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			CANDI	DATE		СОМ	4ITTEE	✓	LOBE	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:	-	TIM	DEF	OOR	FOR AUI	DITOR	GENE	RAL						
Street Address:	P.O. BOX 64																
City:	HARRISBURG	i						State: PA				Zip Code: 17108					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	ND FRIDAY PRE- 2. 30 RIMARY PRI				Y ARY	POST- 3. X			AMENDMENT REPORT?		Yes	No	•	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5	5.	30 DA ELECT		POST-	6.		TERMINA REPORT		Yes	No	•	/
report type)	ANNUAL REPORT	7.	Year 2024					TILING METHOD () CHECK ONE				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•					DATE C	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Count	ty
	- ,							МО	DAY	YE	AR	rumber	couc	REP		couc	
								11		5	2024		(SEE IN	STRUCTIO	ONS FOR O	ODES)	
	Receipts and	МО	DAY YI	EAR				МО	DAY	YE	AR	FO	R OFFI	CE USE	ONLY		
Expenditures			4 9	20)24	Т	0	5	:	13	2024						
A. Amount Bro	ught Forward Fro	m Last R	eport				\$			32,4	101.16						
B. Total Monet	ary Contributions	And Rec	eipts (From S	che	dule	I)	\$			10,8	311.00						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			43,2	212.16						
D. Total Expen	ditures (From Sch	edule II	I)				\$			21,9	05.86						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			21,3	06.30						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	edul	e II)	\$		-	100,0	50.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)				\$				0.00			•			
			Α	\FF	IDA	١٧٧	T SE	CTION									
PART I - If this is	s a Committee rep	ort, trea	surer sign hei	re. I	f thi	is is	a Can	didate r	eport, o	candio	date sig	ın here.					
I swear (or affirm) correct and comple) that this report, inc ete.	luding the	e attached sched	lules	filed	d on	paper o	or by elect	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ie,
Sworn to and subs	cribed before me thi day of	s	20							s	ignature	of Perso	n Submit	ting Rep	ort		-
	Signatu	ire					<u>-</u>					Prin	ted Name	e			-
My Commission Ex	kpires 						_					Ema	il				_
	мо	D	AY	YR					Arc	ea Cod	e	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	itte	e, C	andida	ate shall	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of e	ny knowl	edge and belief	this	politi	ical	commi	ittee has r	ot viola	ted an	y provis	ions of th	e act of J	une 3,19	937 (P.L	. 1333	i,
Sworn to and subso	ribed before me this										S	ignature o	of Candid	ate			-
	day of ————————————————————————————————————						-					Printe	d Name				-
	Signature						-										_
My Commission Exp	ires											Ema	ıı				
	мо	D	AY	YR			-		Area	Code		Da	aytime T	elephon	e Numb	er	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
TIM DEFOOR FOR AUDITOR GENERAL	4/9/202	<u>4</u> То:	<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 Candidate				Reporting Period						
		Fi	rom:		То	•				
		•		DATE			AMOUNT			
Full Name of Contributing Comm	ittee		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.

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 Candidate			Reporting Period					
			From:			To) :	
					DATE			AMOUNT
Full Name of Contributor				МО	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4)						
								PAGE TOTAL

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 Period								
TIM DEFOOR FOR AUDITOR GENERAL			From:	<u>4/9/2024</u> To:			5/13/2024		
					DATE AMOUNT				
Full Name of Contributing Committee				мо	DAY	YEAR			
CONSERVATIVE WOMEN OF THE MAIN LINE							\$ 1,278.00		
Mailing Address P.O. BOX 1281				5	9	2024	·		
City SOUTHEASTERN	State	Zip Code	e (Plus 4)			2021			
	PA	19399							
Full Name of Contributing Committee				мо	DAY	YEAR			
FAMILY PAC				1-10	DAI	ILAK	\$ 500.00		
Mailing Address 1001 LIBERTY AVE SUITE 720				4	30	2024			
City PITTSBURGH	State	Zip Code	e (Plus 4)	'	30	2021			
	PA	15222							

 $\label{lem:constraint} \textbf{Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3. }$

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	Rep	orting Pe	riod							
TIM DEFOOR FOR AUDITOR GENERAL			From	m:	<u>4/9/2</u>	<u>024</u> To	:	5/13/2024		
				D	ATE		АМ	IOUNT		
Full Name of Contributor				МО	DAY	YEAR		1 000 00		
MICHAEL A WOLCOTT				1-10	DAI	ILAK	_ \$	1,000.00		
Mailing Address 10006 VALLEYVIEW	СТ			4	19	2024	1			
City WEXFORD	State	Zip Code (I	lus 4)							
	PA	15090					1			
Employer Name WOLCOTT HOLDINGS				Occupat	Occupation AUTO DE			ELEAR		
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)			
7670 MCKNIGHT RD PITTSBURGH				PA		15237				
Full Name of Contributor				мо	DAY	YEAR	\$	1,000.00		
MERRILL P STABILE							_	1,000.00		
Mailing Address 501 MARTINDALE S				5	13	2024	1			
City PITTSBURGH	State	Zip Code (I	•							
	PA I	15212584	-				1			
Employer Name ALCO PARKING				Occupat	tion	PRESIDI	ENT			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code	e (Plus 4)		
2349 RAILROAD ST		PITTSE	URGH		PA		15222			
Full Name of Contributor				мо	DAY	YEAR				
KEITH J ROTHFUS				МО	DAT	ILAK	\$	500.00		
Mailing Address 227 WALNUT ST				5	13	2024				
City SEWICKLEY	State	Zip Code (I	lus 4)							
	PA	15143					1			
Employer Name YUKEVICH MARCHETT	I LIEKAR & ZA	NGRILLI PC		Occupat	tion	ATTORN	IEY			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code	e (Plus 4)		
11 STANWIX STFLOOR 10		PITTSE	URGH		PA		15222			
Full Name of Contributor				мо	DAY	YEAR	\$	1,000.00		
MASTANEH PAUL							_	1,000.00		
Mailing Address 1544 BEECHWOOD	BLVD			5	13	2024	1			
City PITTSBURGH	State	Zip Code (I	lus 4)							
	PA	15217				l	I			
Employer Name MONALOH BASIN ENG	SINEERS, INC.			Occupat	tion	PRESIDI	ENT			
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code	e (Plus 4)		
300 BUSINESS CENTER DRSUITE 304		PITTSE	URGH		PA		15205			

Full Name of Contributor MICHAEL MARSO			МО	DAY	YEAR	\$	1,000.00
Mailing Address 1408 ROUND HILL	RD		5	13	2024	7	
City HARRISBURG	State Z	ip Code (Plus 4)]]	13	2024		
	PA	7110					
Employer Name F2S INFRASTRUCTUR	RE		Occupat	ion	DIRECT	OR	
Employer Mailing Address/Principal Pla	ce of Business	City		State		Zip Code (Plus 4)
301 SCIENCE PARK RDSUITE 401		STATE COLLEGE		PA		16803	
Full Name of Contributor				DAY	VEAD		
WILLIAM K LIEBERMAN			МО	DAY	YEAR	\$	1,000.00
Mailing Address 5000 5TH AVE APT	Г 104		4	25	2024	7	
City PITTSBURGH	State Z	ip Code (Plus 4)]	23	2024	Ĭ	
	PA 1	5232					
Employer Name THE LEIBERMAN CON	1PANIES		Occupat	ion	PRESID	ENT	
Employer Mailing Address/Principal Pla	ce of Business	City		State		Zip Code (Plus 4)
HEINZ 57 CENTER, SUITE 720339 SIX	TH AVE	PITTSBURGH		PA		15222	
Full Name of Contributor		-					
MELISSA A HART			МО	DAY	YEAR	\$	1,000.00
Mailing Address 118 BOOTHBAY HA	RBOR		5	12	2024	7	
City BRADFORDWOODS	State Z	ip Code (Plus 4)]	13	2024		
	PA 1	5015					
Employer Name HERGENROEDER REC	GA EWING & KENN	EDY, LLC	Occupat	ion	ATTORN	IEY	
Employer Mailing Address/Principal Place of Business City			·-	State		Zip Code (Plus 4)
650 SMITHFIELD ST		PITTSBURGH		PA		15222	
Full Name of Contributor KANWAL P CHOPRA			мо	DAY	YEAR	\$	1,000.00
Mailing Address 122 GREEN VALLEY	/ I N		_			7	
City MCMURRAY		ip Code (Plus 4)	5	13	2024		
	PA 1	5317					
					•		
Employer Name A.G.E.S., INC.			Occupat	ion	PRESID	_' ENT	
Employer Name A.G.E.S., INC. Employer Mailing Address/Principal Pla	ce of Business	City	Occupat	ion State	PRESID	ENT Zip Code (Plus 4)
	ce of Business	City MCMURRAY	Occupat		PRESID		Plus 4)
Employer Mailing Address/Principal Pla P.O. BOX 990	ce of Business	1 -	Occupat	State	PRESID	Zip Code (Plus 4)
Employer Mailing Address/Principal Pla P.O. BOX 990 Full Name of Contributor	ce of Business	1 -	Occupat	State	PRESID	Zip Code (Plus 4) 500.00
Employer Mailing Address/Principal Pla P.O. BOX 990	ce of Business	1 -	МО	State PA DAY	YEAR	Zip Code (15317 \$	
Employer Mailing Address/Principal Pla P.O. BOX 990 Full Name of Contributor DAVID E BARENSFELD		1 -		State PA		Zip Code (15317 \$	
Employer Mailing Address/Principal Pla P.O. BOX 990 Full Name of Contributor DAVID E BARENSFELD Mailing Address 257 PETRIE RD	State Z	MCMURRAY	МО	State PA DAY	YEAR	Zip Code (15317 \$	
Employer Mailing Address/Principal Pla P.O. BOX 990 Full Name of Contributor DAVID E BARENSFELD Mailing Address 257 PETRIE RD	State Z	MCMURRAY ip Code (Plus 4)	МО	State PA DAY	YEAR	Zip Code (15317	
Employer Mailing Address/Principal Pla P.O. BOX 990 Full Name of Contributor DAVID E BARENSFELD Mailing Address 257 PETRIE RD City NEW BRIGHTON	State Z	MCMURRAY ip Code (Plus 4)	MO 4	State PA DAY	YEAR 2024	Zip Code (15317	500.00
Employer Mailing Address/Principal Pla P.O. BOX 990 Full Name of Contributor DAVID E BARENSFELD Mailing Address 257 PETRIE RD City NEW BRIGHTON Employer Name ELLWOOD GROUP Employer Mailing Address/Principal Pla	State Z	ip Code (Plus 4)	MO 4	State PA DAY 30	YEAR 2024	zip Code (15317 \$ ENT	500.00
Employer Mailing Address/Principal Pla P.O. BOX 990 Full Name of Contributor DAVID E BARENSFELD Mailing Address 257 PETRIE RD City NEW BRIGHTON Employer Name ELLWOOD GROUP Employer Mailing Address/Principal Pla	State Z	ip Code (Plus 4) 5066 City	MO 4	State PA 30 ion State PA	YEAR 2024	\$ SIP Code (15317) \$ ENT Zip Code (16117)	500.00 Plus 4)
Employer Mailing Address/Principal Pla P.O. BOX 990 Full Name of Contributor DAVID E BARENSFELD Mailing Address 257 PETRIE RD City NEW BRIGHTON Employer Name ELLWOOD GROUP Employer Mailing Address/Principal Pla 800 COMMERCIAL AVE	State Z	ip Code (Plus 4) 5066 City	MO 4	State PA DAY 30 ion State	YEAR 2024	s to the control of t	500.00
Employer Mailing Address/Principal Pla P.O. BOX 990 Full Name of Contributor DAVID E BARENSFELD Mailing Address 257 PETRIE RD City NEW BRIGHTON Employer Name ELLWOOD GROUP Employer Mailing Address/Principal Pla 800 COMMERCIAL AVE Full Name of Contributor	State Z PA 1 ce of Business	ip Code (Plus 4) 5066 City	MO 4 Occupat	State PA 30 ion State PA DAY	YEAR 2024 PRESID	\$ SENT Zip Code (16117	500.00 Plus 4)
Employer Mailing Address/Principal Pla P.O. BOX 990 Full Name of Contributor DAVID E BARENSFELD Mailing Address 257 PETRIE RD City NEW BRIGHTON Employer Name ELLWOOD GROUP Employer Mailing Address/Principal Pla 800 COMMERCIAL AVE Full Name of Contributor ALFRED D BARBOUR	State Z PA 1 ce of Business	ip Code (Plus 4) 5066 City	MO 4	State PA 30 ion State PA	YEAR 2024	\$ SENT Zip Code (16117	500.00 Plus 4)
Employer Mailing Address/Principal Pla P.O. BOX 990 Full Name of Contributor DAVID E BARENSFELD Mailing Address 257 PETRIE RD City NEW BRIGHTON Employer Name ELLWOOD GROUP Employer Mailing Address/Principal Pla 800 COMMERCIAL AVE Full Name of Contributor ALFRED D BARBOUR Mailing Address 155 DARLINGTON	State Z PA 1 ce of Business	ip Code (Plus 4) 5066 City ELLWOOD CITY	MO 4 Occupat	State PA 30 ion State PA DAY	YEAR 2024 PRESID	\$ SENT Zip Code (16117	500.00 Plus 4)
Employer Mailing Address/Principal Pla P.O. BOX 990 Full Name of Contributor DAVID E BARENSFELD Mailing Address 257 PETRIE RD City NEW BRIGHTON Employer Name ELLWOOD GROUP Employer Mailing Address/Principal Pla 800 COMMERCIAL AVE Full Name of Contributor ALFRED D BARBOUR Mailing Address 155 DARLINGTON	State Z PA 1 ce of Business LN State Z PA 1	ip Code (Plus 4) 5066 City ELLWOOD CITY	MO 4 Occupat	State PA 30 ion State PA DAY 17	YEAR 2024 PRESID	\$ \$ ENT Zip Code (16117 \$ \$	500.00 Plus 4)
Employer Mailing Address/Principal Pla P.O. BOX 990 Full Name of Contributor DAVID E BARENSFELD Mailing Address 257 PETRIE RD City NEW BRIGHTON Employer Name ELLWOOD GROUP Employer Mailing Address/Principal Pla 800 COMMERCIAL AVE Full Name of Contributor ALFRED D BARBOUR Mailing Address 155 DARLINGTON City SEWICKLEY	State Z PA 1 ce of Business LN State Z PA 1	ip Code (Plus 4) 5066 City ELLWOOD CITY	MO 4 Occupat	State PA 30 ion State PA DAY 17	YEAR 2024 PRESIDD YEAR 2024	\$ \$ ENT Zip Code (16117 \$ \$	500.00 Plus 4) 500.00

Full Name of Contributor				МО	DAY	YEAR	.
WILLI	WILLIAM E ADAMS				DAI	ILAK	\$ 500.00
Mailin	Mailing Address 1256 THE BUFFALO BILL CODY MEMORIAL HWY				30	2024	1
City	PORTERSVILLE	State	Zip Code (Plus 4)	4	30	2024	
		PA	16051				1
Emplo	yer Name			Occupat)		
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										
\$	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		
TIM DEFOOR FOR AUDITOR GENERAL	From:	<u>4/9/2024</u> To:	<u>5/13/2024</u>
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				Reporting Period				
	From:			То:				
				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 Schedule II, In-Kind Contributions Detai			led Sun	mary Pa	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				Froi	From: 4/9/202		<u>24</u> To:	5/13/2024		
						DATE		AMOUNT		
Full Name of Contributor COMMONWEALTH LEADERS FUND					мо	DAY	YEAR			
Mailing Address P.O. BOX 934					4	9	2024	\$ 50,000.00		
City HARRISBURG	ty HARRISBURG State PA		Zip Code(Plus 4) 17108							
Employer of Contributor			!		Occupa	tion				
Employer Mailing Address/Principal Place of Business City S			State	z Zip	Zip Code(Plus 4)		Description of Contribution PRINTING AND POSTAGE			
Full Name of Contributor COMMONWEALTH LEADERS FUND					МО	DAY	YEAR	29.050.00		
Mailing Address P.O. BOX 934					4	11	2024	\$ 28,050.00		
City HARRISBURG	HARRISBURG State Zip Code(Plus 4)									
PA 17108										
Employer of Contributor Occupation										
Employer Mailing Address/Principal Place of Business City St					' ' '			iption of Contribution TNG AND POSTAGE		
Full Name of Contributor COMMONWEALTH LEADERS FUND			•		МО	DAY	YEAR			
Mailing Address P.O. BOX 934				4	9	2024	\$ 22,000.00			
City HARRISBURG	State		Zip Code(Plus 4)							
	PA		17108							
Employer of Contributor Occupation										
Employer Mailing Address/Principal Place of Business City Sta								iption of Contribution FAL MEDIA		
							DIGITA	AL MEDIA		
Enter Grand Total of Part G on Sch	odulo II. In. V	nd f	Contributions D	ataile	d		DIGITA	PAGE TOTAL		

SCHEDULE III STATEMENT OF EXPENDITURES

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

			DATE				AMOUNT		
To Whom Paid					7				
DTR CONSULTING			МО	DAY	YEAR				
Mailing Address 210 KELKER ST			4	9	2024	\$	1,000.00		
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	L tion of Exp	enditure				
	PA	17102	PROFESSIONAL SERVICES						
To Whom Paid			мо	DAY	YEAR				
BARSZ GOWIE AMON & amp; FULTZ									
Mailing Address 1400 N PROVIDENC	CE RD BUILDING 2, SU	JITE 1040	4	11	2024	\$	275.00		
City MEDIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	PA	19063	CONSULTING						
To Whom Paid			МО	DAY	YEAR				
WINRED							10.70		
Mailing Address P.O. BOX 9891	4	17	2024	\$	19.70				
City ARLINGTON State Zip Code (Plus 4)				Description of Expenditure					
	SERVIC	E FEE							
To Whom Paid	мо	DAY	YEAR						
WINRED			1.10		12/11				
WINRED Mailing Address P.O. BOX 9891			4	23	2024	\$	0.99		
	State	Zip Code (Plus 4)	4		2024	\$	0.99		
Mailing Address P.O. BOX 9891	State VA	Zip Code (Plus 4) 22219	4	23	2024	\$	0.99		
Mailing Address P.O. BOX 9891			4 Descript	23	2024	\$	0.99		
Mailing Address P.O. BOX 9891 City ARLINGTON To Whom Paid			4 Descript SERVIC	23 tion of Exp E FEE	2024 enditure	\$	0.99		
Mailing Address P.O. BOX 9891 City ARLINGTON To Whom Paid WINRED Mailing Address P.O. BOX 9891			4 Descript SERVIC MO	23 tion of Exp E FEE DAY	2024 enditure YEAR 2024				
Mailing Address P.O. BOX 9891 City ARLINGTON To Whom Paid WINRED Mailing Address P.O. BOX 9891	VA	22219	4 Descript SERVIC MO	23 tion of Exp E FEE DAY 25 tion of Exp	2024 enditure YEAR 2024				
Mailing Address P.O. BOX 9891 City ARLINGTON To Whom Paid WINRED Mailing Address P.O. BOX 9891	VA	22219 Zip Code (Plus 4)	Descript SERVIC MO 4 Descript SERVIC	23 tion of Exp E FEE DAY 25 tion of Exp	2024 enditure YEAR 2024 enditure				
Mailing Address P.O. BOX 9891 City ARLINGTON To Whom Paid WINRED Mailing Address P.O. BOX 9891 City ARLINGTON	VA	22219 Zip Code (Plus 4)	4 Description SERVIC MO 4 Description	23 tion of Exp E FEE DAY 25 tion of Exp	2024 enditure YEAR 2024				
Mailing Address P.O. BOX 9891 City ARLINGTON To Whom Paid WINRED Mailing Address P.O. BOX 9891 City ARLINGTON To Whom Paid	State VA	22219 Zip Code (Plus 4)	Descript SERVIC MO 4 Descript SERVIC	23 tion of Exp E FEE DAY 25 tion of Exp	2024 enditure YEAR 2024 enditure				
Mailing Address P.O. BOX 9891 City ARLINGTON To Whom Paid WINRED Mailing Address P.O. BOX 9891 City ARLINGTON To Whom Paid AMY W. PETRAGLIA	State VA	22219 Zip Code (Plus 4)	Description 4 Description 4 Description 5 ERVIC MO 4 Description 5 ERVIC	23 tion of Exp E FEE DAY 25 tion of Exp E FEE DAY	2024 enditure YEAR 2024 enditure YEAR 2024	\$	39.40		

MO										PAGE 14	
Transport Tran	To Whom Paid						DAY	VEAD			
State	DTR CONSULTING					МО	DAI	ILAK			
PA	Mailing Address 210 KELKER ST					5	2	2024	\$	1,000.00	
Mo	City HARRISBURG State Zip Code (Plus 4)				Description of Expenditure						
N CONSULTING, LLC						PROFES	SIONAL S	ERVICES			
N CONSULTING, LLC	To W	hom Paid				МО	DAY	VEAD			
State	LN C	ONSULTING, LLC				МО		ILAK			
PA	Mailing Address 121 STATE ST					5	2	2024	\$	10,000.00	
MO DAY YEAR YEA	City HARRISBURG State Zip Code (Plus 4)					Descrip	tion of Exp	enditure	•		
MO DAY YEAR				PA	17101	CONSU	LTING				
Mailing Address P.O. BOX 9891 5 2 2024 \$ 0.32	To W	hom Paid				МО	DAY	YEAR			
State Zip Code (Plus 4) Description of Expenditure SERVICE FEE	WINR	RED									
VA 22219 SERVICE FEE	Mailir	ng Address P.O.	BOX 9891			5	2	2024	\$	0.32	
MO DAY YEAR	City	City ARLINGTON State Zip Code (Plus 4)				Descrip	Description of Expenditure				
Address 511 FRANKLIN ST UNIT 333 5 9 2024 \$ 8,506.50 City SHOEMAKERSVILLE State PA 19555 YARD SIGNS CO Whom Paid POSTMASTER Addiling Address 312 MARKET ST 5 9 2024 \$ 13.60 City HARRISBURG State PA 17108 POSTAGE CO Whom Paid PA 17108 POSTAGE TO WHOM PAID PA 17108 POSTAGE T				VA	22219	SERVICE FEE					
### CAMPAIGN STOP, LLC #### Address	To Whom Paid					МО	DAY	YEAR			
State 2ip Code (Plus 4) Description of Expenditure YARD SIGNS PA	CAMPAIGN STOP, LLC										
PA	Mailir	ng Address 511	FRANKLIN ST U	NIT 333		5	9	2024	\$	8,506.50	
MO	City	SHOEMAKERSVI	LLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
MO		PA 19555				YARD SIGNS					
Aailing Address 312 MARKET ST	To W	hom Paid				МО	DAY	YEAR			
State PA Sta	POST	MASTER						1 = 1 111			
PA 17108 POSTAGE To Whom Paid WINRED Mailing Address P.O. BOX 9891 PA 17108 POSTAGE MO DAY YEAR 5 9 2024 \$ 50.35	Mailing Address 312 MARKET ST				5	9	2024	\$	13.60		
To Whom Paid MO DAY YEAR VINRED 5 9 2024 \$					Description of Expenditure						
VINRED MO DAY YEAR					POSTAGE						
VINRED 5 9 2024 \$ 50.35	To W	hom Paid				МО	DAY	YEAR			
3 Table 1 Tel Box sess	WINR	RED									
ity ARLINGTON State Zip Code (Plus 4) Description of Expenditure	Mailing Address P.O. BOX 9891				5	9	2024	\$	50.35		
	City	City ARLINGTON State Zip Code (Plus 4)				Description of Expenditure					
VA 22219 SERVICE FEE						SERVICE FEE					
PAGE TOTAL	F+.	Cup and T-t-1	From a m al 22	n Dans 1 D	mant Carray Deers The D					PAGE TOTAL	
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	⊏nte	r Grand Total of I	expenaitures o	on Page 1, Re	port Cover Page, Item D	•			\$	21,905.86	
										*	