#### **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 2010  | 165         |                        |         | Rep<br>File |       |        | CAND               | IDATE   |        | СОМ          | <b>4ITTEE</b>      |                | LOB                 | BYIST     |          |              |
|--|--|-------------|------------------------|---------|-------------|-------|--------|--------------------|---------|--------|--------------|--------------------|----------------|---------------------|-----------|----------|--------------|
| Name of Filing C                         | Committee, Candid                              | ate or L    | obbyist:               |         | Stuc        | dent  | s Firs | t PAC              |         |        |              |                    | Ì              |                     |           |          |              |
| Street Address:                          | P.O. Box 416                                   |             |                        |         |             |       |        |                    |         |        |              |                    |                |                     |           |          |              |
| City:                                    | Wynnewood                                      |             |                        |         |             |       |        | State:             | PA      |        |              | Zip Cod            | <b>ie:</b> 19  | 096                 |           |          |              |
| TYPE OF<br>REPORT                        | 6TH TUESDAY<br>PRE-PRIMARY                     | 1.          | 2ND FRIDAY<br>PRIMARY  | Y PRE   | - 2         | 2.    | 30 DA  |                    | POST-   | 3.     |              | AMENDM<br>REPORT?  |                | Yes                 | No        | •        | <b>\</b>     |
| (place X to<br>the right of              | 6TH TUESDAY<br>PRE-ELECTION                    | 4. <b>X</b> | 2ND FRIDAY<br>ELECTION | y pre   | Ē- [        | 5.    | 30 DA  |                    | POST-   | 6.     |              | TERMINA<br>REPORT? |                | Yes                 | No        | •        | <b>\</b>     |
| report type)                             | ANNUAL REPORT                                  | 7.          | <b>Year</b> 2023       |         |             |       |        | NG METH<br>CHECK C |         |        |              | PAPER              |                |                     | DISKE     | TTE      |              |
| Name of Office S                         | -<br>Sought by Candida                         | te:         |                        |         |             |       |        | DATE (             | OF EL   | ECT    | ION          | District<br>Number | Office<br>Code | Par                 | ty Code   | Coun     |              |
|  |  |             |                        |         |             |       |        | МО                 | DAY     |        | YEAR         |                    |                | OTI                 | Н         | 46       |              |
|  |  |             |                        |         |             |       |        | 1:                 | L       | 7      | 2023         | <b> </b>           | (SEE INS       | TRUCTI              | ONS FOR ( | CODES)   | )            |
|  | Receipts and                                   | МО          | DAY                    | YEAR    | <b>R</b>    |       |        | МО                 | DAY     | ,      | YEAR         | FO                 | R OFFIC        | E USE               | ONLY      |          |              |
| Expenditures                             | from:  |             | 6 6                    | 2       | 023         | T     | 0      | (                  | 7       | 18     | 2023         |                    |                |                     |           |          |              |
| A. Amount Bro                            | ught Forward Fron                              | n Last R    | eport                  |         |             |       | \$     |                    |         | 18     | 3,969.82     |                    |                |                     |           |          |              |
| B. Total Monet                           | ary Contributions                              | And Rec     | eipts (From            | Sche    | dule        | I)    | \$     |                    | 1!      | 5,000  | 0,000.00     |                    |                |                     |           |          |              |
| C. Total Funds                           | Available (Sum Of                              | Lines A     | and B)                 |         |             |       | \$     |                    | 15      | 5,018  | 8,969.82     |                    |                |                     |           |          |              |
| D. Total Expen                           | ditures (From Sch                              | edule II    | I)                     |         |             |       | \$     |                    | 12      | 2,613  | 3,433.32     |                    |                |                     |           |          |              |
| E. Ending Cash                           | Balance (Subtract                              | t Line D    | From Line (            | C)      |             |       | \$     |                    | 2       | ,405   | ,536.50      |                    |                |                     |           |          |              |
| 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         | ١٧٢   | T SE   | CTION              |         |        |              |                    |                |                     |           |          |              |
| PART I - If this is                      | s a Committee rep                              | ort, trea   | surer sign l           | nere.   | If thi      | is is | a Car  | ndidate r          | eport   | , can  | didate sig   | jn here.           |                |                     |           |          |              |
| I swear (or affirm) correct and comple   | ) that this report, incl<br>ete.               | uding the   | attached sch           | nedule  | s filed     | d on  | paper  | or by elec         | tronic  | mediu  | ım, are to t | the best o         | f my knov      | vledge              | and beli  | ef , tru | ue.          |
| Sworn to and subs                        | cribed before me this<br>day of                | i           | 20                     |         |             |       |        |                    |         |        | Signature    | of Perso           | n Submitt      | ing Re <sub>l</sub> | oort      |          | -            |
|  | Signatu  | ra          |                        |         |             |       | -<br>- |                    |         |        |              | Prin               | ted Name       |                     |           |          | -            |
| My Commission Ex                         | •  |             |                        |         |             |       |        |                    |         |        |              | Ema                | il             |                     |           |          | -            |
|  | мо   | D           | AY                     | YR      |             |       |        |                    |         | Area C | Code         | Daytim             | e Teleph       | one Nu              | mber      |          |              |
| Part II- If this is                      | a report of a cand                             | lidate's    | authorized             | Comn    | nitte       | e, C  | andid  | ate shall          | sign    | here   |              |                    |                |                     |           |          |              |
| I swear (or affirm)<br>No 320) as amende | that to the best of n                          | ny knowle   | edge and belie         | ef this | polit       | ical  | comm   | ittee has          | not vio | lated  | any provis   | ions of the        | e act of Ju    | ıne 3,1             | 937 (P.L  | . 1333   | 3,           |
| Sworn to and subsc                       | ribed before me this                           |             |                        |         |             |       |        |                    |         |        | S            | ignature o         | of Candida     | ite                 |           |          | - [          |
|  | day of<br>———————————————————————————————————— |             |                        |         |             |       | -      |                    |         |        |              | Printe             | d Name         |                     |           |          | -            |
|  | Signature                                      |             |                        |         |             |       | -      |                    |         |        |              |                    | -              |                     |           |          | _            |
| My Commission Exp                        | ires   |             |                        |         |             |       |        |                    |         |        |              | Ema                | il             |                     |           |          |              |
|  | МО   | D           | AY                     | YR      | 1           |       | •      |                    | Are     | a Cod  | le           | Da                 | aytime To      | elephor             | ne Numb   | er       | <sup>-</sup> |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate   | Reporting | Period         |              |               |
|---|-----------|----------------|--------------|---------------|
| Students First PAC  | From:     | <u>6/6/202</u> | <u>3</u> To: | 9/18/2023     |
| 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)  |           |                | \$           | 15,000,000.00 |
| TOTAL for the Reporting   | Period    | (3)            | \$           | 15,000,000.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)  |           |                |              |               |
| TOTAL for the Reporting   | Period    | (4)            | \$           | 0.00          |
|   |           |                |              |               |
| Total Monetary Contributions and Receipts During this Reporting Period (Add and totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page 1 |           |                | \$           | 15,000,000.00 |

#### **PART A**

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

\$50.01 TO \$250.00

| Name of Filing Commit     | tee or Candidate |                | Reporting Period |     |      |      |    |        |  |
|---------------------------|------------------|----------------|------------------|-----|------|------|----|--------|--|
|                           |                  |                | Fr               | om: |      | То   | :  |        |  |
|                           |                  |                |                  |     | DATE |      |    | AMOUNT |  |
| Full Name of Contributing | g Committee      |                |                  | 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 |  |
|------------|--|
| \$<br>0.00 |  |

## ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committee or Cand | idate |                  | Reporting Period |    |           |      |    |      |  |
|----------------------------------|-------|------------------|------------------|----|-----------|------|----|------|--|
| F                                |       |                  |                  |    | From: To: |      |    |      |  |
|                                  |       |                  |                  |    | DATE      |      | АМ | OUNT |  |
| 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  |                       |            |                             |
|---|--------------------|------|--------------|------------|-----------|-------|-----------------------|------------|-----------------------------|
| Students First PAC                                  |                    |      |              | Fror       | n:        | 6/6/2 | <u>023</u> <b>T</b> o | <b>)</b> : | 9/18/2023                   |
|   |                    |      |              |            | D.A       | ATE   |                       |            | AMOUNT                      |
| Full Name of Contributor  Jeffrey Yass              |                    |      |              |            | МО        | DAY   | YEAR                  |            |                             |
| Mailing 401 city Ave                                |                    |      |              |            |           | 24    | 2022                  | \$         | 15,000,000.00               |
| City Bala Cynwyd                                    | <b>State</b><br>PA |      | p Code (Plus | <b>4</b> ) | 8         | 24    | 2023                  |            |                             |
| Employer Name Self-employed                         |                    |      |              |            | Occupat   | ion   |                       |            |                             |
| Employer Mailing Address/Principal Plac<br>Business | e of               |      | City         |            |           | State |                       | Zip        | Code (Plus 4)               |
| 401 City Ave  |                    |      | Bala Cyn     | wyd        |           | PA    |                       | 19         | 004                         |
| Enter Grand Total of Part C on Sche                 | dule I, Detailed S | Sumn | nary Page,   | Section    | on 3.     |       |                       | \$         | PAGE TOTAL<br>15,000,000.00 |

## 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 Co | andidate              |                  | Report  | ting Perio | bd  |      |    |          |
|--------------------------------|-----------------------|------------------|---------|------------|-----|------|----|----------|
|                                |                       |                  | From:   |            |     | То:  |    |          |
|                                |                       |                  |         | D          | ATE |      | AN | 10UNT    |
| Full Name                      |                       |                  |         | МО         | DAY | YEAR |    |          |
| Mailing Address                |                       |                  |         |            |     |      | \$ | 0.00     |
| City                           | State                 | Zip Code (       | Plus 4) |            |     |      |    |          |
| Receipt Description            | ·                     | •                |         |            |     |      |    |          |
| Enter Grand Total of Part E or | Schedule T Detaile    | d Summary Page   | Section | 4          |     |      | PA | GE TOTAL |
| Lines Grana Fotal of Fair 2 of | r benedule 1/ betanet | z Sammary r age, | Section | ••         |     |      | \$ | 0.00     |

#### **SCHEDULE II**

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

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

| Name of Filing Committee or Candidate  | Reporting Period |                            |           |
|--|------------------|----------------------------|-----------|
| Students First PAC   | From:            | <u>6/6/2023</u> <b>To:</b> | 9/18/2023 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P  | PER CONTRIBUTOR  |                            |           |
| TOTAL for the Reporting Pe   | eriod (1)        | \$                         | 0.00      |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR   | 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 Candidate                          | 1            |         |            |         | Re     | porting l | Period    |       |         |                    |
|--|--------------|---------|------------|---------|--------|-----------|-----------|-------|---------|--------------------|
|  |              |         |            |         | Fro    | om:       |           | To:   |         |                    |
|  |              |         |            |         |        |           | DATE      |       |         | AMOUNT             |
| Full Name of Contributor                                       |              |         |            |         |        | мо        | DAY       | YEAR  |         |                    |
| Mailing Address  |              |         |            |         |        |           |           |       | -<br>\$ | 0.00               |
| City   | State        |         | Zip Code(I | Plus 4) |        |           |           |       |         |                    |
| Employer of Contributor  |              |         |            |         |        | Occupa    | ition     |       |         |                    |
| Employer Mailing Address/Principal Pla<br>Business             | ce of        | City    |            | State   |        | Zip<br>4) | Code(Plus | Descr | iptio   | n of Contribution  |
| Enter Grand Total of Part G on Sch<br>Summary Page, Section 3. | nedule II, I | in-Kind | Contributi | ons De  | etaile | ed        |           |       |         | PAGE TOTAL<br>0.00 |

## STATEMENT OF EXPENDITURES

| Name of Filing Committee or Ca                     | andidate           |                                   | Reporti                                 | ng Period          |               |           |           |
|--|--------------------|-----------------------------------|---|--------------------|---------------|-----------|-----------|
| Students First PAC                                 |                    |                                   | From                                    | <u>6/6</u>         | <u>5/2023</u> | То:       | 9/18/2023 |
|  |                    |                                   |   | DATE               |               |           | AMOUNT    |
| <b>To Whom Paid</b> Friends and Family for Mesha M | 1ainor             |                                   | МО                                      | DAY                | YEAR          |           |           |
| Mailing Address 1436 Hawki                         | ns St              |                                   | 7                                       | 17                 | 2023          | \$        | 3,300.00  |
| <b>City</b> Atlanta                                | State              | Zip Code (Plus 4)                 | Descrip                                 | tion of Exp        | enditure      | 1         |           |
| 7.0.2  | GA                 | 30314                             | Contrib                                 |                    |               |           |           |
| To Whom Paid Friends of Brian Sullivan             |                    |                                   | МО                                      | DAY                | YEAR          |           |           |
| Mailing Address 4080 Howel                         | l Road             |                                   | 7                                       | 20                 | \$            | 10,000.00 |           |
| <b>City</b> Malvern                                | State<br>PA        | <b>Zip Code (Plus 4)</b><br>19355 | Description of Expenditure Contribution |                    |               |           |           |
| <b>To Whom Paid</b><br>Friends of Judy Ward        |                    |                                   | МО                                      | DAY                | YEAR          |           |           |
| Mailing Address 3521 Sylvar                        | n Heights Drive    |                                   | 8                                       | 25                 | 2023          | \$        | 25,000.00 |
| <b>City</b> Hollidaysburg                          | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>16648 | <b>Descrip</b><br>Contrib               | otion of Expoution | penditure     |           |           |
| <b>To Whom Paid</b><br>Citizens for Joshua Kail    |                    |                                   | МО                                      | DAY                | YEAR          |           |           |
| Mailing Address PO Box 94                          |                    |                                   | 8                                       | 25                 | 2023          | \$        | 25,000.00 |
| <b>City</b> Beaver                                 | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>15009 | <b>Descrip</b><br>Contrib               | otion of Expoution | penditure     |           |           |
| <b>To Whom Paid</b><br>Citizens for Amen Brown     |                    |                                   | МО                                      | DAY                | YEAR          |           |           |
| Mailing Address PO Box 428                         | 57                 |                                   | 8                                       | 25                 | 2023          | \$        | 25,000.00 |

Zip Code (Plus 4)

19101

**Description of Expenditure** 

Contribution

State

PΑ

City

Philadelphia

| Mode   DAY   PEAR   Forward   Part     |  |        |  |                    |     |           |            | PAGE 12       |  |
|---|--|--------|--|--------------------|-----|-----------|------------|---------------|--|
| State   PA  | To Whom Paid FOR-WARD PAC                        |        |  |                    | DAY | YEAR      |            |               |  |
| PA  | Mailing Address PO Box 83                        |        |  |                    | 25  | 2023      | \$         | 750,000.00    |  |
| Mailing Address   802 Lightfoot Dr   State   17602   Pax      | <b>City</b> Harrisburg                           |        |  |                    |     |           |            |               |  |
| State   PA  | To Whom Paid Friends of Scott Martin             |        |  |                    | DAY | YEAR      |            |               |  |
| PA  | Mailing Address 802 Lightfoot Dr                 |        |  | 8                  | 25  | 2023      | \$         | 250,000.00    |  |
| Friends of Joe Pittman  Mailing Address 119 S. 3rd St  City Indiana State PA 15701  To Whom Paid Friends of Martina White  Mailing Address PO Box 16041  City Philadelphia State PA 19114  To Whom Paid Commonwealth Children's Choice Fund  Mo Day VEAR  Mo Day VEAR  Mo Day VEAR  State PA 19114  Description of Expenditure Contributions  To Whom Paid Commonwealth Children's Choice Fund  Mo Day VEAR  Mailing Address 420 N. Third St  City Harrisburg State PA 17101  To Whom Paid Commonwealth Children's Choice Fund  Mo Day VEAR  Tribution  To Whom Paid Commonwealth Children's Choice Fund  Mo Day VEAR  Mailing Address 15955 La Cantera PKWY  Mo Day VEAR  Mo D  | <b>City</b> Lancaster                            |        |  |                    |     |           |            |               |  |
| City Indiana  State PA  ISTO I  State PA  ISTO I  State PA  ISTO I  Description of Expenditure Contributions  To Whom Paid Friends of Martina White  Mo DAY  VEAR  Mailing Address PO Box 16041  State PA  ISTO Code (Plus 4) ISTO Code (Plus 4) ISTO Contribution  To Whom Paid PA  Commonwealth Children's Choice Fund  Mo DAY  VEAR  Mailing Address 420 N. Third St  State PA  ISTO Code (Plus 4) ISTO Code (Plus 4) ISTO Code (Plus 4) ISTO Contribution  To Whom Paid PA  Contribution  To Whom Paid PA  Contribution  To Whom Paid PA  Mailing Address 125 2023 \$ 11,000,000.00  City Harrisburg State PA  ISTO Code (Plus 4) ISTO Cod | To Whom Paid Friends of Joe Pittman              |        |  | МО                 | DAY | YEAR      |            |               |  |
| To Whom Paid Friends of Martina White  Mo DAY VEAR  Moliting Address PO Box 16041  State PA Description of Expenditure Contribution  City Philadelphia  State PA Description of Expenditure Contribution  To Whom Paid Commonwealth Children's Choice Fund  Mo DAY VEAR  Mo DAY VEAR  Mo DAY VEAR  Mo DAY VEAR  State PA Description of Expenditure Contribution  To Whom Paid Commonwealth Children's Choice Fund  Mo DAY VEAR  Mailing Address 420 N. Third St  State PA Description of Expenditure Contribution  To Whom Paid Harrisburg State PA Description of Expenditure Contribution  To Whom Paid Harland Clarke  Mo DAY VEAR  Mo DAY VEAR  Mo DAY VEAR  Moliting Address 15955 La Cantera PKWY  9 5 2023 \$ 11,000,000.00  To Whom Paid Harland Clarke  Mailing Address 15955 La Cantera PKWY  9 5 2023 \$ 117.06   | Mailing Address 119 S.                           | 3rd St |  | 8 25 2023 \$ 250,0 |     |           | 250,000.00 |               |  |
| Friends of Martina White  Mailing Address PO Box 16041  State PA Zip Code (Plus 4) 19114  To Whom Paid Commonwealth Children's Choice Fund  Mailing Address 420 N. Third St  State PA Zip Code (Plus 4) 19114  City Harrisburg State PA Zip Code (Plus 4) 17101  To Whom Paid Commonwealth Children's Choice Fund  MO DAY YEAR  Mailing Address 420 N. Third St  To Whom Paid Harland Clarke  MO DAY YEAR    | <b>City</b> Indiana                              |        |  |                    |     |           |            |               |  |
| City Philadelphia State PA State PA State PA State PA   | To Whom Paid Friends of Martina White            |        |  | МО                 | DAY | YEAR      |            |               |  |
| To Whom Paid Commonwealth Children's Choice Fund  Mo DAY YEAR  Mailing Address 420 N. Third St  State PA 25 2023 \$ 11,000,000.00  City Harrisburg PA 27101 Description of Expenditure Contribution  To Whom Paid Harland Clarke  Mailing Address 15955 La Cantera PKWY 9 5 2023 \$ 117.06  City San Antonio State Zip Code (Plus 4) Description of Expenditure Contribution  | Mailing Address PO Box 16041                     |        |  | 8                  | 25  | 2023      | \$         | 250,000.00    |  |
| Commonwealth Children's Choice Fund  Mo DAY YEAR  Mailing Address 420 N. Third St  State PA Zip Code (Plus 4) 17101  To Whom Paid Harland Clarke  Mo DAY YEAR  MO  | <b>City</b> Philadelphia                         |        |  |                    |     |           |            |               |  |
| City Harrisburg  State PA  PA  To Whom Paid Harland Clarke  Mailing Address  15955 La Cantera PKWY  Pa  State PA  To Whom Paid Harland Clarke  Mo  Day  YEAR  PA  To Whom Paid Harland Clarke  Mo  Day  YEAR  State PKWY  PA  To Whom Paid Harland Clarke  PA  To Whom Paid Harland Clarke  Mo  Day  YEAR  PA  Tin,000,000.00  To Whom Paid Harland Clarke  PA  Description of Expenditure  City San Antonio  | To Whom Paid Commonwealth Children's Choice Fund |        |  |                    | DAY | YEAR      |            |               |  |
| To Whom Paid Harland Clarke  Mailing Address 15955 La Cantera PKWY  PA 17101  Contribution  MO DAY YEAR  9 5 2023 \$ 117.06  City San Antonio  State Zip Code (Plus 4) Description of Expenditure   | Mailing Address 420 N. Third St                  |        |  | 8                  | 25  | 2023      | \$         | 11,000,000.00 |  |
| Harland Clarke  Mo DAY YEAR  Mailing Address 15955 La Cantera PKWY  9 5 2023 \$ 117.06  City San Antonio  State Zip Code (Plus 4) Description of Expenditure  | <b>City</b> Harrisburg                           |        |  |                    |     |           |            |               |  |
| City San Antonio  State  Zip Code (Plus 4)  Description of Expenditure  | To Whom Paid Harland Clarke                      |        |  | МО                 | DAY | YEAR      |            |               |  |
| San Antonio Description of Expenditure  | Mailing Address 15955 La Cantera PKWY            |        |  |                    | 5   | 2023      | \$         | 117.06        |  |
|   | City San Antonio                                 |        |  | 1                  |     | penditure |            |               |  |

| To Whom Paid U.S. Postal Service  |                    |                                   |  | DAY | YEAR |    |               |
|---|--------------------|-----------------------------------|--|-----|------|----|---------------|
| Mailing Address 1 Union Ave   |                    |                                   | 6  | 13  | 2023 | \$ | 16.26         |
| <b>City</b> Bala Cynwyd   | <b>State</b><br>PA | <b>Zip Code (Plus 4)</b><br>19004 | Description of Expenditure Certified Mailing |     |      |    |               |
| To Whom Paid Citizens for Seth Grove                                    |                    |                                   | МО   | DAY | YEAR |    |               |
| Mailing Address 1854 Ashcombe Dr  |                    |                                   | 8  | 25  | 2023 | \$ | 25,000.00     |
| City Dover  | State<br>PA        | <b>Zip Code (Plus 4)</b><br>17315 | Description of Expenditure  Contrbution      |     |      |    |               |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |                    |                                   |  |     |      |    | PAGE TOTAL    |
|   |                    |                                   |  |     |      |    | 12,613,433.32 |