# **Campaign Finance Report**

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

	•	2017				Repor	+	CANDI	DATE		СОМ	MITTEE		LOBI	BYIST	-
Filer Identificat	ION	2017(	J364			Filed I							•			
Name of Filing O	Committee	e, Candida	ate or Lo	obbyist:		MARIA	ORP	4								
Street Address:	PO BO	OX 1006														
City:	SPRIN	NG HOUS	E					State:	PA			Zip Co	<b>de:</b> 19	477		
TYPE OF REPORT	6TH TUES PRE-PRIM		1.	2ND FRIDA PRIMARY	Y PRE	- 2.	30 D. PRIM		POST-	3.		AMENDMENT REPORT?		Yes	No	)
(place X to the right of	6TH TUES PRE-ELEC		4.	2ND FRIDA ELECTION	Y PRE	- 5. <b>X</b>	30 D. ELEC	AY F TION	POST-	6.			TERMINATION Yes REPORT?		No	
report type)	ANNUAL	REPORT	7.	<b>Year</b> 2024				NG METHO CHECK O				PAPER		$\checkmark$	DISKI	TTE
Name of Office S	- Sought by	Candidat	e:					DATE O	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	Count
SENATOR IN T								мо	DAY	YE	AR	12	STS	DEN	1	09
SENATOR IN T	HE GENER	AL ASSE	INDLT					11		5	2024	]	(SEE INS	STRUCTI	ONS FOR	CODES)
Summary of		and	мо	DAY	YEAR	Ł		мо	DAY	YE	AR	FC	OR OFFIC	E USE	ONLY	
Expenditures	s from:			9 17	2	024 <b>T</b>	0	10	2	1	2024					
A. Amount Bro	ught Forw	ard From	n Last R	eport			\$			35,1	.29.54					
B. Total Monet	ary Contri	butions A	And Rec	eipts (From	n Sche	dule I)	\$	5		32,8	326.00					
C. Total Funds	Available	(Sum Of	Lines A	and B)			\$	5		67,9	55.54					
D. Total Expenditures (From Schedule III)						\$	5		47,4	09.19						
E. Ending Cash	Balance (	(Subtract	Line D	From Line	C)		\$	5		20,5	46.35	-				
F. Value Of In-	Kind Cont	ributions	Receive	ed (From S	chedu	le II)	\$	5	0.00							
G. Unpaid Deb	ts And Obl	ligations	(From S	chedule IV	')		\$	5			0.00		·			
					AFF	IDAVI	T SE	CTION								
PART I - If this i																
I swear (or affirm correct and compl		eport, incli	uding the	attached sci	nedule	s filed on	paper	or by elect	ronic me	aium,	, are to 1	the best o	т ту кпоч	viedge	and bei	ief , true
Sworn to and subs	scribed befo day of	ore me this		20						S	ignature	e of Perso	n Submitt	ing Rep	oort	
		Signatur	e				_					Prin	ted Name			
My Commission E	xpires						_					Ema	il			
	I	мо	DA	AY	YR				Are	a Cod	e	Daytin	ne Teleph	one Nu	mber	
Part II- If this is	a report	of a cand	idate's	authorized	Comn	nittee, C	Candid	late shall	sign he	re.						
I swear (or affirm) No 320) as amend		e best of m	y knowle	edge and beli	ef this	political	comn	nittee has n	ot violat	ed an	y provis	ions of th	e act of Ju	ine 3,1	937 (P.I	L. 1333,
Sworn to and subso	cribed befor day of	e me this		20							s	ignature	of Candida	ite		
							_					Printe	ed Name			
My Commission Exp		ignature					_					Ema	il			
							_									
		мо	DA	AY	YR	1			Area C	Code		D	aytime Te	elephon	e Numl	ber

## SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** From: <u>9/17/2024</u> **To:** 10/21/2024 MARIAFORPA 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor \$ 126.00 **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 200.00 **Contributions Received From Political Committees (Part A)** 0.00 All Other Contributions (Part B) \$ **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)** 15,500.00 17,000.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 32,500.00 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E) 0.00 **TOTAL for the Reporting Period** (4) \$ Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount \$ 32,826.00 totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)

# 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	ite		Reporting Period							
MARIAFORPA FI				om:	<u>9/17/20</u>		<u>10/21/2024</u>			
					DATE AMOUNT					
Full Name of Contributing Committee HUMANE USA PA PAC				мо	DAY	YEAR				
Mailing Address 2484 SWEET G	JM CIR			10	9	2024	\$	200.00		
City YORK	<b>State</b> PA	<b>Zip Code (Plus 4</b> 174067537	4)							
								PAGE TOTAL		
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.							\$	200.00		

7/3/2025 10:43:27 PM

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 Candida	te		-	orting P	eriod			
			Froi	m:		Тс	):	
					DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address		-					\$	0.00
City	City State Zip Code (Plus 4)							
								PAGE TOTAL
Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. \$ 0.00								

# 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	g Period				
MARIAFORPA			From:	<u>9/1</u>	.7/2024	То:	<u>10/21/2024</u>	
				DA	TE		AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR		
AFSCME AFL-CIO COUNCIL 12 POLITICA	AL & LEGISLATI	VE					<b>\$</b> 500.00	
Mailing Address 4031 EXECUTIVE PA	RK DR			10	9	2024		
<b>City</b> HARRISBURG	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 171111507						
Full Name of Contributing Committee B AND B PAC				мо	DAY	YEAR	<b>\$</b> 500.00	
Mailing Address 24 AQUEDUCT RD				10	9	2024	+ 500.00	
City DUNCANNON	State	Zip Cod	e (Plus 4)	10	5	2024		
	РА	170209	614					
Full Name of Contributing Committee					DAY	VEAD		
CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE				мо	DAY	YEAR	<b>\$</b> 1,000.00	
Mailing Address 500 N 3RD ST STE	E 600A		10	14	2024			
City HARRISBURG	State	Zip Cod	e (Plus 4)		14		2021	
	PA	171011	163					
Full Name of Contributing Committee				мо	DAY	YEAR		
Mailing Address 762 W LANCASTER A	AVE						<b>\$</b> 500.00	
City BRYN MAWR	State	Zip Code	e (Plus 4)	9	26	2024		
	PA	190103	402					
Full Name of Contributing Committee HIGHMARK HEALTH PAC		-		мо	DAY	YEAR	<b>\$</b> 1,000.00	
Mailing Address 1800 CENTER ST				9	26	2024		
City CAMP HILL	State	Zip Cod	e (Plus 4)		20	2024		
	РА	170111	702					
Full Name of Contributing Committee	Full Name of Contributing Committee			мо	DAY	YEAR		
HOSPITAL & amp; HEALTHSYSTEM ASSO	HOSPITAL & amp; HEALTHSYSTEM ASSOCIATION OF PA (HAPAC)			MO	DAT	TEAR	<b>\$</b> 1,000.00	
Mailing Address 30 N 3RD ST STE 60	Mailing Address 30 N 3RD ST STE 600			10	14	2024	_,	
City HARRISBURG	State	Zip Cod	e (Plus 4)					
	PA	171011	730					

						TAGE 0
Full Name of Contributing Committee	e		мо	DAY	YEAR	\$ 500.0
Mailing Address 1100 BENT CRE	EK BLVD		10	14	2024	<b>\$</b> 500.0
City MECHANICSBURG	State	Zip Code (Plus 4)	10	14	2024	
	PA	170501872				
Full Name of Contributing Committe			мо	DAY	YEAR	
ORGANON & amp; CO. EMPLOYEE F	OLITICAL ACTION (	COMMITTEE				<b>\$</b> 500.0
Mailing Address 200 MASSACHU	SETTS AVE NW FL	9	10	14	2024	
City WASHINGTON	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 200011429				
Full Name of Contributing Committee PA AUTOMOTIVE ASSOCIATION PA			мо	DAY	YEAR	<b>\$</b> 1,000.0
Mailing Address 1925 N FRONT S	ST				2024	<b>a</b> 1,000.0
City HARRISBURG	State	Zip Code (Plus 4)	10	3	2024	
	PA	171022214				
Full Name of Contributing Committee           PA BAR ASSOCIAITON				DAY	YEAR	\$ 500.0
Mailing Address PO BOX 186			10	14	2024	
City HARRISBURG	State	Zip Code (Plus 4)			2024	
	PA	171080186				
Full Name of Contributing Committee PA TRIAL LAWYERS ASSOCIATION (LAWPAC)				DAY	YEAR	\$ 2,500.0
Mailing Address 212 N 3RD ST	STE 101		9	26	2024	
City HARRISBURG	State	Zip Code (Plus 4)		20	2024	
	PA	171011505				
Full Name of Contributing Committe	e		мо	DAY	YEAR	\$ 1,000.0
Mailing Address 2301 MARKET S	T # 15-1		10	3	2024	↓ 1,000.0
City PHILADELPHIA	State	Zip Code (Plus 4)		3	2024	
	PA	191031338				
Full Name of Contributing Committee PENNSYLVANIA BANKERS PUBLIC		E	мо	DAY	YEAR	\$ 1,000.0
Mailing Address 3897 N FRONT	ST		10 14	10 14	2024	
City HARRISBURG	State	Zip Code (Plus 4)	10	14	2024	
	PA	171101535				
Full Name of Contributing Committee PENNSYLVANIA OPTOMETRIC PAC			мо	DAY	YEAR	
Mailing Address 218 NORTH ST						<b>\$</b> 500.0
City HARRISBURG	State	Zip Code (Plus 4)	10	9	2024	
	PA	171011124				
			1	1	1	1

Full Name of Contributing Committee	III Name of Contributing Committee			DAY	YEAR		
Mailing Address PO BOX 300		-	10	9	2024	\$ 1,500.00	
City BENSALEM	State	Zip Code (Plus 4)	10	9	2024		
	PA	190200300					
Full Name of Contributing Committee PFT COMMITTEE TO SUPPORT PUBLIC I			мо	DAY	YEAR		
Mailing Address 1816 CHESTNUT ST			9	19	2024	\$ 1,000.00	
City PHILADELPHIA	State	Zip Code (Plus 4)	. 9	19	19	2024	
	PA	191034902					
Full Name of Contributing Committee PHA HOME PAC				DAY	YEAR	500.00	
Mailing Address 600 N 12TH ST STE	200		10	14	2024	\$ 500.00	
City LEMOYNE	State	Zip Code (Plus 4)	10	14	2024		
	РА	170431218					
Full Name of Contributing Committee PPL PEOPLE FOR GOOD GOVERNMENT		-	мо	DAY	YEAR		
Mailing Address 2 N 9TH ST						\$ 500.00	
City ALLENTOWN	State	Zip Code (Plus 4)	10	3	2024		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PA	181011139					
					[	PAGE TOTAL	
Enter Grand Total of Part C on Sche	dule I, Detailed Sun	nmary Page, Sectio	n 3.			\$ 15,500.00	

## 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			Rep	orting Pe	riod		
MARIAFORPA			Fror	n:	<u>9/17/2</u>	<u>024</u> To	: <u>10/21/2024</u>
				DA	ATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	± 3,500,00
WILLIAM FINK				MO		TEAR	<b>\$</b> 2,500.00
Mailing Address 871 WILLIAMSBURG	BLVD			10	10	2024	
City DOWNINTOWN	State	Zip Code (Plu	is 4)				
	PA	193354124					
Employer Name TD BANK				Occupation EXECUTIV			IVE VICE PRESIDENT
Employer Mailing Address/Principal Plac	e of Business	City			State		Zip Code (Plus 4)
3821 W LINCOLN HWY DOWNINGTOWN				PA		193352216	
Full Name of Contributor				мо	DAY	YEAR	\$ 500.00
ELI HOLTMAN Mailing Address PO BOX 384							-
Mailing Address         PO BOX 384           City         NARBERTH	State	Zip Code (Plu	s 4)	10	10	2024	
	PA	190720384	54)				
Employer Name CONSCIENTIOUS PRO	· · ·			Occupat	lion		TATE INVESTOR
					State	REAL ES	
Employer Mailing Address/Principal Plac	e of Business	City					Zip Code (Plus 4)
PO BOX 384		NARBER	п		PA		190720384
Full Name of Contributor				мо	DAY	YEAR	\$ 2,500.00
SCOTT H. HOMEL							
Mailing Address 491 OLD YORK RD	1	Zin Cada (Di	- 1)	10	14	2024	
City JENKINTOWN	State	Zip Code (Plu	IS 4)				
		19046					
Employer Name PINTZUK BROWN REA				Occupat	1	PRESID	
Employer Mailing Address/Principal Plac	e of Business	City	<b>.</b>		State		Zip Code (Plus 4)
491 OLD YORK RDSTE 200		JENKINT	OWN		PA		19046
Full Name of Contributor MARIS NASATIR				мо	DAY	YEAR	<b>\$</b> 2,000.00
Mailing Address 666 W GERMANTOW							-
City PLYMOUTH MEETING	State	Zip Code (Plu	s 4)	10	10	2024	
	PA	194621094	-				
Employer Name REITRED			Occupation RETIRED				
Employer Mailing Address/Principal Place of Business City				Zip Code (Plus 4)			
666 W GERMANTOWN PIKEAPT 1501 PLYMOUTH MEET							

OBERMAYER, REBMANN, MAXV	VELL & HIPPEL LLP			мо	DAY	YEAR	\$	2,500.00	
Mailing Address 1500 MARK	KET ST STE 3400			10	10	2024	7		
City PHILADELPHIA	State	Zi	p Code (Plus 4)		10	2024			
	PA	19	91022100						
Employer Name				Occupat	ion				
Employer Mailing Address/Prin	cipal Place of Business		City		State		Zip Code (I	Plus 4)	
Full Name of Contributor JOHN VASILIOU				мо	DAY	YEAR	\$	1,000.00	
Mailing Address 145 CHESV	VOLD LN			10	10	2024			
City HAVERFORD	State	Zi	p Code (Plus 4)		10	2024			
	PA	19	0411801						
Employer Name ASTRA FOOD	S			Occupat	ion	MANUFA	ACTURING		
Employer Mailing Address/Prin	cipal Place of Business		City	State			Zip Code (Plus 4)		
6430 MARKET ST			UPPER DARBY		PA		190823304	4	
Full Name of Contributor JOHN VASILIOU				мо	DAY	YEAR	\$	1,000.00	
Mailing Address 145 CHESV	VOLD LN			10	16	2024			
City HAVERFORD	State	Zi	p Code (Plus 4)	10	10				
	PA	19	0411801						
Employer Name ASTRA FOOD	S			Occupat	ion	MANUFA	ACTURING		
Employer Mailing Address/Prin	cipal Place of Business		City		State		Zip Code (	Plus 4)	
6430 MARKET ST			UPPER DARBY		PA		19082330	4	
Full Name of Contributor JOHN J ZAHARCHUK				мо	DAY	YEAR	\$	5,000.00	
Mailing Address 8 DEVONS	HIRES ST			9	19	2024			
City BLUE BELL	State	Zi	p Code (Plus 4)		19	2024			
	PA	19	94222560						
Employer Name SUMMIT REA	LTY ADVISORS			Occupat	ion	REALTO	R & M	ANAGER	
Employer Mailing Address/Prin	cipal Place of Business		City		State		Zip Code (	Plus 4)	
201 MAPLE AVESTE 100			PENLLYN		PA		19422100	9	
Enter Grand Total of Part C	on Schedule I, Detailed	Sumr	nary Page, Secti	ion 3.				E TOTAL	

## 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 Cano	didate		Report	ing Perio	od			
			From:			To:		
				D	ATE		AMOUNT	
Full Name				мо	DAY	YEAR	\$	0.00
Mailing Address								
City	State	Zip Code (	Plus 4)					
Receipt Description								
							PAGE TOT	AL
Enter Grand Total of Part E on S	schedule I, Detailed	Summary Page,	Section	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		
MARIAFORPA	From:	<u>9/17/2024</u> <b>то:</b>	<u>10/21/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR		
TOTAL for the Reporting Pe	riod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	TF)		
TOTAL for the Reporting Pe	riod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	riod (3)	\$	0.00
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, 1		\$	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:			То:		
				DATE			AMOUNT	
Full Name of Contributor			мо	DAY	YEAR			
Mailing Address						<b>\$</b>		0.00
City	State	Zip Code (Plus 4)						
Description of Contribution:						-		
Enter Grand Total of Part F on Sched Section 2.	ule II, In-Kind Co	ontributions Deta	iled Sum	mary Pag	e,		PAGE TOTA	<u></u>
						\$		0.00

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

Name of Filing Committee or Candidate			Re	porting l	Period		
			Fro	om:		То:	
					DATE		AMOUNT
Full Name of Contributor				мо	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor		•		Occupa	ation		•
Employer Mailing Address/Principal Place of Business City				e Zip	Code(Plus 4)	Descri	ption of Contribution
Enter Grand Total of Part G on Sch Summary Page, Section 3.	edule II, In-Kin	d Contributions D	etaile	ed			<b>PAGE TOTAL</b> 0.00

# SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		Reporting Period							
MARIAFORPA			From	<u>9/1</u>	7/2024	То:	<u>10/21/2024</u>		
				DATE					
To Whom Paid			мо	DAY	YEAR				
ACTBLUE									
Mailing Address PO BOX 441146			10	17	2024	\$	5.88		
City WEST SOMERVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure				
	МА	021440031	PROCES	PROCESSING FEE					
To Whom Paid ANNA ROSE BAKERY			мо	DAY	YEAR				
Mailing Address 100 N 2ND ST			10	11	2024	\$	107.32		
City HARRISBURG	State	Zip Code (Plus 4)	Descrip	l tion of Exp	on of Expenditure				
	PA	171011401	EVENT	EVENT EXPENSE					
To Whom Paid CHELTENHAM PRINTING			мо	DAY	YEAR				
Mailing Address 518 RYERS AVE FL 1			9	26	2024	\$	74.20		
City CHELTENHAM State Zip Code (Plus 4)		Description of Expenditure							
PA 190122131			PRINTING						
To Whom Paid FIRESIDE BAR & GRILLE			мо	DAY	YEAR				
Mailing Address 1211 S BETHLEHEM PIKE			9	20	2024	\$	242.59		
City AMBLER State		Zip Code (Plus 4)	Description of Expenditure						
PA 190025804			MEETING						
To Whom Paid MONTGOMERY COUNTRY DEMOCRATIC COMMITTEE			мо	DAY	YEAR				
Mailing Address PO BOX 857			9	26	2024	\$	2,500.00		
City NORRISTOWN	State	Zip Code (Plus 4)	Descrip	Description of Expenditure					
PA 194040857			CONTRIBUTION						
To Whom Paid NGP VAN			мо	DAY	YEAR				
Mailing Address 1445 NEW YORK AVE NW STE 200			10	2	2024	\$	339.20		
City WASHINGTON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	1			
DC 200052158			SOFTWARE LICENSE						

							-	AOL 12	
To Whom Paid				мо	DAY	YEAR			
PA SENATE DEMOC	RATIC CAMPAIGN C	OMMITTEE							
Mailing Address	PO BOX 59358			10	4	2024	\$	20,000.00	
City PHILADLEPHIA		State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	191029358	CONTRI	RIBUTION				
To Whom Paid				мо	DAY	YEAR			
PA SENATE DEMOC	RATIC CAMPAIGN C	OMMITTEE							
Mailing Address	PO BOX 59358			10	18	2024	\$	20,000.00	
City PHILADELPH	IIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	191029358	CONTRI	BUTION				
To Whom Paid				мо	DAY	YEAR			
RITTENHOUSE POL	ITICAL PARTNERS								
Mailing Address	121 S BROAD ST FL	. 4		10	7	2024	\$	4,000.00	
City PHILADELPH	IIA	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		РА	191074544	CONSU	LTING FEE	S &	EXPENS	ES	
To Whom Paid				мо	DAY	YEAR			
RACHEL SMITH					2				
Mailing Address	101 FULGENS ST			10	10	2024	\$	50.00	
City WARRINGTO	ON	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	189762469	COMMUNITY OUTREACH					
To Whom Paid				мо	DAY	YEAR			
TWO PEEN CENTER BUILDING PARKING									
Mailing Address	2 PENN CENTER PLZ	-		10	15	2024	\$	40.00	
City PHILADELPH	IILA	State	Zip Code (Plus 4)	Description of Expenditure					
		PA	191021785	PARKING					
To Whom Paid				мо	DAY	YEAR			
WELLS FARGO									
Mailing Address	420 MONTGOMERY	ST		10	4	2024	\$	25.00	
City SAN FRANCISCO		State	Zip Code (Plus 4)	Description of Expenditure					
		CA	941041207	WIRE FEE					
To Whom Paid				мо	DAY	YEAR			
WELLS FARGO									
Mailing Address 420 MONTGOMERY ST			10	18	2024	\$	25.00		
City SAN FRANC	ISCO	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure	•		
		СА	941041207	WIRE FI	EE				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL		
Enter Grand Tota		оп Раде 1, керс	ort Cover Page, Item D	•			\$	47,409.19	