

Campaign Finance Report

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

| | | | | | | | | | | | | |
|--|--------------------------|-----------|-------------------------|------------------------------------|-----------------|-------------------------|--|--|------------------------------|--------------------|-------------------------------------|--------------------|
| Filer Identification Number : | | 20240067 | | Report Filed By : | | CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | |
| Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF JEN DINTINI | | | | | | | | | | | | |
| Street Address: P.O. BOX 143 | | | | | | | | | | | | |
| City: HARRISBURG | | | | | | State: PA | | | Zip Code: 17108 | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY PRIMARY | POST- | 3. X | AMENDMENT REPORT? | Yes | No | <input checked="" type="checkbox"/> | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY ELECTION | POST- | 6. | TERMINATION REPORT? | Yes | No | <input checked="" type="checkbox"/> | |
| | ANNUAL REPORT | 7. | Year 2024 | FILING METHOD () CHECK ONE | | | PAPER <input checked="" type="checkbox"/> | DISKETTE | | | | |
| Name of Office Sought by Candidate: | | | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | | | MO | DAY | YEAR | | | | |
| | | | | | | 11 | 5 | 2024 | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | | | |
| | | 4 | 9 | 2024 | | 5 | 13 | 2024 | | | | |
| A. Amount Brought Forward From Last Report | | | | | | \$ 17,997.95 | | | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | | | \$ 68,131.00 | | | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | | | \$ 86,128.95 | | | | | | |
| D. Total Expenditures (From Schedule III) | | | | | | \$ 42,044.71 | | | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | | | \$ 44,084.24 | | | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | | | \$ 0.00 | | | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | | | \$ 0.00 | | | | | | |

AFFIDAVIT SECTION

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

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

Sworn to and subscribed before me this

day of 20

Signature of Person Submitting Report

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

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

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

Sworn to and subscribed before me this

day of 20

Signature of Candidate

Printed Name

Signature

Email

My Commission Expires

MO DAY YR

Area Code Daytime Telephone Number

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF JEN DINTINI | From: <u>4/9/2024</u> To: <u>5/13/2024</u> |

| | |
|--|-----------|
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | |
| TOTAL for the Reporting Period (1) | \$ 131.00 |

| | |
|--|-----------|
| 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) | \$ 200.00 |
| TOTAL for the Reporting Period (2) | \$ 200.00 |

| | |
|---|--------------|
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | |
| Contributions Received From Political Committees (Part C) | \$ 56,000.00 |
| All Other Contributions (Part D) | \$ 11,800.00 |
| TOTAL for the Reporting Period (3) | \$ 67,800.00 |

| | |
|--|---------|
| 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 enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.) | \$ 68,131.00 |
|---|--------------|

| <div> <div> <div>PART A</div> <div>CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES</div> <div>\$50.01 TO \$250.00</div> <div> 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. </div> </div> </div> | | | | | | | |
|---|-------|-------------------|--|------------------|-----|--------|---------|
| Name of Filing Committee or Candidate | | | | Reporting Period | | | |
| | | | | From: To: | | | |
| | | | | DATE | | AMOUNT | |
| Full Name of Contributing Committee | | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | | |
| City | State | Zip Code (Plus 4) | | | | | |

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

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

PART B

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

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

| | |
|---------------------------------------|------------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF JEN DINTINI | From: 4/9/2024 To: 5/13/2024 |

| | | | | | DATE | | AMOUNT | |
|--------------------------|--|-------|--|-------------------|------|-----|--------|-----------|
| Full Name of Contributor | | | | | MO | DAY | YEAR | \$ 200.00 |
| DAVID J MAJERNIK | | | | | | | | |
| Mailing Address | | | | | 4 | 22 | 2024 | |
| 932 ROCKLAND DR | | | | | | | | |
| City | | State | | Zip Code (Plus 4) | | | | |
| PITTSBURGH | | PA | | 15239 | | | | |

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

| |
|------------|
| PAGE TOTAL |
| \$ 200.00 |

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 FRIENDS OF JEN DINTINI | Reporting Period From: <u>4/9/2024</u> To: <u>5/13/2024</u> |
|--|---|

| | | | | DATE | AMOUNT | | |
|--|----------|-------------------------|--|------|--------|------|--------------|
| Full Name of Contributing Committee FRIENDS OF CHRIS GEBHARD | | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 1451 QUENTIN RD SUITE 400 BOX 248 | | | | 5 | 8 | 2024 | |
| City LEBANON | State PA | Zip Code (Plus 4) 17042 | | | | | |
| Full Name of Contributing Committee FRIENDS OF KIM WARD | | | | MO | DAY | YEAR | \$ 50,000.00 |
| Mailing Address P.O. BOX 83 | | | | 5 | 7 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17108 | | | | | |
| Full Name of Contributing Committee PENNSYLVANIA PROSPERITY PAC | | | | MO | DAY | YEAR | \$ 5,000.00 |
| Mailing Address P.O. BOX 1471 | | | | 5 | 10 | 2024 | |
| City CAMP HILL | State PA | Zip Code (Plus 4) 17001 | | | | | |

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

| |
|---------------------------------------|
| PAGE TOTAL \$ 56,000.00 |
|---------------------------------------|

PART D
ALL OTHER CONTRIBUTIONS
OVER \$250.00

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

| | |
|--|--|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF JEN DINTINI | From: <u>4/9/2024</u> To: <u>5/13/2024</u> |

| | | | | DATE | AMOUNT | | |
|--|--|------------------|-------------|-----------------------|--------|------|-------------------|
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 500.00 |
| KIRA WISSMAN | | | | 4 | 26 | 2024 | |
| Mailing Address 121 BUTTERNUT CT | | City EIGHTY FOUR | State PA | | | | |
| Employer Name KWC CERTIFIED PUBLIC ACCOUNTANTS | | | | Occupation ACCOUNTANT | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |
| 5270 SHAWNEE RDSUITE 250 | | | ALEXANDRIA | | VA | | 22312 |
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 2,500.00 |
| JOHN LOKAY | | | | 4 | 15 | 2024 | |
| Mailing Address 6557 ANTONIO DR | | City IRWIN | State PA | | | | |
| Employer Name LOKAY LANES, LLC | | | | Occupation OWNER | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |
| 2127 MOSSIDE BLVD | | | MONROEVILLE | | PA | | 15146 |
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 500.00 |
| CANDICE KOMAR | | | | 5 | 2 | 2024 | |
| Mailing Address 941 PENN AVE UNIT 901 | | City PITTSBURGH | State PA | | | | |
| Employer Name POLLOCK BEGG | | | | Occupation ATTORNEY | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |
| 525 WILLIAM PENN PLSUITE 3501 | | | PITTSBURGH | | PA | | 15219 |
| Full Name of Contributor | | | | MO | DAY | YEAR | \$ 5,000.00 |
| SCOTT DOLS | | | | 4 | 26 | 2024 | |
| Mailing Address 19822 WETHERBY LN | | City LUTZ | State FL | | | | |
| Employer Name TRUCKS & PARTS | | | | Occupation EXECUTIVE | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | | Zip Code (Plus 4) |
| 1015 S 50TH ST | | | TAMPA | | FL | | 33619 |

| | | | | | | | |
|---|--------------------|-----------------------------------|----------------------|-------------------------|--------------------|-----------------------------------|--------------------|
| Full Name of Contributor COREY DEASY | | | | MO | DAY | YEAR | \$ 2,500.00 |
| Mailing Address 1059 GIULIA DR | | | | 4 | 15 | 2024 | |
| City IRWIN | State PA | Zip Code (Plus 4) 15642 | | | | | |
| Employer Name MIND DOJO, LLC | | | | Occupation OWNER | | | |
| Employer Mailing Address/Principal Place of Business 1059 GIULIA DR | | | City IRWIN | | State PA | Zip Code (Plus 4) 15642 | |

| | | | | | | | |
|---|--------------------|-----------------------------------|-------------|---|--------------|--------------------------|------------------|
| Full Name of Contributor SHAUN DAVIS | | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 11 KINZUA RD | | | | 5 | 13 | 2024 | |
| City PITTSBURGH | State PA | Zip Code (Plus 4) 15239 | | | | | |
| Employer Name | | | | Occupation INFORMATION REQUESTED | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | Zip Code (Plus 4) | |

| | | | | | | | |
|---|--------------------|-----------------------------------|-------------|-------------------|--------------|--------------------------|------------------|
| Full Name of Contributor JUST ELECTRIC, LLC | | | | MO | DAY | YEAR | \$ 300.00 |
| Mailing Address 520 UNITY CENTER RD | | | | 4 | 19 | 2024 | |
| City PITTSBURGH | State PA | Zip Code (Plus 4) 15239 | | | | | |
| Employer Name | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | | State | Zip Code (Plus 4) | |

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

| |
|---------------------|
| PAGE TOTAL |
| \$ 11,800.00 |

PART E OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

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

| | | | DATE | | | AMOUNT |
|---------------------|-------|-------------------|------|-----|------|---------|
| Full Name | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | |
| City | State | Zip Code (Plus 4) | | | | |
| Receipt Description | | | | | | |

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

| |
|-------------------|
| PAGE TOTAL |
| \$ 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 | |
| FRIENDS OF JEN DINTINI | | From: <u>4/9/2024</u> To: <u>5/13/2024</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period (1) | | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period (2) | | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period (3) | | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.) | | \$ | 0.00 |

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

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

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

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

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

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

SCHEDULE III STATEMENT OF EXPENDITURES

| | |
|--|---|
| Name of Filing Committee or Candidate | Reporting Period |
| FRIENDS OF JEN DINTINI | From <u>4/9/2024</u> To: <u>5/13/2024</u> |

| DATE | | | | AMOUNT |
|--|-----------------|--------------------------------|--|--------------|
| To Whom Paid | MO | DAY | YEAR | |
| LN CONSULTING, LLC | | | | |
| Mailing Address 121 STATE ST | 4 | 11 | 2024 | \$ 12,165.76 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure PRINTING AND POSTAGE | |
| To Whom Paid | MO | DAY | YEAR | |
| EVENTBRITE.COM | | | | |
| Mailing Address 651 BRANNAN ST | 4 | 15 | 2024 | \$ 1,058.02 |
| City SAN FRANCISCO | State CA | Zip Code (Plus 4) 94107 | Description of Expenditure SERVICE FEE | |
| To Whom Paid | MO | DAY | YEAR | |
| LN CONSULTING, LLC | | | | |
| Mailing Address 121 STATE ST | 4 | 16 | 2024 | \$ 5,250.00 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure TEXT MESSAGING | |
| To Whom Paid | MO | DAY | YEAR | |
| LN CONSULTING, LLC | | | | |
| Mailing Address 121 STATE ST | 4 | 16 | 2024 | \$ 831.50 |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure REIMBURSEMENT | |
| To Whom Paid | MO | DAY | YEAR | |
| JEN DINTINI | | | | |
| Mailing Address 701 ROSEWOOD DR | 4 | 22 | 2024 | \$ 731.00 |
| City PITTSBURGH | State PA | Zip Code (Plus 4) 15239 | Description of Expenditure REIMBURSEMENT | |
| To Whom Paid | MO | DAY | YEAR | |
| JEN DINTINI | | | | |
| Mailing Address 701 ROSEWOOD DR | 4 | 22 | 2024 | \$ 521.50 |
| City PITTSBURGH | State PA | Zip Code (Plus 4) 15239 | Description of Expenditure REIMBURSEMENT | |

| | | | | | | |
|--|-------------|----------------------------|---|-----|------|----------|
| To Whom Paid ANEDOT | | | MO | DAY | YEAR | \$ 20.30 |
| Mailing Address 1340 POYDRAS STREET SUITE 1770 | | | 4 | 26 | 2024 | |
| City NEW ORLEANS | State LA | Zip Code (Plus 4) 70112 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|--|-------------|----------------------------|---|-----|------|-----------|
| To Whom Paid ANEDOT | | | MO | DAY | YEAR | \$ 200.30 |
| Mailing Address 1340 POYDRAS STREET SUITE 1770 | | | 4 | 26 | 2024 | |
| City NEW ORLEANS | State LA | Zip Code (Plus 4) 70112 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|--|-------------|----------------------------|--|-----|------|-------------|
| To Whom Paid AVERY SKIVIAT | | | MO | DAY | YEAR | \$ 5,000.00 |
| Mailing Address 850 BALDWIN ST APT 323 | | | 5 | 1 | 2024 | |
| City PITTSBURGH | State PA | Zip Code (Plus 4) 15234 | Description of Expenditure CONSULTING | | | |

| | | | | | | |
|---------------------------------|-------------|----------------------------|---|-----|------|-----------|
| To Whom Paid CARRIE CAMPBELL | | | MO | DAY | YEAR | \$ 610.00 |
| Mailing Address 332 ABERDEEN DR | | | 5 | 1 | 2024 | |
| City PITTSBURGH | State PA | Zip Code (Plus 4) 15239 | Description of Expenditure EVENT DECORATIONS | | | |

| | | | | | | |
|--|-------------|----------------------------|---|-----|------|----------|
| To Whom Paid ANEDOT | | | MO | DAY | YEAR | \$ 20.30 |
| Mailing Address 1340 POYDRAS STREET SUITE 1770 | | | 5 | 2 | 2024 | |
| City NEW ORLEANS | State LA | Zip Code (Plus 4) 70112 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|--------------------------------|-------------|----------------------------|--|-----|------|-------------|
| To Whom Paid DTR CONSULTING | | | MO | DAY | YEAR | \$ 1,000.00 |
| Mailing Address 210 KELKER ST | | | 5 | 2 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17102 | Description of Expenditure CONTRIBUTION | | | |

| | | | | | | |
|--|-------------|----------------------------|---|-----|------|---------|
| To Whom Paid ANEDOT | | | MO | DAY | YEAR | \$ 2.30 |
| Mailing Address 1340 POYDRAS STREET SUITE 1770 | | | 5 | 6 | 2024 | |
| City NEW ORLEANS | State LA | Zip Code (Plus 4) 70112 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|--|-------------|----------------------------|---|-----|------|---------|
| To Whom Paid ANEDOT | | | MO | DAY | YEAR | \$ 0.42 |
| Mailing Address 1340 POYDRAS STREET SUITE 1770 | | | 5 | 6 | 2024 | |
| City NEW ORLEANS | State LA | Zip Code (Plus 4) 70112 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|--|------------|-------------|---------|
| To Whom Paid ANEDOT | | | MO | DAY | YEAR | \$ 0.38 |
| Mailing Address 1340 POYDRAS STREET SUITE 1770 | | | 5 | 6 | 2024 | |
| City NEW ORLEANS | State LA | Zip Code (Plus 4) 70112 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|--|------------|-------------|---------|
| To Whom Paid ANEDOT | | | MO | DAY | YEAR | \$ 0.34 |
| Mailing Address 1340 POYDRAS STREET SUITE 1770 | | | 5 | 6 | 2024 | |
| City NEW ORLEANS | State LA | Zip Code (Plus 4) 70112 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|--|------------|-------------|-------------|
| To Whom Paid AVERY SKIVIAT | | | MO | DAY | YEAR | \$ 2,725.85 |
| Mailing Address 850 BALDWIN ST APT 323 | | | 5 | 8 | 2024 | |
| City PITTSBURGH | State PA | Zip Code (Plus 4) 15234 | Description of Expenditure REIMBURSEMENT | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|---|------------|-------------|--------------|
| To Whom Paid LN CONSULTING, LLC | | | MO | DAY | YEAR | \$ 11,870.54 |
| Mailing Address 121 STATE ST | | | 5 | 8 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17101 | Description of Expenditure PRINTING AND POSTAGE | | | |

| | | | | | | |
|--------------------------------------|--------------------|-----------------------------------|--|------------|-------------|----------|
| To Whom Paid POSTMASTER | | | MO | DAY | YEAR | \$ 13.60 |
| Mailing Address 312 MARKET ST | | | 5 | 9 | 2024 | |
| City HARRISBURG | State PA | Zip Code (Plus 4) 17108 | Description of Expenditure POSTAGE | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|--|------------|-------------|---------|
| To Whom Paid ANEDOT | | | MO | DAY | YEAR | \$ 2.30 |
| Mailing Address 1340 POYDRAS STREET SUITE 1770 | | | 5 | 10 | 2024 | |
| City NEW ORLEANS | State LA | Zip Code (Plus 4) 70112 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|---|--------------------|-----------------------------------|--|------------|-------------|----------|
| To Whom Paid ANEDOT | | | MO | DAY | YEAR | \$ 20.30 |
| Mailing Address 1340 POYDRAS STREET SUITE 1770 | | | 5 | 13 | 2024 | |
| City NEW ORLEANS | State LA | Zip Code (Plus 4) 70112 | Description of Expenditure SERVICE FEE | | | |

| | | | | | | |
|--|--|--|--|--|--|-------------------|
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL |
| | | | | | | \$ 42,044.71 |

