### **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 2014                          | 0011      |                        |         | Rep<br>File |        |                | CANDI       | DATE     |        | COMN       | 1ITTEE             | ✓              | LOBE     | YIST      |           |    |
|------------------------------------------|----------------------------------|-----------|------------------------|---------|-------------|--------|----------------|-------------|----------|--------|------------|--------------------|----------------|----------|-----------|-----------|----|
| Name of Filing C                         | Committee, Candid                | ate or Lo | obbyist:               |         | AUM         | IENT   | FOR            | SENATE      |          |        |            |                    | •              |          |           |           | _  |
| Street Address:                          | PO BOX 194                       |           |                        |         |             |        |                |             |          |        |            |                    |                |          |           |           |    |
| City:                                    | LANDISVILLE                      |           |                        |         |             |        |                | State:      | PA       |        |            | Zip Cod            | le: 17         | 7538     |           |           |    |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY       | 1.        | 2ND FRIDAY<br>PRIMARY  | Y PRE   | - 2         |        | 30 DA<br>PRIMA |             | POST-    | 3.     |            | AMENDM<br>REPORT?  |                | Yes      | No        | ~         |    |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION      | 4.        | 2ND FRIDAY<br>ELECTION | y pre   | Ē- 5        | 5.     | 30 DA<br>ELECT |             | POST-    | 6.     |            | TERMINA<br>REPORT? |                | Yes      | No        | ٧         |    |
| report type)                             | ANNUAL REPORT                    | 7.        | <b>Year</b> 2023       |         |             |        |                | NG METHO    |          |        |            | PAPER              |                | /        | DISKE     | TTE       |    |
| Name of Office S                         | Sought by Candida                | te:       | -                      |         |             |        |                | DATE O      | F ELE    | CTIO   | N          | District<br>Number | Office<br>Code | Par      | ty Code   | County    | ,  |
|                                          |                                  |           |                        |         |             |        |                | МО          | DAY      | YE     | AR         | Number             | code           | REP      |           | Couc      | _  |
|                                          |                                  |           |                        |         |             |        |                | 1           | :        | 31     | 2023       |                    | (SEE IN        | STRUCTIO | ONS FOR C | ODES)     | _  |
| Summary of                               | Receipts and                     | МО        | DAY                    | YEAR    | R           |        |                | МО          | DAY      | YE     | AR         | FO                 | R OFFI         | CE USE   | ONLY      |           |    |
| Expenditures                             | from:                            |           | 1 17                   | 2       | 023         | T      | 0              | 2           |          | 10     | 2023       |                    |                |          |           |           |    |
| A. Amount Bro                            | ught Forward Fron                | n Last R  | eport                  |         |             |        | \$             |             |          | 54,6   | 522.92     |                    |                |          |           |           |    |
| B. Total Monet                           | ary Contributions                | And Rec   | eipts (From            | Sche    | dule        | I)     | \$             |             |          |        | 0.00       |                    |                |          |           |           |    |
| C. Total Funds                           | Available (Sum Of                | Lines A   | and B)                 |         |             |        | \$             |             |          | 54,6   | 22.92      |                    |                |          |           |           |    |
| D. Total Expen                           | ditures (From Scho               | edule II  | I)                     |         |             |        | \$             |             |          | 1,4    | 06.60      |                    |                |          |           |           |    |
| E. Ending Cash                           | Balance (Subtract                | Line D    | From Line (            | C)      |             |        | \$             |             |          | 53,2   | 16.32      |                    |                |          |           |           |    |
| F. Value Of In-                          | Kind Contributions               | Receiv    | ed (From So            | chedu   | le II       | )      | \$             |             |          |        | 0.00       |                    |                |          |           |           |    |
| G. Unpaid Debt                           | s And Obligations                | (From S   | Schedule IV            | )       |             |        | \$             |             |          |        | 0.00       |                    |                |          |           |           |    |
|                                          |                                  |           |                        | AFF     | IDA         | VI٦    | ΓSE            | CTION       |          |        |            |                    |                |          |           |           |    |
| PART I - If this is                      | s a Committee rep                | ort, trea | surer sign l           | nere.   | If thi      | is is  | a Can          | ndidate re  | eport, o | andio  | date sig   | ın here.           |                |          |           |           |    |
| I swear (or affirm) correct and complete | ) that this report, incl<br>ete. | uding the | e attached sch         | nedule  | s filed     | l on p | paper (        | or by elect | ronic m  | edium  | , are to t | he best o          | f my kno       | wledge a | and belie | ef , true | à, |
| Sworn to and subs                        | cribed before me this day of     | ;         | 20                     |         |             |        |                |             |          | s      | ignature   | of Perso           | n Submit       | ting Rep | ort       |           | •  |
|                                          | - ——                             |           | _                      |         |             |        | -              |             |          |        |            | Prin               | ted Name       | •        |           |           | ٠  |
| My Commission Ex                         | Signatu<br>opires                | re        |                        |         |             |        |                |             |          |        |            | Emai               | il             |          |           |           |    |
|                                          | МО                               | D         | AY                     | YR      |             |        | -              |             | Are      | ea Cod | e          | Daytim             | e Teleph       | one Nu   | nber      |           | •  |
| Part II- If this is                      | a report of a cand               | lidate's  | authorized             | Comn    | nitte       | e, Ca  | andida         | ate shall   | sign he  | ere.   |            |                    |                |          |           |           | Ī  |
| I swear (or affirm)<br>No 320) as amende | that to the best of n            | ny knowle | edge and beli          | ef this | polit       | ical   | comm           | ittee has n | ot viola | ted an | y provisi  | ions of the        | e act of J     | une 3,19 | 937 (P.L. | . 1333,   |    |
| Sworn to and subsc                       | ribed before me this             |           |                        |         |             |        |                |             |          |        | Si         | ignature o         | of Candid      | ate      |           |           | .  |
|                                          | day of                           |           |                        |         |             |        | -              |             |          |        |            | Drint-             | d Name         |          |           |           | .  |
|                                          | Signature                        |           |                        |         |             |        | -              |             |          |        |            | rinte              | u itaine       |          |           |           |    |
| My Commission Exp                        | <del>-</del>                     |           |                        |         |             |        |                |             |          |        |            | Ema                | il             |          |           |           |    |
|                                          | МО                               | D         | AY                     | YR      | ł           |        | •              |             | Area     | Code   |            | Da                 | aytime T       | elephon  | e Numbe   | er        |    |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| , -                                                                                                                                                            |           |                 |              |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|--------------|-----------|
| Name of Filing Committee or Candidate                                                                                                                          | Reporting | g Period        |              |           |
| AUMENT FOR SENATE                                                                                                                                              | From:     | <u>1/17/202</u> | <u>3</u> To: | 2/10/2023 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor                                                                                        |           |                 |              |           |
| TOTAL for the Reporting                                                                                                                                        | ) Period  | (1)             | \$           | 0.00      |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)                                                                                      |           |                 |              |           |
| Contributions Received From Political Committees (Part A)                                                                                                      | -         |                 | \$           | 0.00      |
| All Other Contributions (Part B)                                                                                                                               |           |                 | \$           | 0.00      |
| TOTAL for the Reporting                                                                                                                                        | ) Period  | (2)             | \$           | 0.00      |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)                                                                                               |           |                 |              |           |
| Contributions Received From Political Committees (Part C)                                                                                                      |           |                 | \$           | 0.00      |
| All Other Contributions (Part D)                                                                                                                               |           |                 | \$           | 0.00      |
| TOTAL for the Reporting                                                                                                                                        | ) Period  | (3)             | \$           | 0.00      |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)                                                                               |           |                 |              |           |
| TOTAL for the Reporting                                                                                                                                        | J Period  | (4)             | \$           | 0.00      |
|                                                                                                                                                                |           |                 |              |           |
| 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 |           |                 | \$           | 0.00      |

#### **PART A**

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

\$50.01 TO \$250.00

|                        | this Part to itemize onl<br>with an aggregate valu | -                 |     |         | -      |      |    |            |
|------------------------|----------------------------------------------------|-------------------|-----|---------|--------|------|----|------------|
| Name of Filing Comm    | nittee or Candidate                                |                   | Re  | porting | Period |      |    |            |
|                        |                                                    |                   | Fro | om:     |        | То   | :  |            |
|                        |                                                    | L                 |     |         | DATE   |      |    | AMOUNT     |
| Full Name of Contribut | ing Committee                                      |                   |     | мо      | DAY    | YEAR |    |            |
| Mailing Address        |                                                    |                   |     |         |        |      | \$ | 0.00       |
| City                   | State                                              | Zip Code (Plus 4) | )   |         |        |      |    |            |
|                        | •                                                  | •                 |     |         |        | -    |    | DAGE TOTAL |

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

0.00

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committee o | r Candidate |                   | Rep<br>Fro | oorting P | eriod | To   | o: |        |
|----------------------------|-------------|-------------------|------------|-----------|-------|------|----|--------|
|                            |             |                   | l          |           | DATE  |      |    | AMOUNT |
| Full Name of Contributor   |             |                   |            | МО        | 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 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 Candi | date               |               | Reporting   | Period |     |      |    |            |
|-----------------------------------|--------------------|---------------|-------------|--------|-----|------|----|------------|
|                                   |                    |               | From:       |        |     | То:  |    |            |
|                                   |                    |               |             | DA     | TE  |      | Α  | MOUNT      |
| Full Name of Contributing Commit  | tee                |               |             | мо     | DAY | YEAR |    |            |
| Mailing Address                   |                    |               |             |        |     |      | \$ | 0.00       |
| City                              | State              | Zip Cod       | e (Plus 4)  |        |     |      |    |            |
|                                   |                    |               |             |        |     |      |    | PAGE TOTAL |
| Enter Grand Total of Part C on S  | Schedule I, Detail | ed Summary Pa | age, Sectio | n 3.   |     |      | \$ | 0.00       |

### ALL OTHER CONTRIBUTIONS

**OVER \$250.00** 

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

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

| Name of Filing Committee or Candidate               |                    |               | Rep       | orting Pe | riod  |      |            |                    |
|-----------------------------------------------------|--------------------|---------------|-----------|-----------|-------|------|------------|--------------------|
|                                                     |                    |               | Fror      | n:        |       | To   | <b>)</b> : |                    |
|                                                     |                    |               |           | D         | ATE   |      | А          | MOUNT              |
| Full Name of Contributor                            |                    |               |           | мо        | DAY   | YEAR |            |                    |
| Mailing<br>Address                                  |                    |               |           |           |       |      | \$         | 0.00               |
| City                                                | State              | Zip Code (Plu | s 4)      |           |       |      |            |                    |
| Employer Name                                       |                    | •             |           | Occupa    | tion  |      | •          |                    |
| Employer Mailing Address/Principal Plac<br>Business | e of               | City          |           |           | State |      | Zip Coo    | de (Plus 4)        |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed S | ummary Page   | Section . | on 3.     |       |      | \$         | PAGE TOTAL<br>0.00 |

## OTHER RECEIPTS

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

| Name of Filing Committee or   | Candidate                |                  | Report  | ting Perio | bd  |      |     |          |
|-------------------------------|--------------------------|------------------|---------|------------|-----|------|-----|----------|
|                               |                          |                  | From:   |            |     | To:  |     |          |
|                               |                          |                  |         | D          | ATE |      | AM  | OUNT     |
| Full Name                     |                          |                  |         | МО         | DAY | YEAR |     |          |
| Mailing Address               |                          |                  |         |            |     |      | \$  | 0.00     |
| City                          | State                    | Zip Code (       | Plus 4) |            |     |      |     |          |
| Receipt Description           | •                        | •                |         | •          | •   | •    | _   |          |
| Enter Grand Total of Part E o | on Schedule I. Detaile   | d Summary Page   | Section | 4          |     |      | PAG | GE TOTAL |
|                               | m deficación 1, detailes | z Sammary r age, | occion  | ••         |     |      | \$  | 0.00     |

#### **SCHEDULE II**

#### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate                                                                                                              | Reporting Peri | od                          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|-----------|
| AUMENT FOR SENATE                                                                                                                                  | From:          | <u>1/17/2023</u> <b>To:</b> | 2/10/2023 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P                                                                          | PER CONTRIBUTO | ₹                           |           |
| TOTAL for the Reporting Pe                                                                                                                         | eriod (1)      | \$                          | 0.00      |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR                                                                         | T F)           |                             |           |
| TOTAL for the Reporting Pe                                                                                                                         | eriod (2)      | \$                          | 0.00      |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)                                                                               |                |                             |           |
| TOTAL for the Reporting Pe                                                                                                                         | eriod (3)      | \$                          | 0.00      |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD ( amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, |                | \$                          | 0.00      |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

| Name of Filing Committee or Candidat | :e                 |                       | Reporting   | g Period    |       |           |            |
|--------------------------------------|--------------------|-----------------------|-------------|-------------|-------|-----------|------------|
|                                      |                    |                       | From:       |             |       | То:       |            |
|                                      |                    |                       |             | DATE        |       |           | AMOUNT     |
| Full Name of Contributor             |                    |                       | МО          | DAY         | YEAR  |           |            |
| Mailing Address                      |                    |                       |             |             |       | <b>\$</b> | 0.00       |
| City                                 | State              | Zip Code (Plus 4)     |             |             |       |           |            |
| Description of Contribution:         |                    |                       |             |             |       |           |            |
| Enter Grand Total of Part F on Sch   | andula II. In-Kir  | nd Contributions Data | ilad Sum    | mary Pag    |       |           | DACE TOTAL |
| Section 2.                           | iedule II, III-KII | ia contributions Deta | iiieu Suiii | iliai y Pag | , je, |           | PAGE TOTAL |
|                                      |                    |                       |             |             |       | \$        | 0.00       |

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OVER \$250.00** 

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

### STATEMENT OF EXPENDITURES

| Name of Filing Committee or Ca        | ndidate            |                                | Reporti                 | ng Period    |           |     |           |
|---------------------------------------|--------------------|--------------------------------|-------------------------|--------------|-----------|-----|-----------|
| AUMENT FOR SENATE                     |                    |                                | From                    | 1/1          | 7/2023    | То: | 2/10/2023 |
|                                       |                    |                                |                         | DATE         |           |     | AMOUNT    |
| <b>To Whom Paid</b><br>ARISTOTLE INTL |                    |                                | мо                      | DAY          | YEAR      |     |           |
| Mailing Address 205 PENNSY            | 'LVANIA AVE, SE    |                                | 2                       | 10           | 2023      | \$  | 175.00    |
| City WASHINGTON                       | State<br>DC        | <b>Zip Code (Plus 4)</b> 20003 |                         | otion of Exp |           |     |           |
| To Whom Paid<br>VERIZON WIRELESS      |                    |                                | МО                      | DAY          | YEAR      |     |           |
| Mailing Address 142 PARK C            | ITY CENTER         |                                | 1                       | 30           | 2023      | \$  | 236.92    |
| City LANCASTER                        | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 17601 |                         | otion of Exp |           | !   |           |
| To Whom Paid<br>CONSTANT CONTACT      |                    |                                | мо                      | DAY          | YEAR      |     |           |
| Mailing Address 1601 TRAPE            | LO ROAD            |                                | 2                       | 9            | 2023      | \$  | 74.20     |
| City WALTHAM                          | State<br>MA        | <b>Zip Code (Plus 4)</b> 02431 | 1                       | otion of Exp |           |     |           |
| To Whom Paid<br>WAWA FOOD STORE       | ·                  |                                | мо                      | DAY          | YEAR      |     |           |
| Mailing Address 260 BALTIM            | ORE PIKE           |                                | 2                       | 10           | 2023      | \$  | 7.40      |
| City MEDIA                            | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b> 19063 | <b>Descrip</b><br>MEALS | otion of Exp | penditure |     |           |
| <b>To Whom Paid</b><br>THE UPS STORE  |                    |                                | МО                      | DAY          | YEAR      |     |           |
| Mailing Address 590 CENTER            | VILLE RD           |                                | 1                       | 26           | 2023      | \$  | 15.00     |

Zip Code (Plus 4)

176011306

**Description of Expenditure** 

NOTARY

State

PΑ

City

LANCASTER

| To Whom Paid USPS                                                                                                                                                                                                                                    | мо                                              | DAY                                  | YEAR                                   |    |        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------|----------------------------------------|----|--------|
| Mailing Address 74 E. MAIN ST.                                                                                                                                                                                                                       | 1                                               | 25                                   | 2023                                   | \$ | 366.00 |
| City         LITITZ         State         Zip Code (Plus 175430900)           PA         175430900                                                                                                                                                   | Descri                                          | otion of Exp                         | penditure                              |    |        |
| To Whom Paid MICROSOFT CORP                                                                                                                                                                                                                          | МО                                              | DAY                                  | YEAR                                   |    |        |
| Mailing Address 3720 159TH AVE.                                                                                                                                                                                                                      | 2                                               | 8                                    | 2023                                   | \$ | 105.99 |
| City         REDMOND         State         Zip Code (Plus 980526306)           WA         980526306                                                                                                                                                  | Descri                                          | otion of Exp                         |                                        |    |        |
| To Whom Paid LANCASTER PARKING AUTHORITY                                                                                                                                                                                                             | МО                                              | DAY                                  | YEAR                                   |    |        |
| Mailing Address 30 W ORANGE ST                                                                                                                                                                                                                       | 2                                               | 9                                    | 2023                                   | \$ | 6.00   |
| City LANCASTER State Zip Code (Plus                                                                                                                                                                                                                  | s 4) Descri                                     | otion of Exp                         | enditure                               |    |        |
| PA 176033841                                                                                                                                                                                                                                         | PARKII                                          | NG                                   |                                        |    |        |
| E We let Live                                                                                                                                                                                                                                        | PARKII                                          | DAY                                  | YEAR                                   |    |        |
| PA 176033841  To Whom Paid                                                                                                                                                                                                                           |                                                 |                                      | <b>YEAR</b> 2023                       | \$ | 42.08  |
| To Whom Paid WAWA FOOD STORE                                                                                                                                                                                                                         | MO 2                                            | DAY                                  | 2023                                   | \$ | 42.08  |
| To Whom Paid WAWA FOOD STORE  Mailing Address 260 BALTIMORE PIKE  City MEDIA  PA 176033841  Zip Code (Plus                                                                                                                                           | MO 2 5 4) Descri                                | <b>DAY</b> 10                        | 2023                                   | \$ | 42.08  |
| To Whom Paid WAWA FOOD STORE  Mailing Address 260 BALTIMORE PIKE  City MEDIA State PA 19063  To Whom Paid                                                                                                                                            | MO  2 s 4) Descri                               | DAY  10  ption of Exp                | 2023<br>penditure                      | \$ | 42.08  |
| To Whom Paid WAWA FOOD STORE  Mailing Address 260 BALTIMORE PIKE  City MEDIA State PA 19063  To Whom Paid ROXY'S CAFE                                                                                                                                | MO  2 s 4) DescriptueL  MO                      | DAY  10  DAY  DAY  24  Dation of Exp | 2023  penditure  YEAR  2023            | \$ |        |
| To Whom Paid WAWA FOOD STORE  Mailing Address 260 BALTIMORE PIKE  City MEDIA State Zip Code (Plus 19063)  To Whom Paid ROXY'S CAFE  Mailing Address                                                                                                  | MO  2 5 4) Descri FUEL  MO  1 5 4) Descri       | DAY  10  DAY  DAY  24  Dation of Exp | 2023  penditure  YEAR  2023            | \$ |        |
| To Whom Paid WAWA FOOD STORE  Mailing Address 260 BALTIMORE PIKE  City MEDIA State PA 19063  To Whom Paid ROXY'S CAFE  Mailing Address  City State Zip Code (Plus 19063)  To Whom Paid ROXY'S CAFE  Mailing Address  City State Zip Code (Plus 1906) | MO  2 s 4) Descri FUEL  MO  1 s 4) Descri MEALS | DAY  10  DAY  DAY  24  Dation of Exp | 2023  Penditure  YEAR  2023  Penditure | \$ |        |

| To Whom Paid S'MORE SPACE STORAGE                                       |                    |                                   | МО                                        | DAY | YEAR |    |            |
|-------------------------------------------------------------------------|--------------------|-----------------------------------|-------------------------------------------|-----|------|----|------------|
| Mailing Address 581 STONEY BATTERY ROAD                                 |                    |                                   | 2                                         | 2   | 2023 | \$ | 259.70     |
| City LANDISVILLE                                                        | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>17538 | Description of Expenditure ADMINISTRATIVE |     |      |    |            |
| To Whom Paid GOOGLE INC                                                 |                    |                                   | мо                                        | DAY | YEAR |    |            |
| Mailing Address 1600 AMPHITHEATRE PKWY                                  |                    |                                   | 2                                         | 2   | 2023 | \$ | 57.24      |
| City MOUNTAIN VIEW                                                      | <b>State</b><br>CA | <b>Zip Code (Plus 4)</b><br>94043 | Description of Expenditure ADMINISTRATIVE |     |      |    |            |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                    |                                   |                                           |     |      |    | PAGE TOTAL |
| Linter Grand Total of Expenditures                                      | on rage 1, Re      | port Cover Page, Item D.          | •                                         |     |      | \$ | 1,406.60   |