI         | ILAK     |    |           |  |
| Mailing Address 2311 WILSON BLV              | D. STE. 200                       |                   | 9                      | 15          | 2022     | \$ | 21,000.00 |  |
| City ARLINGTON                               | State                             | Zip Code (Plus 4) | Descrip                | tion of Exp | enditure |    |           |  |
|  | VA                                | 22201             | DIGITA                 | L FUNDRA    | SING     |    |           |  |
| To Whom Paid                                 |                                   |                   | мо                     | DAY         | YEAR     |    |           |  |
| TRUIST CREDIT CARD                           |                                   |                   | МО                     |             | ILAK     |    |           |  |
| Mailing Address P.O. BOX 580340              |                                   |                   | 6                      | 10          | 2022     | \$ | 202.91    |  |
| City CHARLOTTE                               | State                             | Zip Code (Plus 4) | Descrip                | tion of Exp | enditure |    |           |  |
|  | NC                                | 28258             | TRAVEL                 | OFFICE S    | UPPLIES  |    |           |  |
| To Whom Paid                                 |                                   |                   | мо                     | DAY         | YEAR     |    |           |  |
| TRUIST CREDIT CARD                           |                                   |                   | 140                    |             | ILAK     |    |           |  |
| Mailing Address P.O. BOX 580340              |                                   |                   | 6                      | 10          | 2022     | \$ | 505.94    |  |
| City CHARLOTTE                               | State Zip Code (Plus 4)           |                   |                        | tion of Exp | enditure |    |           |  |
|  | NC                                | 28258             | TRAVEL/OFFICE SUPPLIES |             |          |    |           |  |
| To Whom Paid                                 |                                   |                   | мо                     | DAY         | YEAR     |    |           |  |
| TRUIST CREDIT CARD                           |                                   |                   | МО                     |             | ILAK     |    |           |  |
| Mailing Address P.O. BOX 580340              |                                   |                   | 6                      | 10          | 2022     | \$ | 543.19    |  |
| City CHARLOTTE                               | State                             | Zip Code (Plus 4) | Descrip                | tion of Exp | enditure |    |           |  |
| NC 28258                                     |                                   |                   |                        | OFFICE S    | UPPLIES  |    |           |  |
| To Whom Paid                                 |                                   |                   | мо                     | DAY         | YEAR     |    |           |  |
| TRUIST CREDIT CARD                           |                                   |                   | MO                     | DAT         | TEAR     |    |           |  |
| Mailing Address P.O. BOX 580340              |                                   |                   | 6                      | 10          | 2022     | \$ | 2,496.45  |  |
| City CHARLOTTE                               | State                             | Zip Code (Plus 4) | Descrip                | tion of Exp | enditure |    |           |  |
| NC 28258                                     |                                   |                   | TRAVEL                 | OFFICE S    | UPPLIES  |    |           |  |
| To Whom Paid                                 |                                   |                   | МО                     | DAY         | YEAR     |    |           |  |
| TRUIST CREDIT CARD                           |                                   |                   | 140                    |             | LAK      |    |           |  |
| Mailing Address P.O. BOX 580340              |                                   |                   | 7                      | 11          | 2022     | \$ | 116.33    |  |
| City CHARLOTTE                               | State                             | Zip Code (Plus 4) | Descrip                | tion of Exp | enditure | •  |           |  |
|  | NC                                | 28258             | TRAVEL                 | OFFICE S    | UPPLIES  |    |           |  |
|  |                                   |                   |                        |             |          |    |           |  |

| Mailing Address  | TRUIST CREDIT CARD   | TRUIST CREDIT CARD   |  |          |                   |         |                 |                        | PAGE | 14       |  |  |  |
|--|--|--|--|----------|-------------------|---------|-----------------|------------------------|------|----------|--|--|--|
| TRUIST CREDIT CARD   | TRUIST CREDIT CARD   | TRUIST CREDIT CARD   | To Whom Paid                           |          |                   | мо      | DAY             | YEAR                   |      |          |  |  |  |
| State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   State   Zip Code (Plus 4)   Description of Expenditure   State   Zip  | City CHARLOTTE   | City CHARLOTTE   | TRUIST CREDIT CARD                     |          |                   |         |                 | 7_7.11                 |      |          |  |  |  |
| NC   28258   TRAVEL/OFFICE SUPPLIES   TRAVEL | NC   28258   TRAVEL/OFFICE SUPPLIES   TRAVEL/OFFICE SUPPLIES   | NC   28258   TRAVEL/OFFICE SUPPLIES  | Mailing Address P.O. BOX 580340        |          |                   |         | 11              | 2022                   | \$   | 245.17   |  |  |  |
| No   | To Whom Paid   TRUIST CREDIT CARD  | To Whom Paid   TRUIST CREDIT CARD   Mo   | City CHARLOTTE                         | State    | Zip Code (Plus 4) | Descrip | tion of Exp     | enditure               |      |          |  |  |  |
| TRUIST CREDIT CARD   | TRUIST CREDIT CARD   | TRUIST CREDIT CARD   |  | NC       | 28258             | TRAVEL  | OFFICE S        | UPPLIES                |      |          |  |  |  |
| TRUIST CREDIT CARD   | TRUIST CREDIT CARD   | RAUST CREDIT CARD  | To Whom Paid                           |          |                   | МО      | DAY             | VEAR                   |      |          |  |  |  |
| City   CHARLOTTE   State   NC   28258   TRAVEL/OFFICE SUPPLIES   | City CHARLOTTE   | City CHARLOTTE   | TRUIST CREDIT CARD                     |          |                   |         |                 | I Z/IIX                |      |          |  |  |  |
| NC   28258   TRAVEL/OFFICE SUPPLIES   TRAVEL | NC   28258   TRAVEL/OFFICE SUPPLIES  | NC   28258   TRAVEL/OFFICE SUPPLIES   TRAVEL | Mailing Address P.O. BOX 580340        |          |                   | 7       | 11              | 2022                   | \$   | 849.30   |  |  |  |
| To Whom Paid   TRUIST CREDIT CARD   TRAVEL/OFFICE SUPPLIES   TRAVEL/O | To Whom Paid   TRUIST CREDIT CARD   Mo   | To Whom Paid   TRUIST CREDIT CARD   Mo   | City CHARLOTTE                         | State    | Zip Code (Plus 4) | Descrip | tion of Exp     | enditure               |      |          |  |  |  |
| Mailing   Address   P.O. BOX 580340   TRAVEL/OFFICE SUPPLIES   TRAVEL | TRUIST CREDIT CARD   | TRUIST CREDIT CARD   |  | NC       | 28258             | TRAVEL  | OFFICE S        | UPPLIES                |      |          |  |  |  |
| TRUIST CREDIT CARD   | TRUIST CREDIT CARD   | TRUIST CREDIT CARD   | To Whom Paid                           |          |                   | мо      | DAY             | VEAD                   |      |          |  |  |  |
| City   CHARLOTTE   State   NC   28258   TRAVEL/OFFICE SUPPLIES   | City   CHARLOTTE   State   Zip Code (Plus 4)   Description of Expenditure   NC   28258   TRAVEL/OFFICE SUPPLIES  | City   CHARLOTTE   State   Zip Code (Plus 4)   Description of Expenditure   NC   28258   TRAVEL/OFFICE SUPPLIES  | TRUIST CREDIT CARD                     |          |                   | М       |                 | ILAK                   |      |          |  |  |  |
| NC   28258   TRAVEL/OFFICE SUPPLIES   TRAVEL | NC   28258   TRAVEL/OFFICE SUPPLIES  | NC   | Mailing Address P.O. BOX 580340        |          |                   | 7       | 11              | 2022                   | \$   | 5,716.99 |  |  |  |
| To Whom Paid   TRUIST CREDIT CARD  | To Whom Paid   TRUIST CREDIT CARD   Mo   | To Whom Paid   TRUIST CREDIT CARD   Mo   | City CHARLOTTE                         | State    | Zip Code (Plus 4) | Descrip | tion of Exp     | enditure               |      |          |  |  |  |
| TRUIST CREDIT CARD   | TRUIST CREDIT CARD   | TRUIST CREDIT CARD   |  | NC       | 28258             | TRAVEL  | OFFICE S        | UPPLIES                |      |          |  |  |  |
| Mailing   Address   P.O. BOX 580340   State   NC   28258   NC   State   NC   28258   NC   NC   NC   NC   NC   NC   NC   N  | TRUIST CREDIT CARD   | TRUIST CREDIT CARD   | To Whom Paid                           |          |                   | МО      | DAY             | VEAD                   |      |          |  |  |  |
| City         CHARLOTTE         State NC         Zip Code (Plus 4)         Description of Expenditure TRAVEL/OFFICE SUPPLIES           To Whom Paid TRUIST CREDIT CARD         MO         DAY         YEAR           Mailing Address         P.O. BOX 580340         8         8         2022         \$ 116.05           City         CHARLOTTE         State NC         Zip Code (Plus 4)         Description of Expenditure TRAVEL/OFFICE SUPPLIES           To Whom Paid TRUIST CREDIT CARD         MO         DAY         YEAR           Mailing Address         P.O. BOX 580340         8         8         2022         \$ 236.98           City         CHARLOTTE         State Zip Code (Plus 4)         Description of Expenditure Description OF Expe   | City         CHARLOTTE         State NC         Zip Code (Plus 4) 28258         Description of Expenditure TRAVEL/OFFICE SUPPLIES           To Whom Paid TRUIST CREDIT CARD         MO         DAY         YEAR           Mailing Address         P.O. BOX 580340         8         8         2022         \$           City         CHARLOTTE         State NC         Zip Code (Plus 4) Description of Expenditure TRAVEL/OFFICE SUPPLIES           To Whom Paid TRUIST CREDIT CARD         MO         DAY         YEAR           Mailing Address         P.O. BOX 580340         8         8         2022         \$           City         CHARLOTTE         State Zip Code (Plus 4) Description of Expenditure TRAVEL/OFFICE SUPPLIES           To Whom Paid TRUIST CREDIT CARD         MO         DAY         YEAR           Mailing Address         P.O. BOX 580340         10         17         2022         \$           City         CHARLOTTE         State         Zip Code (Plus 4)         Description of Expenditure           City         CHARLOTTE         State         Zip Code (Plus 4)         Description of Expenditure   | City   CHARLOTTE   State   NC   28258   TRAVEL/OFFICE SUPPLIES   | TRUIST CREDIT CARD                     |          |                   | М       |                 | ILAK                   |      |          |  |  |  |
| NC   28258   TRAVEL/OFFICE SUPPLIES  | NC   28258   TRAVEL/OFFICE SUPPLIES  | NC   28258   TRAVEL/OFFICE SUPPLIES  | Mailing Address P.O. BOX 580340        |          |                   | 8       | 8               | 2022                   | \$   | 7.43     |  |  |  |
| To Whom Paid   TRUIST CREDIT CARD  | To Whom Paid   TRUIST CREDIT CARD   MO   DAY   YEAR  | To Whom Paid   TRUIST CREDIT CARD   MO   DAY   YEAR  | City CHARLOTTE                         | State    | Zip Code (Plus 4) | Descrip | tion of Exp     | enditure               |      |          |  |  |  |
| Mo   | TRUIST CREDIT CARD   | TRUIST CREDIT CARD   |  | NC       | 28258             | TRAVEL  | OFFICE S        | UPPLIES                |      |          |  |  |  |
| TRUIST CREDIT CARD   | TRUIST CREDIT CARD   | TRUIST CREDIT CARD   | To Whom Paid                           |          |                   | МО      | DAY             | YFAR                   |      |          |  |  |  |
| City         CHARLOTTE         State         Zip Code (Plus 4)         Description of Expenditure           To Whom Paid         NC         28258         TRAVEL/OFFICE SUPPLIES           TRUIST CREDIT CARD         MO         DAY         YEAR           Mailing Address         P.O. BOX 580340         8         8         2022         \$ 236.98           City         CHARLOTTE         State         Zip Code (Plus 4)         Description of Expenditure           NC         28258         TRAVEL/OFFICE SUPPLIES   | City   CHARLOTTE   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   | City   CHARLOTTE   State   Zip Code (Plus 4)   Description of Expenditure   TRAVEL/OFFICE SUPPLIES   | TRUIST CREDIT CARD                     |          |                   |         |                 |                        |      |          |  |  |  |
| NC         28258         TRAVEL/OFFICE SUPPLIES           To Whom Paid<br>TRUIST CREDIT CARD         MO         DAY         YEAR           Mailing Address         P.O. BOX 580340         8         8         2022         \$         236.98           City         CHARLOTTE         State         Zip Code (Plus 4)         Description of Expenditure         TRAVEL/OFFICE SUPPLIES   | To Whom Paid TRUIST CREDIT CARD  Mailing Address P.O. BOX 580340  State   Zip Code (Plus 4)   Description of Expenditure TROWHOM Paid TRUIST CREDIT CARD  To Whom Paid TRUIST CREDIT CARD  MO DAY YEAR  Zip Code (Plus 4)   Description of Expenditure TRAVEL/OFFICE SUPPLIES  To Whom Paid TRUIST CREDIT CARD  Mo DAY YEAR  Mo DAY  MO | NC   28258   TRAVEL/OFFICE SUPPLIES  | Mailing Address P.O. BOX 580340        |          |                   | 8       | 8               | 2022                   | \$   | 116.05   |  |  |  |
| To Whom Paid           TRUIST CREDIT CARD         MO         DAY         YEAR           Mailing Address         P.O. BOX 580340         8         8         2022         \$ 236.98           City         CHARLOTTE         State         Zip Code (Plus 4)         Description of Expenditure         TRAVEL/OFFICE SUPPLIES  | To Whom Paid   TRUIST CREDIT CARD   MO   DAY   YEAR  | To Whom Paid   | City CHARLOTTE State Zip Code (Plus 4) |          |                   | Descrip | tion of Exp     | enditure               |      |          |  |  |  |
| MO   | TRUIST CREDIT CARD  Mo DAY YEAR  Mailing Address P.O. BOX 580340  8 8 2022 \$ 2  City CHARLOTTE State NC 2ip Code (Plus 4) Description of Expenditure TRAVEL/OFFICE SUPPLIES  To Whom Paid TRUIST CREDIT CARD  Mo DAY YEAR  Mo DAY YEAR  Mo DAY YEAR  TRAVEL/OFFICE SUPPLIES  City CHARLOTTE State Zip Code (Plus 4) Description of Expenditure  State Zip Code (Plus 4) Description of Expenditure  | TRUIST CREDIT CARD   |  | NC 28258 |                   |         |                 | UPPLIES                |      |          |  |  |  |
| TRUIST CREDIT CARD           Mailing Address         P.O. BOX 580340         8         8         2022         \$ 236.98           City         CHARLOTTE         State         Zip Code (Plus 4)         Description of Expenditure         TRAVEL/OFFICE SUPPLIES   | TRUIST CREDIT CARD           Mailing Address         P.O. BOX 580340         8         8         2022         \$         2           City         CHARLOTTE         State         Zip Code (Plus 4)         Description of Expenditure         TRAVEL/OFFICE SUPPLIES           To Whom Paid TRUIST CREDIT CARD         MO         DAY         YEAR           Mailing Address         P.O. BOX 580340         10         17         2022         \$           City         CHARLOTTE         State         Zip Code (Plus 4)         Description of Expenditure  | TRUIST CREDIT CARD   | To Whom Paid                           |          |                   | МО      | DAY             | YEAR                   |      |          |  |  |  |
| City CHARLOTTE  State  NC  Zip Code (Plus 4)  Description of Expenditure  TRAVEL/OFFICE SUPPLIES   | City CHARLOTTE  State NC  Zip Code (Plus 4) Pescription of Expenditure TRAVEL/OFFICE SUPPLIES  To Whom Paid TRUIST CREDIT CARD  Mailing Address P.O. BOX 580340  City CHARLOTTE  State  Zip Code (Plus 4) Description of Expenditure  TRAVEL/OFFICE SUPPLIES  **  **  **  **  **  **  **  **  **   | City CHARLOTTE  State NC  NC  28258  TRAVEL/OFFICE SUPPLIES  To Whom Paid TRUIST CREDIT CARD  Mo  DAY  YEAR  Mo  DAY  YEAR  City CHARLOTTE  State NC  Zip Code (Plus 4) Description of Expenditure TRAVEL/OFFICE SUPPLIES  10  17  2022  \$ 14.2  City CHARLOTTE  State NC  Zip Code (Plus 4) Description of Expenditure TRAVEL/OFFICE SUPPLIES  To Whom Paid TRUIST CREDIT CARD   | TRUIST CREDIT CARD                     |          |                   |         |                 |                        |      |          |  |  |  |
| NC 28258 TRAVEL/OFFICE SUPPLIES  | To Whom Paid TRUIST CREDIT CARD  Mailing Address P.O. BOX 580340  City CHARLOTTE  NC  28258  TRAVEL/OFFICE SUPPLIES  MO DAY YEAR  10 17 2022  \$  City CHARLOTTE  State  Zip Code (Plus 4)  Description of Expenditure   | To Whom Paid TRUIST CREDIT CARD  Mo DAY YEAR  TRAVEL/OFFICE SUPPLIES   | Mailing Address P.O. BOX 580340        |          |                   | 8       | 8               | 2022                   | \$   | 236.98   |  |  |  |
|  | To Whom Paid TRUIST CREDIT CARD  Mo DAY YEAR  Mailing Address P.O. BOX 580340  City CHARLOTTE  State  Zip Code (Plus 4)  Description of Expenditure  | To Whom Paid TRUIST CREDIT CARD  Mailing Address P.O. BOX 580340  City CHARLOTTE State NC Zip Code (Plus 4) 28258  TRAVEL/OFFICE SUPPLIES  To Whom Paid TRUIST CREDIT CARD  MO DAY YEAR  14.2  Page 14.2  TRAVEL/OFFICE SUPPLIES   | City CHARLOTTE State Zip Code (Plus 4) |          |                   |         | tion of Exp     | enditure               |      |          |  |  |  |
| To Whom Poid   | TRUIST CREDIT CARD  Mo DAY YEAR  Mailing Address P.O. BOX 580340  City CHARLOTTE State Zip Code (Plus 4) Description of Expenditure  | TRUIST CREDIT CARD  Mo DAY YEAR  Mailing Address P.O. BOX 580340  10 17 2022 \$ 14.2  City CHARLOTTE State Zip Code (Plus 4) Description of Expenditure NC 28258 TRAVEL/OFFICE SUPPLIES  To Whom Paid TRUIST CREDIT CARD   |  | NC 28258 |                   |         |                 | TRAVEL/OFFICE SUPPLIES |      |          |  |  |  |
|  | TRUIST CREDIT CARD  Mailing Address P.O. BOX 580340  City CHARLOTTE  State  Zip Code (Plus 4)  Description of Expenditure  | TRUIST CREDIT CARD  Mailing Address P.O. BOX 580340  City CHARLOTTE  State NC  Zip Code (Plus 4) 28258  TRAVEL/OFFICE SUPPLIES  To Whom Paid TRUIST CREDIT CARD  MO  DAY  YEAR   | To Whom Paid                           |          |                   | МО      | DAY             | VEAR                   |      |          |  |  |  |
|  | City CHARLOTTE State Zip Code (Plus 4) Description of Expenditure  | City CHARLOTTE  State NC  Zip Code (Plus 4) Pescription of Expenditure TRAVEL/OFFICE SUPPLIES  To Whom Paid TRUIST CREDIT CARD  DAY  YEAR  | TRUIST CREDIT CARD                     |          |                   | M       |                 | ILAK                   |      |          |  |  |  |
| Mailing Address         P.O. BOX 580340         10         17         2022         \$         14.27  |  | TO Whom Paid TRUIST CREDIT CARD  TRAVEL/OFFICE SUPPLIES  TRAVEL/OFFICE SUPPLIES  | Mailing Address P.O. BOX 580340        |          |                   | 10      | 17              | 2022                   | \$   | 14.27    |  |  |  |
| City CHARLOTTE State Zip Code (Plus 4) Description of Expenditure  | NC 28258 TRAVEL/OFFICE SUPPLIES  | To Whom Paid TRUIST CREDIT CARD  MO DAY YEAR   | City CHARLOTTE                         | State    | Zip Code (Plus 4) | Descrip | tion of Exp     | enditure               |      |          |  |  |  |
|  |  | TRUIST CREDIT CARD   | NC 28258                               |          |                   | TRAVEL  | OFFICE S        | UPPLIES                |      |          |  |  |  |
| NC 28258 TRAVEL/OFFICE SUPPLIES  |  | TRUIST CREDIT CARD   | To Whom Paid                           |          |                   | МО      | DAY             | YEAR                   |      |          |  |  |  |
| To Whom Paid   |  |  | TRUIST CREDIT CARD                     |          |                   |         |                 |                        |      |          |  |  |  |
| To Whom Paid MO DAY YEAR   |  | Mailing Address         P.O. BOX 580340         11         14         2022         ▶         0.2   |  |          |                   |         | 1 4             | 2022                   | \$   | 0.27     |  |  |  |
| To Whom Paid TRUIST CREDIT CARD  MO DAY YEAR   | Mailing Address   P.O. BOX 580340   11   14   2022   \$  |  | Mailing Address P.O. BOX 580340        |          |                   | 11      | 14              | 2022                   |      |          |  |  |  |
| To Whom Paid         MO         DAY         YEAR           TRUIST CREDIT CARD         11         14         2022         \$         0.27   | 11 11 2022   | City CHARLOTTE State Zip Code (Plus 4) Description of Expenditure  |  | State    | Zip Code (Plus 4) |         |                 |                        |      |          |  |  |  |
| To Whom Paid         MO         DAY         YEAR           TRUIST CREDIT CARD         11         14         2022         \$         0.27   | 11 11 2022   |  |  | T        | I.,               |         |                 |                        |      | -        |  |  |  |
| To Whom Paid         MO         DAY         YEAR           TRUIST CREDIT CARD         11         14         2022         \$ 0.27   | City CHARLOTTE State Zip Code (Plus 4) Description of Expenditure  |  |  |          | 1                 | Descrip | <br>tion of Exp | enditure               |      |          |  |  |  |

| To Whom Paid                               |                 |                   | мо                            | DAY         | YEAR      |     |             |  |
|--|-----------------|-------------------|-------------------------------|-------------|-----------|-----|-------------|--|
| TRUIST/BB& T                               |                 |                   | "0                            |             | ILAK      |     |             |  |
| Mailing Address 1445 NEW Y                 | ORK AVE., NW    |                   | 6                             | 21          | 2022      | \$  | 214.29      |  |
| City WASHINGTON State Zip Code (Plus 4)    |                 |                   |                               | tion of Exp | enditure  |     |             |  |
|  | DC              | 20005             | BANK F                        | EE          |           |     |             |  |
| To Whom Paid                               |                 |                   |                               | DAY         | YEAR      |     |             |  |
| TRUIST/BB& T                               |                 |                   |                               |             | ILAK      |     |             |  |
| Mailing Address 1445 NEW Y                 | ORK AVE., NW    |                   | 7                             | 21          | 2022      | \$  | 12.25       |  |
| City WASHINGTON                            | State           | Zip Code (Plus 4) | Descrip                       | tion of Exp | enditure  |     |             |  |
| DC 20005                                   |                 |                   |                               | EE          |           |     |             |  |
| To Whom Paid                               |                 |                   | МО                            | DAY         | YEAR      |     |             |  |
| TRUIST/BB& T                               |                 |                   | MO                            | DAT         | ILAR      |     |             |  |
| Mailing Address 1445 NEW Y                 | ORK AVE., NW    |                   | 9                             | 21          | 2022      | \$  | 24.00       |  |
| City WASHINGTON                            | State           | Zip Code (Plus 4) | Descrip                       | tion of Exp | enditure  |     |             |  |
|  | DC              | 20005             | BANK F                        | EE          |           |     |             |  |
| To Whom Paid                               |                 |                   | мо                            | DAY         | YEAR      |     |             |  |
| TRUIST/BB& T                               |                 |                   | 140                           |             | ILAK      |     |             |  |
| Mailing Address 1445 NEW Y                 | ORK AVE., NW    |                   | 10                            | 21          | 2022      | \$  | 30.00       |  |
| City WASHINGTON                            | State           | Zip Code (Plus 4) | Description of Expenditure    |             |           |     |             |  |
|  | DC              | 20005             | BANK F                        | EE          |           |     |             |  |
| To Whom Paid                               |                 |                   | мо                            | DAY         | YEAR      |     |             |  |
| TRUIST/BB& T                               |                 |                   | 140                           |             | ILAK      |     |             |  |
| Mailing Address 1445 NEW YORK AVE., NW     |                 |                   | 12                            | 21          | 2022      | \$  | 1.75        |  |
| City WASHINGTON State Zip Code (Plus 4)    |                 |                   | Descrip                       | tion of Exp | enditure  |     |             |  |
|  | DC              | 20005             | BANK FEE                      |             |           |     |             |  |
| To Whom Paid                               |                 |                   |                               | DAY         | YEAR      |     |             |  |
| UNION LEAGUE CLUB                          |                 |                   |                               | DAI         | ILAK      |     |             |  |
| Mailing Address 140 S BROAD ST             |                 |                   |                               | 8           | 2022      | \$  | 1,493.42    |  |
| City PHILADELPHIA                          | State           | Zip Code (Plus 4) | 4) Description of Expenditure |             |           |     |             |  |
| PA 19102                                   |                 |                   |                               | NG          |           |     |             |  |
| To Whom Paid                               |                 |                   |                               | DAY         | YEAR      |     |             |  |
| MASSENG COMMUNICATIONS                     |                 |                   | МО                            | DAT         | TEAR      |     |             |  |
| Mailing Address C/O JOYCE ROMANUS          |                 |                   | 9                             | 12          | 2022      | \$  | (11,614.12) |  |
| City SILVER SPRING State Zip Code (Plus 4) |                 |                   | Descrip                       | tion of Exp | enditure  |     |             |  |
| MD 20901                                   |                 |                   | VOID PA                       | AYMENT IS   | SSU 5/10, | /22 |             |  |
| To Whom Paid                               |                 |                   | MO                            | DAY         | YEAR      |     |             |  |
| WINRED                                     |                 |                   | МО                            | DAT         | TEAK      |     |             |  |
| Mailing Address 1776 WILSO                 | N BLVD STE. 530 |                   | 12                            | 31          | 2022      | \$  | 30.00       |  |
| City ARLINGTON                             | State           | Zip Code (Plus 4) | Descrip                       | tion of Exp | enditure  |     |             |  |
|  | VA              | 22209             | ONLINE                        | PROCESS     | ING       |     |             |  |
|  |                 |                   |                               |             |           |     |             |  |

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| Enter Crand Total of Evnenditures on Dags 1. Deport Cover Dags. Item D  |    | PAGE TOTAL |
|---|----|------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | \$ | 98,537.82  |
|   |    |            |
|   |    |            |
|   |    |            |
|   |    |            |
|   |    |            |
|   |    |            |

## STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period

| Name of Filing Committee or Candidate Report                            |       |             | Reporti                     | ng Period                    |             |            |    |                             |
|---|-------|-------------|-----------------------------|------------------------------|-------------|------------|----|-----------------------------|
| MCSWAIN FOR GOVERNOR Fro  |       |             | From:                       | <u>11/29/2022</u> <b>To:</b> |             |            | 1  | 12/31/2022                  |
|   |       |             |                             |                              | DATE        |            |    | itstanding<br>lance of Debt |
| Name of Creditor BILL MCSWAIN   |       |             |                             | мо                           | DAY         | YEAR       |    |                             |
| Mailing Address P.O. BOX 2129   |       |             |                             | 12                           | 31          | 202        | \$ | 100,000.00                  |
| City PHILADELPHIA   | State | Zip Code (P | Plus 4) Description of Debt |                              |             |            |    |                             |
| PA 19103  |       |             |                             | CANDIC                       | ATE LOAN    |            |    |                             |
| Name of Creditor TARGETED VICTORY LLC                                   |       |             |                             | мо                           | DAY         | YEAR       |    |                             |
| Mailing Address 2311 WILSON BLVD 20                                     |       |             |                             | 5                            | 15          | 2022       | \$ | 24,294.69                   |
| City ARLINGTON  | State | Zip Code (P | Plus 4)                     | Descrip                      | tion of Deb | t          |    |                             |
|   | VA    | 22201       |                             | 051520                       | 22          |            |    |                             |
|   |       |             | _                           |                              |             |            |    | PAGE TOTAL                  |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. |       |             |                             |                              | \$          | 124,294.69 |    |                             |