### **Campaign Finance Report**

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

Filer Identification 20200146 Number :						t By:		CANDII	DATE		СОМ	4ITTEE	✓	LOBI	BYIST		
Name of Filing C	Committee, Candid	late or L	obbyist:	-	TIM DE	FOOI	R FC	OR AUD	ITOR	GENE	RAL						
Street Address:	P.O. BOX 64																
City:	HARRISBURG	ì					St	tate:	PA			<b>Zip Code:</b> 17108					
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY F PRIMARY	ND FRIDAY PRE- 2. 30 DAY PRIMARY					POST- 3.			AMENDM REPORT		Yes	No	•	<b>\</b>
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY ELECTION	PRE	- 5. <b>X</b>	30 C			OST-	6.		TERMINA REPORT		Yes	No	•	<b>/</b>
report type)	ANNUAL REPORT	7.	<b>Year</b> 2024					METHO				PAPER		$\overline{}$	DISKE	TTE	
Name of Office S	Sought by Candida	ite:	•				D	ATE O	F ELE	CTIO	N	District Number	Office Code	Par	ty Code	Coun	ty
							М	10	DAY	YE	AR		-	REP			
								11		5	2024		(SEE IN	STRUCTI	ONS FOR C	ODES)	
	Receipts and	МО	DAY YE	EAR			М	10	DAY	YI	AR	FO	R OFFI	CE USE	ONLY		
Expenditures	s from:		9 17	20	)24	ГО		10	:	21	2024						
A. Amount Bro	ught Forward Fro	m Last R	eport			9	\$			18,8	399.99						
B. Total Monet	ary Contributions	And Rec	eipts (From So	ched	dule I)	9	\$			21,4	158.45						
C. Total Funds	Available (Sum O	f Lines A	and B)				\$			40,3	358.44						
D. Total Expend	ditures (From Sch	edule II	I)			9	\$			5,8	343.30						
E. Ending Cash	Balance (Subtrac	t Line D	From Line C)				\$			34,5	15.14						
F. Value Of In-	Kind Contribution	s Receiv	ed (From Sche	edul	e II)		\$		2	275,0	00.00						
G. Unpaid Debt	ts And Obligations	(From S	Schedule IV)			9	\$				0.00			•			
			А	\FF	IDAV	IT SI	EC	TION									
PART I - If this is	s a Committee rep	ort, trea	surer sign her	re. I	f this i	s a Ca	andi	idate re	port, c	andi	date sig	ın here.					
I swear (or affirm) correct and comple	) that this report, inc ete.	luding the	e attached sched	lules	filed or	pape	r or l	by electr	ronic m	edium	, are to t	he best o	f my kno	wledge	and belie	ef , tru	ıe
Sworn to and subs	cribed before me thi day of	s	20							S	ignature	of Perso	n Submit	ting Rep	ort		_
	Signati	ıre				_		,				Prin	ted Name	<b></b>			
My Commission Ex	cpires					_		•	Email								
	МО	D	AY	YR					Are	ea Cod	le	Daytim	e Teleph	one Nu	mber		
Part II- If this is	a report of a can	didate's	authorized Co	mm	ittee,	Candi	date	e shall s	sign he	ere.							
I swear (or affirm) No 320) as amende	that to the best of ed.	my knowl	edge and belief	this	politica	comi	mitte	ee has no	ot viola	ted an	y provis	ions of th	e act of J	une 3,1	937 (P.L	. 1333	s,
Sworn to and subso	ribed before me this								Signature of Candidate							-	
-	day of					_						Printe	d Name				-
	Signature					_											_
My Commission Exp	ires											Ema	II				
	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	g Period		
TIM DEFOOR FOR AUDITOR GENERAL	From:	9/17/202	<u>4</u> То	: 10/21/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	) Period	(1)	\$	158.45
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)			\$	300.00
TOTAL for the Reporting	Period	(2)	\$	300.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	21,000.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	) Period	(3)	\$	21,000.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	) Period	(4)	\$	0.00
	· · · · · · · · · · · · · · · · · · ·			
Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	21,458.45

#### **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				Period			
			From:		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 Cand	Name of Filing Committee or Candidate								
TIM DEFOOR FOR AUDITOR GENE	RAL		Fro	m:	9/17/	2024 <b>T</b> o	<b>To:</b> <u>10/21/2024</u>		
					DATE			AMOUNT	
Full Name of Contributor THOMAS BOWEN				МО	DAY	YEAR			
Mailing Address 104 HUNT ST							\$	100.00	
City HUMMELSTOWN	State	Zip Code (Plus 4	)	10	7	2024			
	PA	17036							
Full Name of Contributor ARTHUR D HERSHEY				МО	DAY	YEAR			
Mailing Address 1163 KENSING	ON LN APT 2109						\$	100.00	
City OXFORD	State	Zip Code (Plus 4	)	10	21	2024			
	PA	19363							
Full Name of Contributor ADOLPH POCHE				мо	DAY	YEAR			
Mailing Address 24102 SHANNO	NDELL DR						\$	100.00	
City NORRISTOWN	State	Zip Code (Plus 4	)	10	16	2024			
	PA	19403							

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

**PAGE TOTAL \$** 300.00

#### **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	ame of Filing Committee or Candidate Repo						
TIM DEFOOR FOR AUDITOR GENERAL			From:	<u>9/1</u>	.7/2024	То:	10/21/2024
				DA	TE		AMOUNT
Full Name of Contributing Committee FREEDOM PAC				МО	DAY	YEAR	\$ 1,000.00
Mailing Address 228 S WASHINGTON	ST SUITE 115			10	7	2024	_,
City ALEXANDRIA	State VA	<b>Zip Code</b> 22314	e (Plus 4)				
Full Name of Contributing Committee FRIENDS OF JUDY WARD				МО	DAY	YEAR	\$ 2,500.00
Mailing Address P.O. BOX 288		T		10	1	2024	
<b>City</b> HOLIDAYSBURG	State PA	<b>Zip Code</b> 16648	e (Plus 4)				
<b>Full Name of Contributing Committee</b> GT COMMONWEALTH PAC				мо	DAY	YEAR	\$ 5,000.00
Mailing Address 4075 LINGLESTOWN	RD			10	3	2024	3,555.55
City HARRISBURG	State PA	<b>Zip Code</b> 17112	e (Plus 4)				
Full Name of Contributing Committee GT COMMONWEALTH PAC				МО	DAY	YEAR	\$ 5,000.00
Mailing Address 4075 LINGLESTOWN	RD			10	15	2024	3,000.00
City HARRISBURG	<b>State</b> PA	<b>Zip Code</b> 17112	e (Plus 4)				
Full Name of Contributing Committee  IFAPAC - PA				МО	DAY	YEAR	\$ 500.00
Mailing Address 6059 ALLENTOWN BI	LVD #310			10	10	2024	300.00
City HARRISBURG	State PA	<b>Zip Code</b> 17112	e (Plus 4)	10		2021	
Full Name of Contributing Committee  NFIB PENNSYLVANIA PAC				мо	DAY	YEAR	\$ 500.00
Mailing Address 1201 F ST, NW SUIT	TE 200			10	7	2024	300.00
City WASHINGTON	State DC	<b>Zip Code</b> 20004	e (Plus 4)				

Full Name of Contributing Committee		мо	DAY	YEAR		
OPERATORS FOR SKILL PAC				2		<b>\$</b> 5,000.00
Mailing Address P.O. BOX 343			9	28	2024	,
City HARRISBURG	State	Zip Code (Plus 4)		20	2021	
	PA	17108				
Full Name of Contributing Committee			мо	DAY	YEAR	
SCHOOL BUS PAC				2		<b>\$</b> 1,000.00
Mailing Address 623 N BROAD ST			10	7	2024	,
City LANSDALE	State	Zip Code (Plus 4)		,		
	PA	19446				
Full Name of Contributing Committee			мо	DAY	YEAR	
SUSQUEHANNA TOWNSHIP REPUBLICAN	N COMMITTEE			27(1		<b>\$</b> 500.00
Mailing Address 3410 BELAIR RD			10	16	2024	
City HARRISBURG	State	Zip Code (Plus 4)	10	10	2021	
	PA	17109				

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

**PAGE TOTAL**\$ 21,000.00

### 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	me of Filing Committee or Candidate							
			Froi	m:		To	):	
				D	ATE		Α	MOUNT
Full Name of Contributor				МО	DAY	YEAR	\$	0.00
Mailing Address							7	
City	State	Zip Code (Pl	ıs 4)					
Employer Name				Occupa	tion	•		
Employer Mailing Address/Principal Place	e of Business	City		•	State		Zip Cod	le (Plus 4)
Enter Grand Total of Part C on Sche	dule I, Detailed Si	ummary Page	e, Secti	on 3.			P	AGE TOTAL
						:	\$	0.00

### 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		<b>.</b>			•			
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 Perio	d	
TIM DEFOOR FOR AUDITOR GENERAL	From:	<u>9/17/2024</u> <b>To:</b>	10/21/2024
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER 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)	\$	275,000.00
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,		\$	275,000.00

## SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

**VALUE OF \$50.01 TO \$250.00** 

Name of Filing Committee or Candid	Reporting Period							
F						То:		
		•		DATE			AMOUNT	
Full Name of Contributor			МО	DAY	YEAR			
Mailing Address						<b>7</b> \$	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

TIM DEFOOR FOR AUDITOR GENERAL

Reporting Period

From: 9/17/2024 To: 10/21/2024

						DATE			AMOUNT
Full Name of Contributor COMMONWEALTH LEADERS FUND					мо	DAY	YEAR		
Mailing Address P.O. BOX 934					10	18	2024	\$	275,000.00
City HARRISBURG State Zip Code(Plus 4) PA 17108									
Employer of Contributor	•		•		Occupa	tion PI	RINTING	AND I	POSTAGE
Employer Mailing Address/Principal P	ace of Business	Cit	ty	State	Zip	Code(Plus 4)	Descri	ption	of Contribution
Enter Grand Total of Part G on Schedule II, In-Kind Contributions De Summary Page, Section 3.					d				PAGE TOTAL 275,000.00

### SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Pe	eriod		
TIM DEFOOR FOR AUDITOR GENERAL	From	9/17/2024	То:	10/21/2024

				DATE	AMOUNT		
To Whom Paid							741100111
WINRED			МО	DAY	YEAR		
Mailing Address P.O. BOX 9891			9	19	2024	\$	0.39
City ARLINGTON	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
	VA	22219	SERVIC	E FEE			
To Whom Paid WINRED			мо	DAY	YEAR		
Mailing Address P.O. BOX 9891			9	23	2024	\$	1.97
City ARLINGTON	State	Zip Code (Plus 4)	Description of Expenditure				
	VA	22219	SERVICE FEE				
To Whom Paid			мо	DAY	YEAR		
WINRED							
Mailing Address P.O. BOX 9891			9	24	2024	\$	1.58
City ARLINGTON State Zip Code (Plus 4)			Description of Expenditure				
	VA	22219	SERVICE FEE				
<b>To Whom Paid</b> POSTMASTER			мо	DAY	YEAR		
Mailing Address 312 MARKET ST			9	25	2024	\$	14.60
City HARRISBURG State Zip Code (Plus 4)			1				
City HARRISBURG	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure		
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 17108	<b>Descript</b>		enditure		
City HARRISBURG  To Whom Paid  REPUBLICAN PARTY OF PENNSYLVANIA	PA				enditure YEAR		
To Whom Paid	PA A		POSTAG	SE		\$	150.00
To Whom Paid REPUBLICAN PARTY OF PENNSYLVANIA	PA A		MO 9	DAY	<b>YEAR</b> 2024	\$	150.00
To Whom Paid  REPUBLICAN PARTY OF PENNSYLVANIA  Mailing Address 3501 N FRONT ST S	PA  SUITE 200	17108	MO 9 Description	<b>DAY</b> 30	<b>YEAR</b> 2024	\$	150.00
To Whom Paid  REPUBLICAN PARTY OF PENNSYLVANIA  Mailing Address 3501 N FRONT ST S	PA  SUITE 200  State	17108  Zip Code (Plus 4)	MO 9 Description	DAY 30 tion of Exp	<b>YEAR</b> 2024	\$	150.00
To Whom Paid  REPUBLICAN PARTY OF PENNSYLVANIA  Mailing Address 3501 N FRONT ST S  City HARRISBURG  To Whom Paid	PA  SUITE 200  State	17108  Zip Code (Plus 4)	MO  9  Descript	DAY  30  tion of Exp BUTION	YEAR 2024 enditure	\$	150.00
To Whom Paid  REPUBLICAN PARTY OF PENNSYLVANIA  Mailing Address 3501 N FRONT ST S  City HARRISBURG  To Whom Paid  DTR CONSULTING	PA  SUITE 200  State	17108  Zip Code (Plus 4)	MO  9  Descript CONTRI  MO  10	30 tion of Exp BUTION DAY	YEAR 2024 enditure YEAR 2024		

Mailing Address   P.O. BOX 2891   10   6   2024   \$   1,000.00								AGE 13			
Nating Address	To Whom Paid			мо	DAY	YEAR					
State	PENNSYLVANIA YOUNG REPUBLICANS										
PA	Mailing Address P.O. BOX 2891			10	6	2024	\$	1,000.00			
To Whom Pald WINNED Mailing Address P.O. BOX 9891  To Whom Pald ALEX SIMMONS Mailing Address SERVICE FEE  To Whom Pald ALEX SIMMONS Mailing Address Mailing A	City YORK	State	Zip Code (Plus 4)	Descript	tion of Exp	enditure					
Mailing Address	PA 17405			CONTRIBUTION							
Mailing Address   P.O. BOX 9891   State   Zip Code (Plus 4)   Description of Expenditure   SERVICE FEE	To Whom Paid			МО	DAY	YEAR					
City   ARLINGTON   State   Zip Code (Plus 4)   Description of Expenditure   SERVICE FEE	WINRED										
No	Mailing Address P.O. BOX 9891			10	7	2024	\$	3.94			
Mo	City ARLINGTON State Zip Code (Plus 4)			Descrip	tion of Exp	enditure					
Mailing Address   S20 N LIME ST   State   PA   State   PA   PA   PA   PA   PA   PA   PA   P	VA 22219			SERVICE FEE							
ALEX SIMMONS	To Whom Paid			МО	DAY	YEAR					
City   ELIZABETHTOWN   State   Zip Code (Plus 4)   Description of Expenditure   REIMBURSEMENT   PA   17022   REIMBURSEMENT   PA   17022   PA   PA   PA   PA   PA   PA   PA	ALEX SIMMONS										
To Whom Paid  WINNED  To Whom Paid  WINNED  To Whom Paid  WINNED  State  PA  State  VA  State  State  VA  State  VA  State  State  VA  State  State  VA  State  State  VA  State  State  State  VA  State  Sta	Mailing Address 520 N LIME S	ST		10	8	2024	\$	310.13			
No   Day   Year	City ELIZABETHTOWN	State	Zip Code (Plus 4)	Descrip	iption of Expenditure						
PLOCATION   PRICE		PA	17022	REIMBURSEMENT							
Mailing Address   S11 FRANKLIN ST UNIT #333   10	To Whom Paid			мо	DAY	ΥFΔR					
City   SHOEMAKERSVILLE   State   PA   19555   PA   19555   PA   PA   19555   PA   PA   PA   PA   PA   PA   PA	PIGEON CREEK DESIGNS, LLC			110		1 Z/IIX					
PA   19555   YARDS SIGNS   TO Whom Paid   WINNED   M0   DAY   YEAR   M0   DAY	Mailing Address 511 FRANKLI	N ST UNIT #333		10	8	2024	\$	3,148.20			
Mo	City SHOEMAKERSVILLE State Zip Code (Plus 4)			Description of Expenditure							
Mailing Address   P.O. BOX 9891   10   8   2024   \$   0.39		PA	19555	YARDS SIGNS							
Mailing Address   P.O. BOX 9891   10   8   2024   \$ 0.39	To Whom Paid			МО	DAY	YEAR					
City   ARLINGTON   State   Zip Code (Plus 4)   Description of Expenditure   SERVICE FEE	WINRED										
VA   22219   SERVICE FEE	Mailing Address P.O. BOX 989	91		10	8	2024	\$	0.39			
Mo	City ARLINGTON State Zip Code (Plus 4)			Description of Expenditure							
MO		VA	22219	SERVICE FEE							
Mailing   Address   P.O. BOX 9891   10   8   2024   \$   0.99	To Whom Paid			МО	DAY	YEAR					
City         ARLINGTON         State VA         Zip Code (Plus 4) SERVICE FEE         Description of Expenditure SERVICE FEE           To Whom Paid WINRED         MO DAY YEAR         YEAR         4 0.53           City         ARLINGTON         State Zip Code (Plus 4) Description of Expenditure SERVICE FEE           To Whom Paid BARSZ GOWIE AMON & DAY BARSZ GOWIE AMON & DAY SERVICE FEE         MO DAY YEAR           Mailing Address         1400 N PROVIDENCE RD BUILDING 2, SUITE 1040         10         16         2024         \$ 206.25           City         MEDIA         State         Zip Code (Plus 4) Description of Expenditure	WINRED										
VA   22219   SERVICE FEE	Mailing Address P.O. BOX 989	91		10	8	2024	\$	0.99			
MO	City ARLINGTON	State	Zip Code (Plus 4)	Descrip	Description of Expenditure						
Mo	VA 22219				SERVICE FEE						
Mailing Address   P.O. BOX 9891   10   8   2024   \$   0.53	To Whom Paid			мо	DAY	YEAR					
City ARLINGTON State Zip Code (Plus 4) Description of Expenditure VA 22219 SERVICE FEE  To Whom Paid BARSZ GOWIE AMON & Samp; FULTZ  Mailing Address 1400 N PROVIDENCE RD BUILDING 2, SUITE 1040 10 16 2024 \$ 206.25  City MEDIA State Zip Code (Plus 4) Description of Expenditure	WINRED										
To Whom Paid BARSZ GOWIE AMON & PROVIDENCE RD BUILDING 2, SUITE 1040  City MEDIA  SERVICE FEE  MO DAY YEAR  \$ 206.25	Mailing Address P.O. BOX 989	91		10	8	2024	\$	0.53			
To Whom Paid  BARSZ GOWIE AMON & State  MO DAY  YEAR  MO DAY  YEAR  \$ 206.25  * 206.25	City ARLINGTON	State	Zip Code (Plus 4)	Description of Expenditure							
BARSZ GOWIE AMON & State MO DAY YEAR  MO DAY YEAR  ** 206.25  ** 206.25  ** 206.25	VA 22219			SERVICE FEE							
BARSZ GOWIE AMON & State	To Whom Paid			мо	DAY	YEAR					
City MEDIA State Zip Code (Plus 4) Description of Expenditure	BARSZ GOWIE AMON & amp; FULTZ										
	Mailing Address 1400 N PROVIDENCE RD BUILDING 2, SUITE 1040			10	16	2024	\$	206.25			
PA 19063 CONSULTING	City MEDIA	State	Zip Code (Plus 4)	Descrip	Description of Expenditure						
		PA 19063			CONSULTING						

To Whom Paid			мо	DAY	YEAR		
WINRED			1.0				
Mailing Address P.O. BOX 9891			10	16	2024	\$	3.94
City ARLINGTON	State	Zip Code (Plus 4)	Description of Expenditure				
	VA	22219	SERVICE FEE				
To Whom Paid			МО	DAY	YEAR		
WINRED			110		12/11		
Mailing Address P.O. BOX 9891		10	20	2024	\$	0.39	
City ARLINGTON	State	Zip Code (Plus 4)	Description of Expenditure				
	VA	22219	SERVIC	E FEE			
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.						PAGE TOTAL	
					\$	5,843.30	