Campaign Finance Report

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

| Filer Identificati Number : | on 2019 | 0307 | | | | port ed B | | CANDI | DATE | | СОМ | ITTEE | √ | LOBE | BYIST | | |
|--|---------------------------------|-------------|------------------------|--------|--------|--------------|----------------|-------------|----------|--------|------------|---------------------|----------------|----------|-----------|----------|----------|
| Name of Filing C | ommittee, Candid | ate or L | obbyist: | | Сар | pelle | etti fo | r PA | | | | | | | | | |
| Street Address: | 412 Stony Wa | ny | | | | | | | | | | | | | | | |
| City: | East Norriton | | | | | | | State: | PA | | | Zip Cod | de: 19 | 9403 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. X | 2ND FRIDAY PRIMARY | PRE- | - | 2. | 30 DA PRIMA | | POST- | 3. | | AMENDM REPORT | | Yes | No | • | |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY ELECTION | PRE | - | 5. | 30 DA ELECT | | POST- | 6. | | TERMINATION REPORT? | | Yes | No | • | / |
| report type) | ANNUAL REPORT | 7. | Year 2024 | | | | | IG METHO | | | | PAPER | | / | DISKE | TTE | |
| Name of Office S | - Sought by Candida | te: | - | | _ | | | DATE 0 | F ELE | CTIO | N | District Number | Office Code | Par | ty Code | Coun | ty |
| | | | | | | | | мо | DAY | YE | AR | 17 | STS | DEM | 1 | 46 | |
| SENATOR IN TH | HE GENERAL ASSI | EMBLY | | | | | | 11 | | 5 | 2024 | | (SEE IN | STRUCTIO | ONS FOR C | ODES) | |
| • | Receipts and | МО | DAY | /EAR | ł | | ' | МО | DAY | YE | AR | FO | R OFFI | CE USE | ONLY | | |
| Expenditures | from: | | 1 1 | 2 | 024 | T | 0 | 3 | | 4 | 2024 | | | | | | |
| A. Amount Bro | ught Forward Fron | n Last R | eport | | | | \$ | | | 46,1 | 63.65 | | | | | | |
| B. Total Moneta | ary Contributions | And Rec | eipts (From S | Sche | dule | e I) | \$ | | | 25,8 | 353.22 | | | | | | |
| C. Total Funds | Available (Sum Of | Lines A | and B) | | | | \$ | | | 72,0 | 16.87 | | | | | | |
| D. Total Expend | ditures (From Sch | edule II | I) | | | | \$ | | | 10,8 | 49.15 | | | | | | |
| E. Ending Cash | Balance (Subtract | Line D | From Line C) |) | | | \$ | | | 61,1 | 67.72 |] | | | | | |
| F. Value Of In- | Kind Contributions | Receiv | ed (From Sch | nedu | le I | I) | \$ | | | 3 | 77.50 | | | | | | |
| G. Unpaid Debt | s And Obligations | (From S | Schedule IV) | | | | \$ | | | | 0.00 | | | | | | |
| | | | | AFF | ΊD | AVI | T SE | CTION | | | | | | | | | |
| PART I - If this is | a Committee rep | ort, trea | surer sign he | ere. 1 | If th | nis is | a Can | didate re | eport, o | candio | date sig | jn here. | | | | | |
| I swear (or affirm) correct and comple | that this report, inclete. | uding the | attached sche | dules | s file | ed on | paper o | or by elect | ronic m | edium | , are to t | the best o | f my knov | wledge a | and belie | ef , tru | ıe. |
| Sworn to and subs | cribed before me this day of | i | 20 | | | | | | | s | ignature | of Perso | n Submit | ting Rep | ort | | |
| | Signatu | re | | | | | - | | | | | Prin | ted Name | • | | | - |
| My Commission Ex | xpires | | | | | | _ | | | | | Ema | il | | | | _ |
| | МО | D | AY | YR | | | | | Are | ea Cod | e | Daytim | e Teleph | one Nu | mber | | |
| Part II- If this is | a report of a cand | lidate's | authorized C | omn | nitte | ee, C | andida | ate shall | sign h | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | that to the best of n | ny knowle | edge and belief | this | poli | itical | commi | ittee has n | ot viola | ted an | y provis | ions of th | e act of J | une 3,19 | 937 (P.L. | . 1333 | , |
| Sworn to and subsc | ribed before me this | | | | | | | | | | s | ignature o | of Candida | ate | | | - |
| | day of | | | | | | - | | | | | Printe | d Name | | | | - |
| | Signature | | | | | | - | | | | | | | | | | _ |
| My Commission Exp | _ | | | | | | | | | | | Ema | il | | | | |
| | МО | D | AY | YR | | | • | | Area | Code | | Da | aytime T | elephon | e Numbe | er | ٠ |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | Period | | |
|--|-----------|---------|---------------|-----------------|
| Cappelletti for PA | From: | 1/1/202 | <u>24</u> To: | <u>3/4/2024</u> |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 2,076.22 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 1,000.00 |
| All Other Contributions (Part B) | | | \$ | 6,327.00 |
| TOTAL for the Reporting | Period | (2) | \$ | 7,327.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 13,000.00 |
| All Other Contributions (Part D) | | | \$ | 3,450.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 16,450.00 |
| 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 an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 25,853.22 |

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 Candidat | Name of Filing Committee or Candidate | | | porting F | Period | | | |
|---|---------------------------------------|-----------------------------------|-----|-----------|--------|----------------|----|----------|
| Cappelletti for PA | | | Fro | om: | 1/1/20 |) <u>24</u> To | : | 3/4/2024 |
| | | • | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee Fraternal Order of the Police Lower Mer | ion - PAC | | | МО | DAY | YEAR | | |
| Mailing Address PO Box 430 | | | | | | | \$ | 250.00 |
| City Ardmore | State PA | Zip Code (Plus 4 190030430 | 4) | 1 | 25 | 2024 | | |
| Full Name of Contributing Committee Pennsylvania Dental Hygienists Associa | tion | | | мо | DAY | YEAR | | |
| Mailing Address 152 E Vine St | | | | | | | \$ | 125.00 |
| City Hatfield | State PA | Zip Code (Plus 194402521 | 4) | 1 | 23 | 2024 | | |
| Full Name of Contributing Committee School Nurse PAC | | | | МО | DAY | YEAR | | |
| Mailing Address 422 Center St | | | | | | | \$ | 125.00 |
| City Hyde Park | State PA | Zip Code (Plus 4 156419705 | 4) | 1 | 23 | 2024 | | |
| Full Name of Contributing Committee SGA PAC | | | | МО | DAY | YEAR | | |
| Mailing Address 518 S Oxford Vall | ey Rd | | | | | | \$ | 250.00 |
| City Fairless Hills | State PA | Zip Code (Plus 190302615 | 4) | 1 | 23 | 2024 | | |
| Full Name of Contributing Committee Tim Briggs for State Representative | | | | МО | DAY | YEAR | | |
| Mailing Address PO Box 62193 | | | | | | | \$ | 250.00 |
| City King Of Prussia | State PA | Zip Code (Plus 194060300 | 4) | 1 | 23 | 2024 | | |

PAGE TOTAL

1,000.00

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

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committee or Candidate | | | | orting Pe | eriod | | | |
|---|--------------------|---------------------------------------|------|-----------|-------|-----------------|------------|----------|
| Cappelletti for PA | | | Froi | m: | 1/1/2 | 2024 T o |) : | 3/4/2024 |
| | | | | | DATE | | A | MOUNT |
| Full Name of Contributor James Apone | | | | МО | DAY | YEAR | | |
| Mailing Address PO Box 242213 | | | | | | | \$ | 100.00 |
| City Anchorage | State AK | Zip Code (Plus 4) 995242213 | | 2 | 11 | 2024 | | |
| Full Name of Contributor Janice Asher | | | | МО | DAY | YEAR | | |
| Mailing Address 650 Heatherwood R | | | | 1 | 24 | 2024 | \$ | 100.00 |
| City Bryn Mawr | State PA | Zip Code (Plus 4) 190101726 | | 1 | 24 | 2024 | | |
| Full Name of Contributor Victoria Brown | | | | МО | DAY | YEAR | | |
| Mailing Address 720 E Manoa Rd | | | | | | | \$ | 100.00 |
| City Havertown | State PA | Zip Code (Plus 4) 190834113 | | 2 | 5 | 2024 | | |
| Full Name of Contributor Diana Cassel | | | | мо | DAY | YEAR | | |
| Mailing Address 3225 Kennedy Rd | | | | 2 | 5 | 2024 | \$ | 100.00 |
| City East Norriton | State PA | Zip Code (Plus 4) 194034025 | | | | | | |
| Full Name of Contributor Heidi Cooke | | | | МО | DAY | YEAR | | |
| Mailing Address 1221 Rose Glen Rd | | | | | | | \$ | 100.00 |
| City Gladwyne | State PA | Zip Code (Plus 4) 190351321 | | 1 | 8 | 2024 | | |

| | | | | PAGE 6 |
|--|-----------|---------------|----------------------|------------------------|
| Full Name of Contributor | | DAY | VEAD | |
| Thomas Cronin | МО | DAY | YEAR | |
| Mailing Address 191 Presidential Blvd | | | | \$ 25.00 |
| City Bala Cynwyd State Zip Code (Plus 4) | 1 | 15 | 2024 | |
| PA 190041207 | | | | |
| Full Name of Contributor Thomas Cronin | МО | DAY | YEAR | |
| Mailing Address 191 Presidential Blvd | | | | \$ 50.00 |
| City Bala Cynwyd State Zip Code (Plus 4) | 2 | 10 | 2024 | |
| PA 190041207 | | | | |
| Full Name of Contributor marc duerr | МО | DAY | YEAR | |
| Mailing Address 136 Juniper Rd | | | | \$ 102.00 |
| City Havertown State Zip Code (Plus 4) | 2 | 10 | 2024 | |
| DA 100035440 | | | | |
| PA 190835410 | | | | |
| Full Name of Contributor David Elderkin | МО | DAY | YEAR | |
| Full Name of Contributor | мо | DAY | YEAR | \$ 100.00 |
| Full Name of Contributor David Elderkin Mailing Address 108 Strawbridge Ct | MO | DAY 18 | YEAR 2024 | \$ 100.00 |
| Full Name of Contributor David Elderkin Mailing Address 108 Strawbridge Ct | | | | \$ 100.00 |
| Full Name of Contributor David Elderkin Mailing Address 108 Strawbridge Ct City Wynnewood State Zip Code (Plus 4) | | 18 | | \$ 100.00 |
| Full Name of Contributor David Elderkin Mailing Address 108 Strawbridge Ct City Wynnewood State PA Zip Code (Plus 4) 190962216 Full Name of Contributor | 1 | 18 | 2024 YEAR | \$ 100.00 \$ 100.00 |
| Full Name of Contributor David Elderkin Mailing Address 108 Strawbridge Ct City Wynnewood State PA 2ip Code (Plus 4) 190962216 Full Name of Contributor Margaret Epstein | 1 | 18 | 2024 | |
| Full Name of Contributor David Elderkin Mailing Address 108 Strawbridge Ct City Wynnewood State PA 2ip Code (Plus 4) 190962216 Full Name of Contributor Margaret Epstein Mailing Address 605 New Gulph Rd | 1 MO | 18 | 2024 YEAR | |
| Full Name of Contributor David Elderkin Mailing Address 108 Strawbridge Ct City Wynnewood State PA 2ip Code (Plus 4) 190962216 Full Name of Contributor Margaret Epstein Mailing Address 605 New Gulph Rd City Bryn Mawr State Zip Code (Plus 4) | 1 MO | 18 | 2024 YEAR | |
| Full Name of Contributor David Elderkin Mailing Address 108 Strawbridge Ct City Wynnewood State PA 2ip Code (Plus 4) 190962216 Full Name of Contributor Margaret Epstein Mailing Address 605 New Gulph Rd City Bryn Mawr State PA 2ip Code (Plus 4) 190103650 Full Name of Contributor | MO 1 | DAY 25 | 2024 YEAR 2024 | |
| Full Name of Contributor David Elderkin Mailing Address 108 Strawbridge Ct City Wynnewood State PA 190962216 Full Name of Contributor Margaret Epstein Mailing Address 605 New Gulph Rd City Bryn Mawr State PA 190103650 Full Name of Contributor Elizabeth Fenton | MO 1 | DAY 25 | 2024 YEAR 2024 | \$ 100.00 |

| | | | | | | | PAGE | |
|--|--|------------------------------|--|-----------|---------------|----------------------|------|--------|
| Full Name of Cont | tributor | | | МО | DAY | YEAR | | |
| Elizabeth Fenton | | | | 140 | חאם | ILAK | | |
| Mailing Address | 1407 County Line F | Rd | | | | | \$ | 100.00 |
| City Bryn Maw | vr | State | Zip Code (Plus 4) | 2 | 6 | 2024 | | |
| | | PA | 190101604 | | | | | |
| Full Name of Cont Paul Fitzpatrick | tributor | | | МО | DAY | YEAR | | |
| Mailing Address | 819 Wickfield Rd | | | | | | \$ | 100.00 |
| City Wynnewo | ood | State | Zip Code (Plus 4) | 2 | 6 | 2024 | | |
| , | | PA | 190961610 | | | | | |
| Full Name of Cont Joseph S Foster | tributor | | | МО | DAY | YEAR | | |
| Mailing Address | 348 Trevor Ln | | | | | | \$ | 250.00 |
| City Bala Cynv | wyd | State | Zip Code (Plus 4) | 1 | 21 | 2024 | | |
| | | PA | 190042329 | | | | | |
| | | | | | | | | |
| Full Name of Cont Sharon Garfield | tributor | | | МО | DAY | YEAR | | |
| | tributor 2803 Stanbridge St | : Apt B208 | | МО | | | \$ | 50.00 |
| Sharon Garfield | 2803 Stanbridge St | Apt B208 | Zip Code (Plus 4) | MO | DAY 10 | YEAR 2024 | \$ | 50.00 |
| Sharon Garfield Mailing Address | 2803 Stanbridge St | | Zip Code (Plus 4) 194011627 | | | | \$ | 50.00 |
| Sharon Garfield Mailing Address | 2803 Stanbridge St iton | State | | | 10 | | \$ | 50.00 |
| Sharon Garfield Mailing Address City East Norr Full Name of Confi | 2803 Stanbridge St iton | State PA | | 1 | 10 | 2024 YEAR | \$ | 50.00 |
| Sharon Garfield Mailing Address City East Norr Full Name of Contact Sharon Garfield | 2803 Stanbridge St riton tributor 2803 Stanbridge St | State PA | | 1 | 10 | 2024 | | |
| Sharon Garfield Mailing Address City East Norr Full Name of Cont Sharon Garfield Mailing Address | 2803 Stanbridge St riton tributor 2803 Stanbridge St | State PA Apt B208 | 194011627 | мо | 10 | 2024 YEAR | | |
| Sharon Garfield Mailing Address City East Norr Full Name of Cont Sharon Garfield Mailing Address | 2803 Stanbridge St riton tributor 2803 Stanbridge St | State PA Apt B208 State | 194011627 Zip Code (Plus 4) | мо | 10 | 2024 YEAR | | |
| Sharon Garfield Mailing Address City East Norr Full Name of Cont Sharon Garfield Mailing Address City East Norr Full Name of Cont | 2803 Stanbridge St riton tributor 2803 Stanbridge St | State PA Apt B208 State PA | 194011627 Zip Code (Plus 4) | 1 MO | 10 DAY | 2024 YEAR 2024 | | |
| Sharon Garfield Mailing Address City East Norr Full Name of Cont Sharon Garfield Mailing Address City East Norr Full Name of Cont Ignace Goethals Mailing Address | 2803 Stanbridge Stanbr | State PA Apt B208 State PA | 194011627 Zip Code (Plus 4) | 1 MO | 10 DAY | 2024 YEAR 2024 | \$ | 50.00 |
| Sharon Garfield Mailing Address City East Norr Full Name of Cont Sharon Garfield Mailing Address City East Norr Full Name of Cont Ignace Goethals Mailing Address | 2803 Stanbridge Stanbr | State PA Apt B208 State PA | 194011627 Zip Code (Plus 4) 194011627 | 1 MO 2 | 10 DAY | 2024 YEAR 2024 | \$ | 50.00 |

| | | | | PAGE 8 | |
|---|-------------|--------------|----------------------|---------------|------|
| Full Name of Contributor Jason Goodman | МО | DAY | YEAR | | |
| Mailing Address 148 E Princeton Rd | | | | \$ 250 | 0.00 |
| City Bala Cynwyd PA Zip Code (Plus 4) 190042231 | 1 | 11 | 2024 | | |
| Full Name of Contributor Louis Gordon | МО | DAY | YEAR | | |
| Mailing Address 230 Almur Ln | | | | \$ 250 | 0.00 |
| City Wynnewood PA Zip Code (Plus 4) PA 190961713 | 1 | 31 | 2024 | | |
| Full Name of Contributor Shirlee Howe | МО | DAY | YEAR | | |
| Mailing Address 309 Bryn Mawr Ave | | | | \$ 100 | 0.00 |
| City Bala Cynwyd PA Zip Code (Plus 4) 190042606 | 1 | 12 | 2024 | | |
| | | | | | |
| Full Name of Contributor Samar Khan | МО | DAY | YEAR | | |
| | МО | DAY | YEAR | \$ 250 | 0.00 |
| Samar Khan | MO 1 | DAY 6 | YEAR 2024 | \$ 250 | 0.00 |
| Samar Khan Mailing Address 6 Old Lancaster Rd City Merion Station State Zip Code (Plus 4) | | 6 | 2024 | \$ 250 | 0.00 |
| Samar Khan Mailing Address 6 Old Lancaster Rd City Merion Station State PA 190661815 Full Name of Contributor | 1 MO | 6 DAY | 2024 YEAR | | 0.00 |
| Samar Khan Mailing Address 6 Old Lancaster Rd City Merion Station State Zip Code (Plus 4) PA 190661815 Full Name of Contributor Nancy Kleinberg | 1 | 6 | 2024 | | |
| Samar Khan Mailing Address 6 Old Lancaster Rd City Merion Station State PA 190661815 Full Name of Contributor Nancy Kleinberg Mailing Address 506 Conshohocken State Rd City Penn Valley State Zip Code (Plus 4) Zip Code (Plus 4) 190661815 | 1 MO | 6 DAY | 2024 YEAR | | |
| Mailing Address 6 Old Lancaster Rd City Merion Station State PA 190661815 Full Name of Contributor Nancy Kleinberg Mailing Address 506 Conshohocken State Rd City Penn Valley State PA 190721436 Full Name of Contributor | 1 MO | 6 DAY | 2024 YEAR 2024 | \$ 250 | |

| | | | | | | | FAGL | |
|---|--|----------------------|---|--------|--------------|----------------------|------|--------|
| Full Name of Contrib | butor | | | | | | | |
| Imogene Leitch | | | | МО | DAY | YEAR | | |
| Mailing Address | 943 Remington Rd | | | | | | \$ | 250.00 |
| City Wynnewood | | State | Zip Code (Plus 4) | 1 | 17 | 2024 | | |
| , | | PA | 190961642 | | | | | |
| Full Name of Contrib | butor | | | МО | DAY | YEAR | | |
| Seth McDowell | | | | | | | | |
| Mailing Address | 142 Bethlehem Pike | 2 | | | | | \$ | 250.00 |
| City Philadelphia | <u> </u> | State | Zip Code (Plus 4) | 1 | 20 | 2024 | | |
| | | PA | 191182815 | | | | | |
| Full Name of Contril Roseanne Milazzo | butor | | | МО | DAY | YEAR | | |
| Mailing Address | 37 Rittenhouse Blvd | j | | | | | \$ | 100.00 |
| City Jeffersonvill | le | State | Zip Code (Plus 4) | 1 | 18 | 2024 | | |
| | | PA | 194033334 | | | | | |
| | | | 194033334 | | | | | |
| Full Name of Contril | butor | | 134033334 | МО | DAY | YEAR | | |
| | butor 110 Holland Ave | | 134033334 | МО | | | \$ | 100.00 |
| Jane Murray Mailing Address | | State | Zip Code (Plus 4) | мо 1 | DAY 3 | YEAR 2024 | \$ | 100.00 |
| Jane Murray Mailing Address | | | | | | | \$ | 100.00 |
| Jane Murray Mailing Address | 110 Holland Ave | State | Zip Code (Plus 4) | | | | \$ | 100.00 |
| Jane Murray Mailing Address City Ardmore Full Name of Contril | 110 Holland Ave | State PA | Zip Code (Plus 4) | 1 | 3 | 2024 YEAR | \$ | 100.00 |
| Jane Murray Mailing Address City Ardmore Full Name of Contril Samara O'Shea Mailing Address | 110 Holland Ave butor 2471 Norrington Dr | State PA | Zip Code (Plus 4) | 1 | 3 | 2024 | | |
| Jane Murray Mailing Address City Ardmore Full Name of Contril Samara O'Shea Mailing Address | 110 Holland Ave butor 2471 Norrington Dr | State PA | Zip Code (Plus 4) 190031212 | 1 мо | DAY | 2024 YEAR | | |
| Jane Murray Mailing Address City Ardmore Full Name of Contril Samara O'Shea Mailing Address City West Norrito | butor 2471 Norrington Dr | State PA State | Zip Code (Plus 4) 190031212 Zip Code (Plus 4) | 1 мо | DAY | 2024 YEAR | | |
| Jane Murray Mailing Address City Ardmore Full Name of Contril Samara O'Shea Mailing Address | butor 2471 Norrington Dr | State PA State | Zip Code (Plus 4) 190031212 Zip Code (Plus 4) | 1 мо | DAY | 2024 YEAR | | |
| Jane Murray Mailing Address City Ardmore Full Name of Contril Samara O'Shea Mailing Address City West Norrito Full Name of Contril | butor 2471 Norrington Dr | State PA State PA | Zip Code (Plus 4) 190031212 Zip Code (Plus 4) | 1 MO 1 | 19 DAY | 2024 YEAR 2024 | | |
| Jane Murray Mailing Address City Ardmore Full Name of Contril Samara O'Shea Mailing Address City West Norrito Full Name of Contril Pamela Packard | butor 2471 Norrington Dr on butor 10 Old Lancaster Re | State PA State PA | Zip Code (Plus 4) 190031212 Zip Code (Plus 4) | 1 MO | 3 DAY | 2024 YEAR 2024 | \$ | 100.00 |

| | | | | | | | FAGL 10 |
|---|-----------------------|--------------------|---------------------------------------|-----------|---------------|------------------|----------------------|
| Full Name of Contributor | | | | МО | DAY | YEAR | |
| Marcia Pelchat | | | | 1-10 | DAI | ILAK | |
| Mailing Address 16 Fa | rwood Rd | | | | _ | | \$ 100.0 |
| City Wynnewood | | State | Zip Code (Plus 4) | 2 | 6 | 2024 | |
| | | PA | 190964007 | | | | |
| Full Name of Contributor Jim Remsen | | | | МО | DAY | YEAR | |
| Mailing Address 13 Pe | narth Rd | | | | | | \$ 100.0 |
| City Bala Cynwyd | | State | Zip Code (Plus 4) | 1 | 25 | 2024 | |
| | | PA | 190042628 | | | | |
| Full Name of Contributor Melissa Retano | | | | МО | DAY | YEAR | |
| Mailing Address 910 H | eatherwood [|)r | | | | | \$ 100.0 |
| City Norristown | | State | Zip Code (Plus 4) | 1 | 18 | 2024 | |
| | | PA | 194034428 | | | | |
| Full Name of Contributor Jonathan Shapiro | | | | МО | DAY | YEAR | |
| Mailing Address 414 P | enn Rd | | | | | | \$ 250.0 |
| City Wynnewood | | State | Zip Code (Plus 4) | 1 | 25 | 2024 | |
| | | PA | 190961811 | | | | |
| Full Name of Contributor | | | | | | | I |
| Carol Shore | | | | мо | DAY | YEAR | |
| | rgyle Rd | | | мо | | | \$ 100.0 |
| | rgyle Rd | State | Zip Code (Plus 4) | мо | DAY 20 | YEAR 2024 | \$ 100.0 |
| Mailing Address 121 A | rgyle Rd | State PA | Zip Code (Plus 4) 190033201 | | | | \$ 100.0 |
| Mailing Address 121 A | rgyle Rd | | | | | | \$ 100.0 |
| Mailing Address 121 A City Ardmore Full Name of Contributor Todd Sinai | rgyle Rd orrest Rd | | | 1 | 20 | 2024 | \$ 100.0 \$ 250.0 |
| Mailing Address 121 A City Ardmore Full Name of Contributor Todd Sinai Mailing Address 265 F | | | | 1 | 20 | 2024 | |
| Mailing Address 121 A City Ardmore Full Name of Contributor Todd Sinai Mailing Address 265 F | | PA | 190033201 | 1 мо | 20 DAY | 2024 YEAR | |

| Full Na | me of Contributor Speer | | | мо | DAY | YEAR | |
|--|--|--------------------|---------------------------------------|---------|---------------|----------------------|------------------------|
| Mailing | Address 321 Grayling Ave | | | | | | \$ 100.00 |
| City | Narberth | State PA | Zip Code (Plus 4) 190721905 | 1 | 6 | 2024 | |
| Full Na | me of Contributor Stein | | | МО | DAY | YEAR | |
| Mailing | Address 831 Castlefinn Ln | | | | | | \$ 100.00 |
| City | Bryn Mawr | State PA | Zip Code (Plus 4) 190102107 | 1 | 16 | 2024 | |
| Full Na Jan Sw | me of Contributor renson | | | МО | DAY | YEAR | |
| Mailing | Address 121 Merbrook Ln | | | | | | \$ 100.00 |
| City | Merion Station | State PA | Zip Code (Plus 4) 190661619 | 1 | 19 | 2024 | |
| Full Na | me of Contributor | | | | | | |
| Jessica | Tayler | | | мо | DAY | YEAR | |
| | | | | МО | | | \$ 100.00 |
| | Tayler | State PA | Zip Code (Plus 4) 190961659 | мо 1 | DAY 25 | YEAR 2024 | \$ 100.00 |
| Mailing City Full Na | Tayler J Address 501 Foxglove Ln | | | | | | \$ 100.00 |
| Mailing City Full Nat Monica | Tayler Address 501 Foxglove Ln Wynnewood me of Contributor | | | 1 | 25 | 2024 | \$ 100.00 \$ 250.00 |
| Mailing City Full Nat Monica | Tayler Address 501 Foxglove Ln Wynnewood me of Contributor Taylor | | | 1 | 25 | 2024 | |
| Mailing City Full Nam Monica Mailing City | Tayler Address 501 Foxglove Ln Wynnewood me of Contributor Taylor Address 2532 Hillcrest Rd | PA State | 190961659 Zip Code (Plus 4) | 1 мо | 25 DAY | 2024 YEAR | |
| Full Name Mailing City Full Name Mailing City Full Name Danielli | Tayler Address 501 Foxglove Ln Wynnewood me of Contributor Taylor Address 2532 Hillcrest Rd Drexel Hill me of Contributor | PA State | 190961659 Zip Code (Plus 4) | мо 2 | 25 DAY | 2024 YEAR 2024 | |
| Full Name Mailing City Full Name Mailing City Full Name Danielli | Tayler Address 501 Foxglove Ln Wynnewood Taylor Address 2532 Hillcrest Rd Drexel Hill me of Contributor a Weinberg | PA State | 190961659 Zip Code (Plus 4) | мо 2 | 25 DAY | 2024 YEAR 2024 | \$ 250.00 |

| Full Name of Contributor Rick Wheeler | | | мо | DAY | YEAR | |
|--|--------------------|---------------------------------------|-----|-----|------|------------------|
| Mailing Address 1250 Round Hill Rd | | | | | | \$ 100.00 |
| City Bryn Mawr | State PA | Zip Code (Plus 4) 190101950 | 2 | 16 | 2024 | |
| Full Name of Contributor Nancy Winkler | | | МО | DAY | YEAR | |
| Mailing Address 402 Anthwyn Rd | | | | | | \$ 250.00 |
| City Narberth | State PA | Zip Code (Plus 4) 190722302 | 1 | 14 | 2024 | |
| Full Name of Contributor Alexandra Wisser | | | МО | DAY | YEAR | |
| Mailing Address 2041 Hendricks Sta | ition Rd | | | | | \$ 100.00 |
| City Harleysville | State PA | Zip Code (Plus 4) 194381313 | 1 | 3 | 2024 | |
| Full Name of Contributor Jeremiah Woodring | | | МО | DAY | YEAR | |
| Mailing Address 230 Springfield Ave | 2 | | | | | \$ 250.00 |
| City Bala Cynwyd | State | Zip Code (Plus 4) | 1 1 | 2 | 2024 | |

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

PAGE TOTAL \$ 6,327.00

PART C

Contributions Received From Political Committees

OVER \$250.00

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

| Name of Filing Committee or Candidate | • | | Reporting | ting Period | | | | | |
|---------------------------------------|------------------|---------------|-------------|-------------|--------|------|----------|------------|--|
| Cappelletti for PA | | | From: | 1/ | 1/2024 | То: | 3/4/2024 | | |
| | | | | DA | TE | | Þ | AMOUNT | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | |
| 1776 P.A.C | | | | 1.0 | | | | | |
| Mailing Address 3031 A Walton Rd | Ste 201 | | | | | | \$ | 1,000.00 | |
| City Plymouth Meeting | State | Zip Code | e (Plus 4) | 1 | 23 | 2024 | | | |
| | PA | 194622 | 369 | | | | | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | |
| Citizens for Hughes | | | | | | | | | |
| Mailing Address PO Box 13031 | _ | <u>.</u> | | 1 | 23 | 2024 | \$ | 1,000.00 | |
| City Philadelphia | State | Zip Code | e (Plus 4) | 1 | 23 | 2024 | | | |
| | PA | 191013 | 031 | | | | | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | |
| Friends of Kimberly Koch | | | | 110 | | | | | |
| Mailing Address PO Box 3203 | | | | | | | \$ | 1,000.00 | |
| City Maple Glen | State | Zip Code | e (Plus 4) | 1 | 25 | 2024 | • | | |
| | PA | 190028 | 203 | | | | | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | |
| Local 0032BJ PA American Dream Fu | nd | | | 110 | | | | | |
| Mailing Address 28 W 18th St | | | | | | | \$ | 10,000.00 | |
| City New York | State | Zip Code | e (Plus 4) | 2 | 20 | 2024 | | | |
| | NY | 100114 | 602 | | | | | | |
| | | | | | | | | PAGE TOTAL | |
| Enter Grand Total of Part C on Sch | edule I, Detaile | ed Summary Pa | age, Sectio | n 3. | | | \$ | 13,000.00 | |

ALL OTHER CONTRIBUTIONS

OVER \$250.00

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

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

| Name of Filing Committee or Candidate | | | | | Rep | eporting Period | | | | | |
|--|------------------------|--|------|-----------------------------|------|-----------------------|----------|---------------|-----------------|----------|----------|
| Cappelletti for P | Α | | | | Fron | n: | 1/1/2 | <u>024</u> To | <u>3/4/2024</u> | | |
| | | | | | | D. | ATE | | | AMOUN | т |
| Full Name of Cont Linda Tasker | tributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | 434 Levering Mill Rd | | | | | | | | \$ | | 500.00 |
| City Merion St | ation | State Zip Code (Plus 4) PA 190661238 | | 1 | 25 | 2024 | | | | | |
| Employer Name | Not Employed | | | | | Occupat | ion N | lot Emp | loyed | | |
| Employer Mailing Business | Address/Principal Plac | e of | | City | | • | State | | Zip C | ode (Plu | ıs 4) |
| 434 Levering Mill Rd Merion Station | | | | PA | | 190661238 | | | | | |
| Full Name of Cont Matthew Plumme | | | | | | МО | DAY | YEAR | | | |
| Mailing Address | 3279 Longview Rd | ongview Rd | | | | | | | \$ | | 1,000.00 |
| City Mechanic | sburg | State PA | - | Code (Plus 555217 | 4) | 1 | 25 | 2024 | | | |
| Employer Name | The DT Firm | | | | | Occupation Consultant | | | | | |
| Employer Mailing Business | Address/Principal Plac | e of | | City | | State Zip | | | | ode (Plu | ıs 4) |
| 909 Green St | | | | Harrisbur | g | | PA | | 171 | 022927 | |
| Full Name of Cont Leslie Ann Miller | tributor | | | | | МО | DAY | YEAR | | | |
| Mailing 1111 Barberry Rd | | | | | | | \$ | | 500.00 | | |
| City Bryn Maw | ır | State PA | - | Code (Plus 101907 | 4) | 1 | 23 | 2024 | | | |
| Employer Name | Self-Employed | | | | | Occupat | ion A | ittorney | | | |
| Employer Mailing Business | Address/Principal Plac | e of | | City | | | State | | Zip C | ode (Plu | ıs 4) |
| 100 Front StSte 900 Conshohocken | | | n PA | | | 194282899 | | | | | |

| Full Name of Contributor Stacy Levitan | | | | мо | DAY | YEAR | | | |
|--|----------|-----|---------------|---------------------------|-------------------------------|----------|-------------------|--|--|
| Mailing 430 Williams Rd | | | | | | | \$ 500.00 | | |
| City Wynnewood | State | Ziı | Code (Plus 4) | 2 | 6 | 2024 | | | |
| Wynnewood | PA | | 0962012 | | | | | | |
| Employer Name 1CHAI | | | | Occupat | ion | | | | |
| Employer Name JCHAI | | | | Nonprofit Executive Direc | | | | | |
| Employer Mailing Address/Principal Business | Place of | | City | | State | | Zip Code (Plus 4) | | |
| 430 Williams Rd Wynnewood | | | | | PA | | 190962012 | | |
| Full Name of Contributor | | | | | | | | | |
| Henry Holmes | | | | МО | DAY | YEAR | | | |
| Mailing 102 Chestnut Ave | : | | | | | | \$ 500.00 | | |
| City Narberth | State | Ziı | Code (Plus 4) | 1 | 22 | 2024 | | | |
| | PA | 19 | 0722404 | | | | | | |
| Employer Name Not Employed | | | | | Occupation Not Employed | | | | |
| Employer Mailing Address/Principal Place of City | | | | <u> </u> | State | | Zip Code (Plus 4) | | |
| Business 102 Chestnut Ave Narberth | | | | | PA | | 190722404 | | |
| | | | | | 1 | <u> </u> | | | |
| Full Name of Contributor Jay Fishman | | | | МО | DAY | YEAR | | | |
| Mailing 15 Stone Creek L | n | | | | | | \$ 250.00 | | |
| | State | Ziı | Code (Plus 4) | 2 | 6 | 2024 | | | |
| City Bryn Mawr | PA | | 0102077 | | | | | | |
| Employer Name FRA | | | | Occupat | ion E | Business | Appraiser | | |
| Employer Mailing Address/Principal Business | Place of | | City | <u> </u> | State | | Zip Code (Plus 4) | | |
| 333 E City Ave | | | Bala Cynwyd | | PA | | 190041513 | | |
| Full Name of Contributor Jay Fishman | | | | мо | DAY | YEAR | | | |
| | | | | | | | 4 | | |
| Mailing 15 Stone Creek L | n | | | | | | \$ 200.00 | | |
| City Bryn Mawr | State | Zij | Code (Plus 4) | 1 | 11 | 2024 | | | |
| | PA | 19 | 0102077 | | | | | | |
| Employer Name FRA | | | | Occupat | Occupation Business Appraiser | | | | |
| Employer Mailing Address/Principal Business | Place of | | City | • | State | | Zip Code (Plus 4) | | |
| 333 E City Ave | | | Bala Cynwyd | | PA | | 190041513 | | |
| | | | <u> </u> | | • | 1 | | | |

PAGE 16

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

PAGE TOTAL

3,450.00

\$

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 | ing Perio | od | | | |
|--|-------------------------|-----------------|---------|-----------|-----|------|----|------------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | | AMOUNT |
| Full Name | | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (| Plus 4) | | | | | |
| Receipt Description | · | · | | | | | • | |
| Enter Grand Total of Part E | on Schedule I. Detailed | d Summary Page | Section | 4 | | | F | PAGE TOTAL |
| - Contract C | Journal 1, Betailet | a sammary rage, | | •• | | | \$ | 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 | d | | | | | | | |
|--|------------------|----------------------------|-----------------|--|--|--|--|--|--|
| Cappelletti for PA | From: | <u>1/1/2024</u> To: | <u>3/4/2024</u> | | | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 | | | | | | |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 100.00 | | | | | | |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | | | | | | | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 277.50 | | | | | | |
| 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, | | \$ | 377.50 | | | | | | |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | |
|---|---------------------|-----------------------|-----------|---------------------|------|-----------|------------|--|
| Cappelletti for PA Fr | | | | From: <u>1/1/20</u> | | | 3/4/2024 | |
| | | I | | DATE | | | AMOUNT | |
| Full Name of Contributor Amanda M Cappelletti | | | МО | DAY | YEAR | | | |
| Mailing Address 2913 Sunset Ave | | | | 12 | 2024 | \$ | 100.00 | |
| City East Norriton | State | Zip Code (Plus 4) | 7 | | | | | |
| | PA | 194034419 | | | | | | |
| Description of Contribution: Fil | ing Fee | | | | | | | |
| Enter Grand Total of Part F on | Schedule II, In-Kir | nd Contributions Deta | iled Sumi | mary Pag | je, | | PAGE TOTAL | |
| Section 2. | | | | | 4 | 5 | 100.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | • | | | | Re | porting P | eriod | | | | |
|--|--------------------|-------------|---------------------------|-----------|-----------|-------------------------------|-----------------------|-----------------------------|-------------------|--|--|
| Cappelletti for PA | | | | | Fro | om: <u>1/1/2024</u> To | | | : <u>3/4/2024</u> | | |
| | | | | | | | DATE | | AMOUNT | | |
| Full Name of Contributor Tj Cappelletti | | | | | | мо | DAY | YEAR | | | |
| Mailing Address 601 Highland Ave | | | | | | | | | \$ 80.00 | | |
| City Bovertown | State | | Zip Code(F | Plus 4) | | 1 | 1 | 2024 | | | |
| City Boyertown | PA | | 1951222 | | | | | | | | |
| Employer of Contributor InCycle Software | | | | | | Occupat | l tion | Software | I Developer | | |
| Employer Mailing Address/Principal Place of City State | | | | Zip 4) | Code(Plus | Descri | ption of Contribution | | | | |
| 1120 Avenue Of The Americas Fl 4 | | New York NY | | | | 1 | 366700 | Website service | | | |
| Full Name of Contributor Tj Cappelletti | | | | | | мо | DAY | YEAR | | | |
| Mailing Address 601 Highland Ave | | | | | | | | | \$ 12.50 | | |
| City Boyertown | State PA | | Zip Code(F 1951222 | | | 1 | 1 | 2024 | | | |
| Employer of Contributor InCycle So | oftware | | <u> </u> | | | Occupation Software Developer | | | | | |
| Employer Mailing Address/Principal Pla Business | ice of | City | | State | | Zip 4) | Code(Plus | Description of Contribution | | | |
| 1120 Avenue Of The Americas FI 4 | | New Y | ork | NY | | 1 | 366700 | Email s | service | | |
| Full Name of Contributor Tj Cappelletti | | | | | | мо | DAY | YEAR | | | |
| Mailing Address 601 Highland Ave | | | | | | | | \$ 12.50 | | | |
| City Boyertown | State PA | | Zip Code(F 1951222 | | | 2 | 1 | 2024 | | | |
| Employer of Contributor InCycle So | oftware | | 1 | | | Occupat | tion | Software | Developer | | |
| Employer Mailing Address/Principal Pla | ice of | City | | State | | Zip | Code(Plus | Description of Contribution | | | |
| Business 1120 Avenue Of The Americas FI 4 New York NY | | | ork | NY | | 100065700 | | | il service | | |

| | | | | | | | | | PAGE 21 | |
|--|-------------|--------|------------|------------|-------------------------------|-------------|-------------|-----------------------------|--------------------------|--|
| Full Name of Contributor Tj Cappelletti | | | | | М | 0 | DAY | YEAR | | |
| Mailing Address 601 Highland Ave | | | | | | | | | \$ 80.00 | |
| City Boyertown | State | | Zip Code(F | Plus 4) | 1 | 2 | 1 | 2024 | | |
| . Boyertown | PA | | 1951222 | 02 | | | | | | |
| Employer of Contributor InCycle So | tware | | | | Oce | cupat | i on | oftware l | Developer | |
| Employer Mailing Address/Principal Plac Business | e of | City | | State | <u> </u> | Zip | Code(Plus | Descrip | otion of Contribution | |
| 1120 Avenue Of The Americas Fl 4 | | New Yo | ork | NY | | 100 | 366700 | Websit | e service | |
| Full Name of Contributor Tj Cappelletti | | | | | М | 0 | DAY | YEAR | | |
| Mailing Address 601 Highland Ave | | | | | | | | 2024 | \$ 12.50 | |
| City Boyertown | State | | Zip Code(F | Plus 4) | | 3 1 | | 2024 | | |
| | PA | | 1951222 | 02 | | | | | | |
| Employer of Contributor InCycle Sor | tware | | | | Occupation Software Developer | | | | | |
| Employer Mailing Address/Principal Plac Business | e of | City | | State | | Zip 4) | Code(Plus | Description of Contribution | | |
| 1120 Avenue Of The Americas FI 4 | | New Yo | ork | NY | | 100 | 366700 | Email s | service | |
| Full Name of Contributor | | | | | M | 2 | DAY | YEAR | | |
| Tj Cappelletti | | | | | | , | אלו | ILAK | | |
| Mailing Address 601 Highland Ave | | | | | | | | | \$ 80.00 | |
| City Bovertown | State | | Zip Code(F | Plus 4) | - | 3 | 1 | 2024 | | |
| City Boyertown | PA | | 1951222 | 02 | | | | | | |
| Employer of Contributor InCycle Software | | | | Occ | cupat | i on | oftware l | Developer | | |
| Employer Mailing Address/Principal Place of Business | | City | | State | | Zip 4) | Code(Plus | Descrip | otion of Contribution | |
| 1120 Avenue Of The Americas Fl 4 New York NY | | | NY | | 100366700 Website serv | | | e service | | |
| Enter Grand Total of Part G on Sch Summary Page, Section 3. | edule II, I | n-Kind | Contributi | ons Detail | led | | | | PAGE TOTAL 277.50 | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | |
|---------------------------------------|------------------|----------|-----|----------|--|
| Cappelletti for PA | From | 1/1/2024 | To: | 3/4/2024 | |
| | | DATE | | AMOUNT | |

| | | | | DATE | | | AMOUNT | |
|---|--------------------|---------------------------------------|---------------------------|---|----------|----|----------|--|
| To Whom Paid ACT BLUE | | | мо | DAY | YEAR | | | |
| Mailing Address PO Box 441146 | | | 1 | 9 | 2024 | \$ | 0.50 | |
| City West Somerville | State MA | Zip Code (Plus 4) 021440031 | | Description of Expenditure Processing Fee | | | | |
| To Whom Paid ACT BLUE | | | МО | DAY | YEAR | | | |
| Mailing Address PO Box 441146 | | | 3 | 3 | 2024 | \$ | 56.69 | |
| City West Somerville State Zip Code (Plus 4) MA 021440031 | | | | Description of Expenditure Processing Fee | | | | |
| To Whom Paid Capitol Promotions | | | | DAY | YEAR | | | |
| Mailing Address PO Box 231 | | | 2 | 22 | 2024 | \$ | 1,888.92 | |
| City Glenside | State PA | Zip Code (Plus 4) 190380231 | Descrip Yard Si | otion of Exp gns | enditure | | | |
| To Whom Paid Friends of Jamila Winder | | | МО | DAY | YEAR | | | |
| Mailing Address 163 Rosedale Ct | | | 1 | 22 | 2024 | \$ | 250.00 | |
| City East Norriton State Zip Code (Plus 4) PA 194011903 | | | 1 | otion of Exp | | | | |
| To Whom Paid JT Gillen | | | МО | DAY | YEAR | | | |
| Mailing Address 887 Briarstone Rd | | | 1 | 16 | 2024 | \$ | 535.44 | |
| City Bethlehem | State PA | Zip Code (Plus 4) 180172310 | 1 | otion of Exp iser Suppli | | | | |

| To Whom Paid NGPVAN, Inc. | | | мо | DAY | YEAR | | | |
|--|--------------------|-------------------------|----------------------------|-------------|----------|--------|------------|--|
| NGPVAN, Inc. | | | | | | | | |
| | | | | | | | | |
| Mailing Address 1445 New York | k Ave NW Ste 200 | | 1 | 3 | 2024 | \$ | 339.20 | |
| City Washington | State | Zip Code (Plus 4) | Description of Expenditure | | | | | |
| wasiiiigtoii | DC | 200052158 | | ing Expend | | | | |
| To Whom Paid NGPVAN, Inc. | | | мо | DAY | YEAR | | | |
| Mailing Address 1445 New York | k Ave NW Ste 200 | | 2 | 2 | 2024 | \$ | 339.20 | |
| City Washington | State | Zip Code (Plus 4) | Descrin | tion of Exp | enditure | | | |
| DC 200052158 | | | | se manage | | | | |
| To Whom Paid NGPVAN, Inc. | МО | DAY | YEAR | | | | | |
| Mailing Address 1445 New York | k Ave NW Ste 200 | | 3 | 2024 | \$ | 339.20 | | |
| City Washington | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| J | Databa | se Manage | ement | | | | | |
| To Whom Paid PALM Center for Positive Aging | мо | DAY | YEAR | | | | | |
| Mailing Address 117 Ardmore | Ave | | 1 | 4 | 2024 | \$ | 100.00 | |
| City Ardmore | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| | PA | 190031314 | Donatio | on | | | | |
| To Whom Paid Ripple Effect Strategies LLC | | | мо | DAY | YEAR | | | |
| Mailing Address 176 Millburn A | ve Apt 30 | | 1 | 12 | 2024 | \$ | 3,500.00 | |
| City Millburn | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | |
| 55 | NJ | 070411820 | | tant Fee | | | | |
| To Whom Paid Ripple Effect Strategies LLC | | | мо | DAY | YEAR | | | |
| Mailing Address 176 Millburn Ave Apt 30 | | | 2 | 5 | 2024 | \$ | 3,500.00 | |
| City Millburn | State | Zip Code (Plus 4) | Descrin | tion of Exp | enditure | | | |
| | NJ | 070411820 | | tant Fee | | | | |
| Enter Grand Total of Expenditu | ires on Page 1 Per | nort Cover Page Item D | | | | | PAGE TOTAL | |
| Experience | 35 5 i age 1/ Ne | periodici i age, item b | - | | | \$ | 10,849.15 | |