

Commonwealth of Pennsylvania

Campaign Finance Report

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

| | | | | | | | | | | | |
|---|--------------------------|-------------------|-------------------------|---|----------------------|------------|------------------------------|-------------------------------------|-------------------------------------|-------------|-------------------------------------|
| Filer Identification Number : 20210276 | | Report Filed By : | CANDIDATE | COMMITTEE <input checked="" type="checkbox"/> | LOBBYIST | | | | | | |
| Name of Filing Committee, Candidate or Lobbyist: MCSWAIN FOR GOVERNOR | | | | | | | | | | | |
| Street Address: PO BOX 2129 | | | | | | | | | | | |
| City: PHILADELPHIA | | | State: PA | Zip Code: 19103 | | | | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY POST-PRIMARY | 3. | AMENDMENT REPORT? | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| | ANNUAL REPORT | 7. X | Year 2022 | FILING METHOD () CHECK ONE | | | PAPER | <input checked="" type="checkbox"/> | DISKETTE | | |
| Name of Office Sought by Candidate: | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code | |
| | | | | MO | DAY | YEAR | REP | | | | |
| | | | | 11 | 8 | 2022 | (SEE INSTRUCTIONS FOR CODES) | | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | |
| | | 11 | 29 | 2022 | TO | 12 | 31 | 2022 | | | |
| A. Amount Brought Forward From Last Report | | | | \$ | | 89,962.95 | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | \$ | | 18,273.78 | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | \$ | | 108,236.73 | | | | | |
| D. Total Expenditures (From Schedule III) | | | | \$ | | 98,537.82 | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | \$ | | 9,698.91 | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | \$ | | 0.00 | | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | \$ | | 124,294.69 | | | | | |

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief, true correct and complete.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Person Submitting Report

 Printed Name

 Email

 Area Code Daytime Telephone Number

Part II- If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3,1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20 _____

 Signature
 My Commission Expires _____
 MO DAY YR

 Signature of Candidate

 Printed Name

 Email

 Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

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

| | |
|--|-------------|
| 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 Period (2) | \$ 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 and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 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: _____ To: _____ |
| DATE AMOUNT | |

| Full Name of Contributing Committee | MO | DAY | YEAR | |
|-------------------------------------|--------------|--------------------------|------|---------|
| Mailing Address | | | | \$ 0.00 |
| City | State | Zip Code (Plus 4) | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

**PART B
ALL OTHER CONTRIBUTIONS**

\$50.01 TO \$250.00

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

| | |
|--|-------------------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| | From: _____ To: _____ |

| | | |
|--|-------------|---------------|
| | DATE | AMOUNT |
|--|-------------|---------------|

| Full Name of Contributor | MO | 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.

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 MCSWAIN FOR GOVERNOR | Reporting Period From: <u>11/29/2022</u> To: <u>12/31/2022</u> |
|--|--|

| | DATE | | | AMOUNT |
|--|------|-----|------|-------------|
| Full Name of Contributing Committee | MO | DAY | YEAR | |
| FREEDOM PA | | | | |
| Mailing Address 228 S WASHINGTON ST STE 115 | | | | \$ 6,000.00 |
| City ALEXANDRIA | 7 | 6 | 2022 | |
| State VA | | | | |
| Zip Code (Plus 4) 22314 | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 6,000.00 |

PART D
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 | Reporting Period |
| | From: _____ To: _____ |

| | DATE | | | AMOUNT |
|---|-------------------|--------------------------|--------------------------|---------|
| Full Name of Contributor | MO | DAY | YEAR | |
| Mailing Address | | | | \$ 0.00 |
| City | State | Zip Code (Plus 4) | | |
| Employer Name | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | City | State | Zip Code (Plus 4) | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 0.00 |

PART E
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 MCSWAIN FOR GOVERNOR | Reporting Period From: <u>11/29/2022</u> To: <u>12/31/2022</u> |
|--|--|

| | | | | DATE | AMOUNT | |
|--|--------------------|-----------------------------------|----|------|--------|--------------|
| Full Name | | | MO | DAY | YEAR | |
| TARGET ENTERPRISES LLC | | | | | | |
| Mailing Address 15260 VENTURA BLVD. STE. 1240 | | | 9 | 6 | 2022 | \$ 18,801.66 |
| City SHERMAN OAKS | State CA | Zip Code (Plus 4) 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 MCSWAIN FOR GOVERNOR | Reporting Period From: <u>11/29/2022</u> To: <u>12/31/2022</u> |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | |
| TOTAL for the Reporting Period (1) | \$ 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | |
| TOTAL for the Reporting Period (2) | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) | |
| TOTAL for the Reporting Period (3) | \$ 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) | \$ 0.00 |

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

| | |
|--|-------------------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| | From: _____ To: _____ |

| | DATE | | | AMOUNT |
|--|--------------|--------------------------|------|------------------------------|
| Full Name of Contributor | MO | DAY | YEAR | |
| Mailing Address | | | | \$ 0.00 |
| City | State | Zip Code (Plus 4) | | |
| Description of Contribution: | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | PAGE TOTAL \$ 0.00 |

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| | From: To: |

| | | | | DATE | AMOUNT |
|--|--------------|-------------------------|-------------------------|------------------------------------|---------------------------|
| Full Name of Contributor | MO | DAY | YEAR | | |
| Mailing Address | | | | \$ | 0.00 |
| City | State | Zip Code(Plus 4) | | | |
| Employer of Contributor | | | Occupation | | |
| Employer Mailing Address/Principal Place of Business | City | State | Zip Code(Plus 4) | Description of Contribution | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | PAGE TOTAL 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

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

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

| | | | | | | |
|--|--------------------|-----------------------------------|---|------------|-------------|-------------|
| To Whom Paid RONALD CAVALIER | | | MO | DAY | YEAR | |
| Mailing Address P.O. BOX 2129 | | | 6 | 14 | 2022 | \$ 665.50 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19103 | Description of Expenditure TRAVEL | | | |
| To Whom Paid THOMAS STONER | | | MO | DAY | YEAR | |
| Mailing Address P.O. BOX 2129 | | | 6 | 14 | 2022 | \$ 2,800.00 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19103 | Description of Expenditure STRATEGIC CONSULTING | | | |
| To Whom Paid BILL'S COPIER SERVICE | | | MO | DAY | YEAR | |
| Mailing Address 158 DURHAM RD. | | | 6 | 14 | 2022 | \$ 539.70 |
| City NEWTOWN | State PA | Zip Code (Plus 4) 18940 | Description of Expenditure OFFICE SUPPLIES | | | |
| To Whom Paid CMDI | | | MO | DAY | YEAR | |
| Mailing Address 1593 SPRING HILL RD. STE. 400 | | | 7 | 5 | 2022 | \$ 2,400.00 |
| City TYSONS CORNER | State VA | Zip Code (Plus 4) 22182 | Description of Expenditure DATA MANAGEMENT | | | |
| To Whom Paid CMDI | | | MO | DAY | YEAR | |
| Mailing Address 1593 SPRING HILL RD. STE. 400 | | | 7 | 8 | 2022 | \$ 2,500.00 |
| City TYSONS CORNER | State VA | Zip Code (Plus 4) 22182 | Description of Expenditure DATA MANAGEMENT | | | |
| To Whom Paid EMERALD BUSINESS SUPPLY | | | MO | DAY | YEAR | |
| Mailing Address 4807 ASHBURNER ST. | | | 9 | 9 | 2022 | \$ 544.80 |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19136 | Description of Expenditure OFFICE SUPPLIES | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|---|------------|-------------|--|
| To Whom Paid ESPLANADE STRATEGIES LLC | | | MO | DAY | YEAR | |
| Mailing Address P.O. BOX 382090 | | | 6 | 14 | 2022 | |
| City CAMBRIDGE | State MA | Zip Code (Plus 4) 02238 | Description of Expenditure STRATEGIC CONSULTING | | | |
| To Whom Paid GOLDSTEIN LAW PARTNERS LLC | | | MO | DAY | YEAR | |
| Mailing Address 11 CHURCH RD. | | | 8 | 8 | 2022 | |
| City HATFIELD | State PA | Zip Code (Plus 4) 19440 | Description of Expenditure LEGAL FEES | | | |
| To Whom Paid RAP PERFORMANCE LLC | | | MO | DAY | YEAR | |
| Mailing Address 1691 SOUTH BROOKFIELD STREET | | | 6 | 14 | 2022 | |
| City VINELAND | State NJ | Zip Code (Plus 4) 08361 | Description of Expenditure CAMPAIGN ATTIRE | | | |
| To Whom Paid RAP PERFORMANCE LLC | | | MO | DAY | YEAR | |
| Mailing Address 1691 SOUTH BROOKFIELD STREET | | | 9 | 9 | 2022 | |
| City VINELAND | State NJ | Zip Code (Plus 4) 08361 | Description of Expenditure CAMPAIGN ATTIRE | | | |
| To Whom Paid TARGETED VICTORY LLC | | | MO | DAY | YEAR | |
| Mailing Address 2311 WILSON BLVD STE 200 | | | 8 | 8 | 2022 | |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22201 | Description of Expenditure DIGITAL FUNDRAISING | | | |
| To Whom Paid TARGETED VICTORY LLC | | | MO | DAY | YEAR | |
| Mailing Address 2311 WILSON BLVD. STE. 200 | | | 9 | 15 | 2022 | |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22201 | Description of Expenditure DIGITAL FUNDRAISING | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|---|------------|-------------|--|
| To Whom Paid TRUIST CREDIT CARD | | | MO | DAY | YEAR | |
| Mailing Address P.O. BOX 580340 | | | 6 | 10 | 2022 | |
| 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 | | | 6 | 10 | 2022 | |
| 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 | | | 6 | 10 | 2022 | |
| 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 | | | 6 | 10 | 2022 | |
| 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 | | | 7 | 11 | 2022 | |
| 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 | | | 7 | 11 | 2022 | |
| 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 | | | 7 | 11 | 2022 | \$ 849.30 |
| 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 | | | 7 | 11 | 2022 | \$ 5,716.99 |
| 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 | \$ 7.43 |
| 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 | \$ 116.05 |
| 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 | \$ 236.98 |
| 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 | | | 10 | 17 | 2022 | \$ 14.27 |
| 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 | | | 11 | 14 | 2022 | \$ 0.27 |
| City CHARLOTTE | State NC | Zip Code (Plus 4) 28258 | Description of Expenditure TRAVEL/OFFICE SUPPLIES | | | |
| To Whom Paid TRUIST/BB& T | | | MO | DAY | YEAR | |
| Mailing Address 1445 NEW YORK AVE., NW | | | 6 | 21 | 2022 | \$ 214.29 |
| City WASHINGTON | State DC | Zip Code (Plus 4) 20005 | Description of Expenditure BANK FEE | | | |
| To Whom Paid TRUIST/BB& T | | | MO | DAY | YEAR | |
| Mailing Address 1445 NEW YORK AVE., NW | | | 7 | 21 | 2022 | \$ 12.25 |
| City WASHINGTON | State DC | Zip Code (Plus 4) 20005 | Description of Expenditure BANK FEE | | | |
| To Whom Paid TRUIST/BB& T | | | MO | DAY | YEAR | |
| Mailing Address 1445 NEW YORK AVE., NW | | | 9 | 21 | 2022 | \$ 24.00 |
| City WASHINGTON | State DC | Zip Code (Plus 4) 20005 | Description of Expenditure BANK FEE | | | |
| To Whom Paid TRUIST/BB& T | | | MO | DAY | YEAR | |
| Mailing Address 1445 NEW YORK AVE., NW | | | 10 | 21 | 2022 | \$ 30.00 |
| City WASHINGTON | State DC | Zip Code (Plus 4) 20005 | Description of Expenditure BANK FEE | | | |
| To Whom Paid TRUIST/BB& T | | | MO | DAY | YEAR | |
| Mailing Address 1445 NEW YORK AVE., NW | | | 12 | 21 | 2022 | \$ 1.75 |
| City WASHINGTON | State DC | Zip Code (Plus 4) 20005 | Description of Expenditure BANK FEE | | | |

| | | | | | | |
|--|--------------------|-----------------------------------|--|------------|-------------|-----------------------------------|
| To Whom Paid UNION LEAGUE CLUB | | | MO | DAY | YEAR | \$ 1,493.42 |
| Mailing Address 140 S BROAD ST | | | 8 | 8 | 2022 | |
| City PHILADELPHIA | State PA | Zip Code (Plus 4) 19102 | Description of Expenditure CATERING | | | |
| To Whom Paid MASSENG COMMUNICATIONS | | | MO | DAY | YEAR | \$ (11,614.12) |
| Mailing Address C/O JOYCE ROMANUS | | | 9 | 12 | 2022 | |
| City SILVER SPRING | State MD | Zip Code (Plus 4) 20901 | Description of Expenditure VOID PAYMENT ISSU 5/10/22 | | | |
| To Whom Paid WINRED | | | MO | DAY | YEAR | \$ 30.00 |
| Mailing Address 1776 WILSON BLVD STE. 530 | | | 12 | 31 | 2022 | |
| City ARLINGTON | State VA | Zip Code (Plus 4) 22209 | Description of Expenditure ONLINE PROCESSING | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL \$ 98,537.82 |

SCHEDULE IV

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 MCSWAIN FOR GOVERNOR | | | | Reporting Period From: <u>11/29/2022</u> To: <u>12/31/2022</u> | | | |
| | | | | | | Outstanding Balance of Debt | |
| | | | | | | DATE | |
| Name of Creditor BILL MCSWAIN | | | | MO | DAY | YEAR | \$ 100,000.00 |
| Mailing Address P.O. BOX 2129 | | | | 12 | 31 | 2021 | |
| City PHILADELPHIA | State PA | | Zip Code (Plus 4) 19103 | | Description of Debt CANDIDATE LOAN | | |
| | | | | | | Outstanding Balance of Debt | |
| | | | | | | DATE | |
| Name of Creditor TARGETED VICTORY LLC | | | | MO | DAY | YEAR | \$ 24,294.69 |
| Mailing Address 2311 WILSON BLVD 20 | | | | 5 | 15 | 2022 | |
| City ARLINGTON | State VA | | Zip Code (Plus 4) 22201 | | Description of Debt 05152022 | | |
| Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G. | | | | | | PAGE TOTAL | |
| | | | | | | \$ 124,294.69 | |