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 2020 | 0146 | | | Rep File | | | CAI | NDI | DATE | | COM | AITTEE | ~ | LUB | D1131 | | |
|--------------------------------|--|------------|-----------------------|-----------|-------------|------|--------|---------------|-------|----------|-------|-------------|--------------------|----------------|----------|----------|--------------|----------|
| Name of Filing C | Committee, Candid | late or L | obbyist: | | TIM | DEF | OOR | FOR | AUE | DITOR | GEN | NERAL | | • | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | |
| City: | HARRISBURG | i | | | | | | State | e: | PA | | | Zip Co | de: 1 | 7108 | | | |
| TYPE OF REPORT | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDA PRIMARY | Y PRE- | - 2 | 2. | 30 DA | | F | POST- | 3. 🕽 | (| AMENDN REPORT | | Yes | No |) | / |
| (place X to the right of | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDA ELECTION | Y PRE | Ē- 5 | 5. | 30 DA | | F | POST- | 6. | | TERMINA REPORT | | Yes | No |) | \ |
| report type) | ANNUAL REPORT | 7. | Year 2024 | | | | | IG ME CHEC | | | | | PAPER | | / | DISKE | TTE | |
| Name of Office S | - Sought by Candida | te: | | | | | | DAT | ΕO | F ELE | CTI | ON | District Number | Office Code | Pai | rty Code | Coun Code | |
| | | | | | | | | МО | | DAY | Y | /EAR | | | REF |) | | |
| | | | | | | | | | 11 | | 5 | 2024 | | (SEE IN | ISTRUCTI | ONS FOR | CODES) | 1 |
| | Receipts and | МО | DAY | YEAR | 1 | | | МО | | DAY | ١ | YEAR | FC | OR OFFI | CE USE | ONLY | | |
| Expenditures | from: | | 4 9 | 2 | 024 | Т | 0 | | 5 | | 13 | 2024 | | | | | | |
| A. Amount Bro | ught Forward Fro | m Last R | eport | | | | \$ | | | | 32 | ,401.16 | | | | | | |
| B. Total Monet | ary Contributions | And Rec | eipts (Fron | n Sche | dule | I) | \$ | | | | 10 | ,811.00 | | | | | | |
| C. Total Funds | Available (Sum O | f Lines A | and B) | | | | \$ | | | | 43 | ,212.16 | | | | | | |
| D. Total Expen | ditures (From Sch | edule II | I) | | | | \$ | | | | 21, | ,905.86 | | | | | | |
| E. Ending Cash | Balance (Subtrac | t Line D | From Line | C) | | | \$ | | | | 21, | 306.30 | | | | | | |
| F. Value Of In- | Kind Contribution | s Receiv | ed (From S | chedu | le II |) | \$ | | | : | 100, | ,050.00 | | | | | | |
| G. Unpaid Debt | ts And Obligations | (From | Schedule I\ | /) | | | \$ | | | | | 0.00 | | | • | | | |
| | | | | | | | T SE | | | | | | | | | | | |
| | s a Committee rep) that this report, inc | - | _ | | | | | | | | | _ | | of my kno | wledge | and beli | ef , tru | ıe |
| • | cribed before me thi | s | | | | | | | | | | Signature | of Parco | n Submit | ting Da | nort | | _ |
| | day of | | _ 20 | | | | - | | | | | Signature | . 01 7 6130 | iii Subiiiii | ing ite | | | |
| | Signatu | ire | | | | | - | | | | | | Prin | ted Nam | е | | | |
| My Commission Ex | | | | | | | _ | | | | | _ | Ema | | | | | _ |
| | МО | | AY | YR | | - | | | | | ea Co | ode | Daytin | ne Telepi | none Nu | mber | | 닉 |
| | a report of a can | | | | | • | | | | _ | | any preside | ions of th | e act of 1 | une 3 4 | 027 /0 : | 1227 | |
| No 320) as amende | ed. | ily Kilowi | euge and bei | iei tilis | pont | icai | Commi | ittee ii | as II | Ot Viola | teu a | illy provis | ions or th | e act of 3 | une 3,1 | 937 (P.I | 1333 | <u>'</u> |
| Sworn to and Subsc | ribed before me this day of | | 20 | | | | | | | | | s | ignature (| of Candid | ate | | | |
| | | | | | | | - - | | | | | | Printe | ed Name | | | | _ |
| My Commission Exp | Signature pires | | | | | | | | | | | | Ema | nil | | | | - |
| | МО | D | AY | YR | | | - | | | Area | Code | | D | aytime T | elephor | ne Numb | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | J Period | | |
|--|-----------|----------|--------------|------------------|
| TIM DEFOOR FOR AUDITOR GENERAL | From: | 4/9/202 | <u>4</u> To: | <u>5/13/2024</u> |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting | Period | (1) | \$ | 33.00 |
| 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) | | | \$ | 1,778.00 |
| All Other Contributions (Part D) | | | \$ | 9,000.00 |
| TOTAL for the Reporting | Period | (3) | \$ | 10,778.00 |
| 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 | | | \$ | 10,811.00 |

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 Candida | te | F | eporting | Period | | | |
|-------------------------------------|-------|-------------------|----------|--------|------|----|--------|
| | | F | rom: | | То | : | |
| | | | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | МО | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

PAGE TOTAL
0.00

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

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 | | | | | |
|---------------------------------------|--|---|--|------------------|------|------|----|--------|------|
| | | | | m: | | То: | | | |
| | | • | | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | | | | | | | |
| ruii Name or Contributor | | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | МО | DAY | YEAR | \$ | | 0.00 |

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

PART C

Contributions Received From Political Committees

OVER \$250.00

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

| Name of Filing Committee or Candidate | me of Filing Committee or Candidate Reporti | | | | | | | | |
|---------------------------------------|---|----------|------------|-----------|--------|------|-----------|----------|--|
| IM DEFOOR FOR AUDITOR GENERAL From | | | | <u>4/</u> | 9/2024 | То: | 5/13/2024 | | |
| | | | | DA | TE | | AMOU | NT | |
| Full Name of Contributing Committee | TNE | | | мо | DAY | YEAR | | | |
| CONSERVATIVE WOMEN OF THE MAIN I | TINE | | | | | | \$ | 1,278.00 | |
| Mailing Address | | | | 5 | 9 | 2024 | | | |
| City SOUTHEASTERN | State | Zip Code | e (Plus 4) |] | 9 | 2024 | | | |
| | PA | 19399 | | | | | | | |
| Full Name of Contributing Committee | | | | мо | DAY | YEAR | | | |
| FAMILY PAC | | | | "" | JA! | ILAK | \$ | 500.00 | |
| Mailing Address | | | | 4 | 30 | 2024 | ľ | 300100 | |
| City PITTSBURGH | State | Zip Code | e (Plus 4) |] | 30 | 2024 | | | |
| | PA | 15222 | | | | | | | |

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

PAGE TOTAL \$ 1,778.00

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 | | | | Repo | orting Pe | riod | | | | |
|--|--------------------|---------------------|------------|-------|-----------|--------------|---------------|-------------------|-----------|--|
| TIM DEFOOR FOR AUDITOR GENERAL | | | | Fron | n: | <u>4/9/2</u> | <u>024</u> To | : | 5/13/2024 | |
| | | | | | DA | ATE | | АМ | OUNT | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| WILLIAM E ADAMS | | | | | МО | DAT | ILAK | \$ | 500.00 | |
| Mailing Address | | | | | 4 | 30 | 2024 | | | |
| City PORTERSVILLE | State | Zip | Code (Plus | 4) | | 30 | 2027 | | | |
| | PA | 16 | 051 | | | | | | | |
| Employer Name | | | | | Occupat | | | | | |
| Employer Mailing Address/Principal Place of Business City | | | | State | | Zip Code | (Plus 4) | | | |
| Full Name of Contributor | | | | мо | DAY | YEAR | | | | |
| ALFRED D BARBOUR | | | | | МО | DAY | TEAK | \$ | 500.00 | |
| Mailing Address | | | | | 4 | 17 | 2024 | 1 | | |
| City SEWICKLEY | State | Zip | Code (Plus | 4) | 7 | 17 | 2024 | | | |
| | PA | 15 | 143 | | | | | | | |
| Employer Name CONCAST METAL PRO | DUCTS | | | | Occupat | ion | EXECUT | IVE | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | State Z | | | Zip Code (Plus 4) | | |
| | | | MARS | | | PA | | 16046 | | |
| Full Name of Contributor | | | | | | | | | | |
| DAVID E BARENSFELD | | | | | МО | DAY | YEAR | \$ | 500.00 | |
| Mailing Address | | | | | 4 | 20 | 2024 | 1 | | |
| City NEW BRIGHTON | State | Zip | Code (Plus | 4) | 4 | 30 | 2024 | | | |
| | PA | ₁₅ | 066 | | | | | | | |
| Employer Name ELLWOOD GROUP | | | | | Occupat | ion | PRESIDI | ENT | | |
| Employer Mailing Address/Principal Plac | e of Business | | City | | | State | | Zip Code | (Plus 4) | |
| | | | ELLWOOD | CITY | | PA | | 16117 | | |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | 1 000 00 | |
| KANWAL P CHOPRA | | | | | МО | DAI | ILAK | \$ | 1,000.00 | |
| Mailing Address | | | | | 5 | 13 | 2024 | | | |
| | | | Code (Plus | 4) | | | | | | |
| City MCMURRAY | State | ZIP | Code (Flus | ٠, | | | | | | |
| City MCMURRAY | State PA | | 317 | -, | | | | | | |
| Employer Name A.G.E.S., INC. | | | - | -, | Occupat | ion | PRESIDI | ENT | | |
| | PA | | - | -, | Occupat | ion State | PRESIDI | | (Plus 4) | |

| | | | | | | | . ' | AGL / |
|---------------------------------------|-------------------|-----------------|---------------------------|----------|--------------------|----------|-------------------|----------|
| Full Name of Contributor | | | | МО | DAY | YEAR | _ | 1 000 00 |
| MELISSA A HART | | | | 1.10 | DAI | ILAN | \$ | 1,000.00 |
| Mailing Address | | | | - 5 | 13 | 2024 | | |
| City BRADFORDWOODS | State | Zi | p Code (Plus 4) | | | 2027 | | |
| | l _{PA} | 1 15 | 5015 | | <u> </u> | <u> </u> | <u> </u> | |
| Employer Name HERGENROEDER I | REGA EWING & | KENNE | EDY, LLC | Occupat | tion | ATTORN | EY | |
| Employer Mailing Address/Principal | Place of Business | | City | | State | | Zip Code | (Plus 4) |
| | | | PITTSBURGH | | PA | | 15222 | |
| Full Name of Contributor | | | - | | | | | |
| WILLIAM K LIEBERMAN | | | | МО | DAY | YEAR | \$ | 1,000.00 |
| Mailing Address | | | | 4 | 25 | 2024 | | |
| City PITTSBURGH | State | Zi | p Code (Plus 4) | 1 4 | 25 | 2024 | | |
| | _{PA} | 1 15 | 5232 | | | | | |
| Employer Name THE LEIBERMAN (| COMPANIES | | | Occupat | tion | PRESIDI | ENT | |
| Employer Mailing Address/Principal | | | City | | State | | Zip Code | (Plus 4) |
| · | | | PITTSBURGH | | PA | | 15222 | |
| Full Name of Contributor | | | | | | | | |
| MICHAEL MARSO | | | | МО | DAY | YEAR | \$ | 1,000.00 |
| Mailing Address | | | | | | | 1 | |
| City HARRISBURG | State | Zi | p Code (Plus 4) | 5 | 13 | 2024 | | |
| , water | PA | | 7110 | | | | | |
| Employer Name F2S INFRASTRUCT | | . 1/ | 110 | Occupat | tion | DIRECT | DD | |
| Employer Mailing Address/Principal | | | City | Тоссири | State | DIRECT | Zip Code | (Plus 4) |
| Employer Planning Address/Frincipal | riace of business | | STATE COLLEGE | <u> </u> | PA | | 16803 | (1105 4) |
| | | | STATE COLLEGE | - - | I FA | | 10003 | |
| Full Name of Contributor | | | | МО | DAY | YEAR | \$ | 1,000.00 |
| MASTANEH PAUL | | | | | | | - | • |
| Mailing Address | State | 7: | p Code (Plus 4) | 5 | 13 | 2024 | | |
| City PITTSBURGH | | | | | | | | |
| Frankrich Name - Manual Cu Bastin | I PA | 1 15 | 5217 | | I | I | | |
| Employer Name MONALOH BASIN | | | | Occupat | T | PRESIDI | | |
| Employer Mailing Address/Principal | Place of Business | | City | | State | | Zip Code | (Plus 4) |
| | | | PITTSBURGH | | PA | , | 15205 | |
| Full Name of Contributor | | | | МО | DAY | YEAR | \$ | 500.00 |
| KEITH J ROTHFUS | | | | | | | _ | 300.00 |
| Mailing Address | 1 | ı | | 5 | 13 | 2024 | | |
| City SEWICKLEY | State | | p Code (Plus 4) | | | | | |
| | I PA | | 5143 | | l | I | I | |
| Employer Name YUKEVICH MARCH | ··· | ZANGI | I | Occupat | | ATTORN | | |
| Employer Mailing Address/Principal | Place of Business | | City | | State | | Zip Code | (Plus 4) |
| | | | PITTSBURGH | | PA | | 15222 | |
| Full Name of Contributor | | | | МО | DAY | YEAR | | 1 000 00 |
| MERRILL P STABILE | | | | 7.10 | | LAN | \$ | 1,000.00 |
| Mailing Address | | | | 5 | 13 | 2024 | | |
| City PITTSBURGH | State | Zi | p Code (Plus 4) |] | | | | |
| | l _{PA} | l ₁₅ | 52125844 | | | l | 1 | |
| Employer Name ALCO PARKING | | | | Occupat | tion | PRESID | ENT | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Employer Mailing Address/Principal | Place of Business | | City | | State | | Zip Code | (Plus 4) |
| Employer Mailing Address/Principal | Place of Business | | City PITTSBURGH | | State PA | | Zip Code 15222 | (Plus 4) |

| Full Name of Contributor | | | | | DAY | YEAR | \$ 1,000.00 |
|---------------------------------------|-----------------|----|-----------------|---------|-------|---------|-------------------|
| MICHAEL A WOLCOTT | | | | | | | 1,000.00 |
| Mailing Address | | | | | 19 | 2024 | |
| City WEXFORD | State | Zi | p Code (Plus 4) | 4 | 19 | 2024 | |
| | l _{PA} | 15 | 5090 | | | | |
| Employer Name WOLCOTT HOLDING | S | | | Occupat | ion , | AUTO DI | ELEAR |
| Employer Mailing Address/Principal Pl | ace of Business | | City | | State | | Zip Code (Plus 4) |
| | | | PITTSBURGH | | PA | | 15237 |

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

| PAGE TOTAL |
|----------------|
| \$ 9,000.00 |

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 Candidate | | Report | ing Peri | od | | | |
|---------------------------|---------------------------|------------------|--------|----------|-----|------|----|------------|
| | | | From: | | | To: | | |
| | | | | D | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (Plu | ıs 4) | | | | | |
| Receipt Description | | . | | | • | | | |
| Futor Crowd Total of Book | F an Cabadula I Batailad | Summer Base Se | | 4 | | | | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, Se | ection | 4. | | | \$ | 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 | i | |
|--|------------------|----------------------|------------|
| TIM DEFOOR FOR AUDITOR GENERAL | From: | 4/9/2024 To : | 5/13/2024 |
| 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) | \$ | 100,050.00 |
| 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, | • | \$ | 100,050.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate Re | | | | Reporting Period | | | | |
|--|-------------------|------------------------|---------|------------------|------|-------------|------------|--|
| | From: | | | | | | | |
| | | - | | DATE | | | AMOUNT | |
| Full Name of Contributor | | | МО | DAY | YEAR | | | |
| Mailing Address | | | | | | 7 \$ | 0.00 | |
| City | State | Zip Code (Plus 4) | | | | | | |
| Description of Contribution: | • | - | • | • | | • | | |
| | | | | | | | | |
| Enter Grand Total of Part F on S | chedule II, In-Ki | nd Contributions Detai | led Sum | mary Pag | ge, | | PAGE TOTAL | |
| Section 2. | | | | | | \$ | 0.00 | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | | Reporting Period | | | | | |
|---|--------------------|---|---------------------------|-------|---------------------|--------------|------------------------------|--|-------|--|
| TIM DEFOOR FOR AUDITOR GENERAL | | | | | From: 4/9/202 | | <u>24</u> To: | <u>24</u> To: <u>5/13/2024</u> | | |
| | | | | | | DATE | | AMOUNT | - | |
| Full Name of Contributor COMMONWEALTH LEADERS FUND | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | 9 | 2024 | \$ 50,0 | 00.00 | |
| City HARRISBURG | State PA | | Zip Code(Plus 4) 17108 | | | | | | | |
| Employer of Contributor | | | | | | | | | | |
| Employer Mailing Address/Principal Place of Business | | | ty | State | te Zip Code(Plus 4) | | | Description of Contribution PRINTING AND POSTAGE | | |
| Full Name of Contributor COMMONWEALTH LEADERS FUND | | | | | мо | DAY | YEAR | 22.0 | | |
| Mailing Address | | | | | 4 | 9 | 2024 | \$ 22,0 | 00.00 | |
| City HARRISBURG | State | | Zip Code(Plus 4) | | | | | | | |
| | PA | | 17108 | | | | | <u> </u> | | |
| Employer of Contributor | | _ | | | Occup | | | | | |
| Employer Mailing Address/Principal Place of Business | | | ty | State | e Zi _l | Code(Plus 4) | | Description of Contribution DIGITAL MEDIA | | |
| Full Name of Contributor COMMONWEALTH LEADERS FUR | ND | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | 4 | 11 | 2024 | \$ 28,0 | 50.00 | |
| City HARRISBURG | State | | Zip Code(Plus 4) | | | | | | | |
| | PA | | 17108 | | | | | | | |
| Employer of Contributor Occupation | | | | | | | | | | |
| Employer Mailing Address/Principal Place of Business | | | ty | State | te Zip Code(Plus 4) | | | Description of Contribution PRINTING AND POSTAGE | | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | | PAGE TOTAL 100,050.00 | | | |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Period | | | | | |
|---------------------------------------|------------------|----------|-----|------------------|--|--|
| TIM DEFOOR FOR AUDITOR GENERAL | From | 4/9/2024 | То: | <u>5/13/2024</u> | | |

| | | | | | DATE | | | AMOUNT | | | |
|--------------------------|--------------|-------|-------------------|-------------|----------------------------|----------|------|----------|--|--|--|
| To Whom Paid | | | | | DAY | YEAR | | | | | |
| DTR (| CONSULTING | | | | | | | | | | |
| Mailing Address | | | | | 9 | 2024 | \$ | 1,000.00 | | | |
| City | HARRISBURG | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | | |
| PA 17102 | | | | | PROFESSIONAL SERVICES | | | | | | |
| To W | nom Paid | | | мо | DAY | YEAR | | | | | |
| BARSZ GOWIE AMON & FULTZ | | | | | | ILAK | | | | | |
| Mailing Address | | | | 4 | 11 | 2024 | \$ | 275.00 | | | |
| City | MEDIA | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | | |
| PA 19063 | | | | | CONSULTING | | | | | | |
| To Wi | nom Paid | | | МО | DAY | YEAR | | | | | |
| WINR | ED | | | MO | DAT | TEAR | | | | | |
| Mailin | g Address | | | 4 | 17 | 2024 | \$ | 19.70 | | | |
| City | ARLINGTON | State | Zip Code (Plus 4) | Descrip | escription of Expenditure | | | | | | |
| VA 22219 | | | | | SERVICE FEE | | | | | | |
| To W | nom Paid | · | · | | DAY | VEAD | | | | | |
| WINR | ED | | | МО | DAY | YEAR | | | | | |
| Mailing Address | | | 4 | 23 | 2024 | \$ | 0.99 | | | | |
| City ARLINGTON | | State | Zip Code (Plus 4) | Descrip | Description of Expenditure | | | | | | |
| VA 22219 | | | SERVICE FEE | | | | | | | | |
| To W | nom Paid | | | | DAY | VEAD | | | | | |
| WINR | ED | | | МО | DAY | YEAR | | | | | |
| Mailin | g Address | | | 4 | 25 | 2024 | \$ | 39.40 | | | |
| City | ARLINGTON | State | Zip Code (Plus 4) | Descrip | l tion of Exp | enditure | | | | | |
| | | VA | 22219 | SERVICE FEE | | | | | | | |
| T- 14/1 | nom Paid | | | МО | DAY | YEAR | | | | | |
| 10 W | | | | МО | JAT | TEAR | | | | | |
| | W. PETRAGLIA | | | | | | | | | | |
| AMY \ | W. PETRAGLIA | | | 4 | 29 | 2024 | \$ | 1,000.00 | | | |
| AMY \ | | State | Zip Code (Plus 4) | | 29 | | \$ | 1,000.00 | | | |

| | | | | | | | | PAGE 14 | | |
|---|--|-------|----------------------|----------------------------|----------------------------|-----------|----|------------|--|--|
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| DTR CONSULTING | | | | | | | | | | |
| Mailing Address | | | | | 2 | 2024 | \$ | 1,000.00 | | |
| City HARRIS | BURG | State | Zip Code (Plus 4) | Descrip | Description of Expenditure | | | | | |
| | PROFESSIONAL SERVICES | | | | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| LN CONSULTIN | IG, LLC | | | 110 | | | | | | |
| Mailing Address | 5 | | | 5 | 2 | 2024 | \$ | 10,000.00 | | |
| City HARRIS | BURG | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | CONSULTING | | | | | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| WINRED | | | | 110 | | | | | | |
| Mailing Address | 5 | | | 5 | 2 | 2024 | \$ | 0.32 | | |
| City ARLING | TON | State | Zip Code (Plus 4) | Descrip | tion of Exp | | | | | |
| VA 22219 | | | | | SERVICE FEE | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| CAMPAIGN STO | OP, LLC | | | | | | | | | |
| Mailing Address | 5 | | | 5 | 9 | 2024 | \$ | 8,506.50 | | |
| City SHOEM | HOEMAKERSVILLE State Zip Code (Plus 4) | | | Description of Expenditure | | | | | | |
| | | PA | 19555 | YARD S | IGNS | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| POSTMASTER | | | | 1.0 | | 7 = 7 \ | | | | |
| Mailing Address | 5 | | | 5 | 9 | 2024 | \$ | 13.60 | | |
| City HARRIS | SBURG | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| | PA 17108 | | | | POSTAGE | | | | | |
| To Whom Paid | | | | мо | DAY | YEAR | | | | |
| WINRED | | | | 1.0 | | 1 = 2 \ | | | | |
| Mailing Address | | | | 5 | 9 | 2024 | \$ | 50.35 | | |
| City ARLING | TON | State | Zip Code (Plus 4) | Description of Expenditure | | | | | | |
| VA 22219 | | | 22219 | SERVICE FEE | | | | | | |
| | | | mant Carray Page The | | | | | PAGE TOTAL | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | \$ | 21,905.86 | | | | |