

# Campaign Finance Report

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

<b>Filer Identification Number :</b>		20140067		<b>Report Filed By :</b>		<b>CANDIDATE</b>		<b>COMMITTEE</b> <input checked="" type="checkbox"/>		<b>LOBBYIST</b>		
<b>Name of Filing Committee, Candidate or Lobbyist:</b> LEANNE FOR PA												
<b>Street Address:</b> PO BOX 22												
<b>City:</b> SWARTHMORE						<b>State:</b> PA			<b>Zip Code:</b> 19081			
<b>TYPE OF REPORT</b>  (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.	AMENDMENT REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.	TERMINATION REPORT?	Yes	No	<input checked="" type="checkbox"/>		
	ANNUAL REPORT	7. X	Year 2024	<b>FILING METHOD ( ) CHECK ONE</b>			<b>PAPER</b> <input checked="" type="checkbox"/>	<b>DISKETTE</b>				
<b>Name of Office Sought by Candidate:</b>						<b>DATE OF ELECTION</b>			<b>District Number</b>	<b>Office Code</b>	<b>Party Code</b>	<b>County Code</b>
REPRESENTATIVE IN THE GENERAL ASSEMBLY						<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	161	STH	DEM	23
						11	5	2024	(SEE INSTRUCTIONS FOR CODES)			
<b>Summary of Receipts and Expenditures from:</b>		<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>TO</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	<b>FOR OFFICE USE ONLY</b>			
		11	26	2024		12	31	2024				
<b>A. Amount Brought Forward From Last Report</b>						\$		8,618.48				
<b>B. Total Monetary Contributions And Receipts (From Schedule I)</b>						\$		1,341.00				
<b>C. Total Funds Available (Sum Of Lines A and B)</b>						\$		9,959.48				
<b>D. Total Expenditures (From Schedule III)</b>						\$		981.13				
<b>E. Ending Cash Balance (Subtract Line D From Line C)</b>						\$		8,978.35				
<b>F. Value Of In-Kind Contributions Received (From Schedule II)</b>						\$		0.00				
<b>G. Unpaid Debts And Obligations (From Schedule IV)</b>						\$		10,700.00				

## 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**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
LEANNE FOR PA	From: <u>11/26/2024</u> To: <u>12/31/2024</u>

<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 491.00

<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
<b>Contributions Received From Political Committees (Part A)</b>	\$ 0.00
<b>All Other Contributions (Part B)</b>	\$ 350.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 350.00

<b>3. Contributions Received Over \$250.00 (From Part C and Part D)</b>	
<b>Contributions Received From Political Committees (Part C)</b>	\$ 500.00
<b>All Other Contributions (Part D)</b>	\$ 0.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 500.00

<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc . (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00

<b>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.)</b>	\$ 1,341.00
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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
	From: To:

DATE			AMOUNT
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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)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
LEANNE FOR PA	<b>From:</b> <u>11/26/2024</u> <b>To:</b> <u>12/31/2024</u>

<b>DATE</b>	<b>AMOUNT</b>
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<b>Full Name of Contributor</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
JAMAL JOHNSON						
<b>Mailing Address</b> 4 SHEPHERDS LN						
<b>City</b> WALLINGFORD	<b>State</b>	<b>Zip Code (Plus 4)</b>	12	4	2024	
	PA	190866124				

<b>Full Name of Contributor</b>			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
WILLIAM TURPIN						
<b>Mailing Address</b> 7 E SYLVAN AVE						
<b>City</b> RUTLEDGE	<b>State</b>	<b>Zip Code (Plus 4)</b>	12	12	2024	
	PA	190702122				

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

<b>PAGE TOTAL</b>
\$ 350.00

## 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.

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
LEANNE FOR PA	<b>From:</b> <u>11/26/2024</u> <b>To:</b> <u>12/31/2024</u>

				DATE			AMOUNT		
Full Name of Contributing Committee					MO	DAY	YEAR	\$	500.00
PA REALTORS POLITICAL ACTION COMMITTEE									
Mailing Address					12	10	2024		
500 N 12TH ST									
City	LEMOYNE		State	PA	Zip Code (Plus 4)	170431241			

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

<b>PAGE TOTAL</b>
\$ 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.)**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> <b>To:</b>

				DATE			AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
City	State	Zip Code (Plus 4)						
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.**

<b>PAGE TOTAL</b>	
\$	0.00

## 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: <span style="float: right;">To:</span>
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			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.

<b>PAGE TOTAL</b>
\$ 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**

<b>Name of Filing Committee or Candidate</b>		<b>Reporting Period</b>	
LEANNE FOR PA		From: <u>11/26/2024</u> To: <u>12/31/2024</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period (1)			\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period (2)			\$ 0.00
<b>3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)</b>			
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: <span style="float: right;">To:</span>
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			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.						<b>PAGE TOTAL</b>  \$ 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
LEANNE FOR PA	From <u>11/26/2024</u> To: <u>12/31/2024</u>

DATE				AMOUNT
To Whom Paid	MO	DAY	YEAR	
ACTBLUE				
Mailing Address PO BOX 441146	11	27	2024	\$ 0.38
City WEST SOMERVILLE				
State MA				
Zip Code (Plus 4) 021440031				
Description of Expenditure				
CREDIT CARD PROCESSING FEES				
To Whom Paid	MO	DAY	YEAR	
ACTBLUE				
Mailing Address PO BOX 441146	11	29	2024	\$ 0.30
City WEST SOMERVILLE				
State MA				
Zip Code (Plus 4) 021440031				
Description of Expenditure				
CREDIT CARD PROCESSING FEES				
To Whom Paid	MO	DAY	YEAR	
ACTBLUE				
Mailing Address PO BOX 441146	12	2	2024	\$ 0.23
City WEST SOMERVILLE				
State MA				
Zip Code (Plus 4) 021440031				
Description of Expenditure				
CREDIT CARD PROCESSING FEES				
To Whom Paid	MO	DAY	YEAR	
ACTBLUE				
Mailing Address PO BOX 441146	12	3	2024	\$ 0.39
City WEST SOMERVILLE				
State MA				
Zip Code (Plus 4) 021440031				
Description of Expenditure				
CREDIT CARD PROCESSING FEES				
To Whom Paid	MO	DAY	YEAR	
ACTBLUE				
Mailing Address PO BOX 441146	12	4	2024	\$ 1.66
City WEST SOMERVILLE				
State MA				
Zip Code (Plus 4) 021440031				
Description of Expenditure				
CREDIT CARD PROCESSING FEES				
To Whom Paid	MO	DAY	YEAR	
ACTBLUE				
Mailing Address PO BOX 441146	12	5	2024	\$ 0.91
City WEST SOMERVILLE				
State MA				
Zip Code (Plus 4) 021440031				
Description of Expenditure				
CREDIT CARD PROCESSING FEES				

To Whom Paid			MO	DAY	YEAR	\$ 3.75
ACTBLUE						
Mailing Address PO BOX 441146			12	6	2024	
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.21
ACTBLUE						
Mailing Address PO BOX 441146			12	9	2024	
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.38
ACTBLUE						
Mailing Address PO BOX 441146			12	10	2024	
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.15
ACTBLUE						
Mailing Address PO BOX 441146			12	11	2024	
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.30
ACTBLUE						
Mailing Address PO BOX 441146			12	12	2024	
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 1.50
ACTBLUE						
Mailing Address PO BOX 441146			12	16	2024	
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.15
ACTBLUE						
Mailing Address PO BOX 441146			12	17	2024	
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.38
ACTBLUE						
Mailing Address PO BOX 441146			12	20	2024	
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.15
ACTBLUE						
Mailing Address PO BOX 441146			12	24	2024	
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.68
ACTBLUE						
Mailing Address PO BOX 441146			12	30	2024	
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.23
ACTBLUE						
Mailing Address PO BOX 441146			12	31	2024	
City WEST SOMERVILLE	State MA	Zip Code (Plus 4) 021440031	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 22.17
GODADDY						
Mailing Address 14455 N HAYDEN RD			11	29	2024	
City SCOTTSDALE	State AZ	Zip Code (Plus 4) 852606993	Description of Expenditure DOMAIN RENEWAL			

To Whom Paid			MO	DAY	YEAR	\$ 923.84
GODADDY						
Mailing Address 14455 N HAYDEN RD			11	30	2024	
City SCOTTSDALE	State AZ	Zip Code (Plus 4) 852606993	Description of Expenditure DOMAIN RENEWALS			

To Whom Paid			MO	DAY	YEAR	\$ 0.78
STRIPE						
Mailing Address 354 OYSTER POINT BLVD			11	27	2024	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.67
STRIPE						
Mailing Address 354 OYSTER POINT BLVD			11	29	2024	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.56
STRIPE						
Mailing Address 354 OYSTER POINT BLVD			12	2	2024	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 1.03
STRIPE						
Mailing Address 354 OYSTER POINT BLVD			12	3	2024	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 3.57
STRIPE						
Mailing Address 354 OYSTER POINT BLVD			12	4	2024	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 2.01
STRIPE						
Mailing Address 354 OYSTER POINT BLVD			12	5	2024	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 5.73
STRIPE						
Mailing Address 354 OYSTER POINT BLVD			12	6	2024	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.77
STRIPE						
Mailing Address 354 OYSTER POINT BLVD			12	9	2024	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.78
STRIPE						
Mailing Address 354 OYSTER POINT BLVD			12	10	2024	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.45
STRIPE						
Mailing Address 354 OYSTER POINT BLVD			12	11	2024	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD PROCESSING FEES			

To Whom Paid			MO	DAY	YEAR	\$ 0.90
STRIPE						
Mailing Address 354 OYSTER POINT BLVD			12	12	2024	
City SAN FRANCISCO	State CA	Zip Code (Plus 4) 94103	Description of Expenditure CREDIT CARD PROCESSING FEES			

<b>To Whom Paid</b> STRIPE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 2.43
<b>Mailing Address</b> 354 OYSTER POINT BLVD			12	16	2024	
<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94103	<b>Description of Expenditure</b> CREDIT CARD PROCESSING FEES			

<b>To Whom Paid</b> STRIPE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 0.45
<b>Mailing Address</b> 354 OYSTER POINT BLVD			12	17	2024	
<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94103	<b>Description of Expenditure</b> CREDIT CARD PROCESSING FEES			

<b>To Whom Paid</b> STRIPE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 0.78
<b>Mailing Address</b> 354 OYSTER POINT BLVD			12	20	2024	
<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94103	<b>Description of Expenditure</b> CREDIT CARD PROCESSING FEES			

<b>To Whom Paid</b> STRIPE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 0.45
<b>Mailing Address</b> 354 OYSTER POINT BLVD			12	24	2024	
<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94103	<b>Description of Expenditure</b> CREDIT CARD PROCESSING FEES			

<b>To Whom Paid</b> STRIPE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1.45
<b>Mailing Address</b> 354 OYSTER POINT BLVD			12	30	2024	
<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94103	<b>Description of Expenditure</b> CREDIT CARD PROCESSING FEES			

<b>To Whom Paid</b> STRIPE			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 0.56
<b>Mailing Address</b> 354 OYSTER POINT BLVD			12	31	2024	
<b>City</b> SAN FRANCISCO	<b>State</b> CA	<b>Zip Code (Plus 4)</b> 94103	<b>Description of Expenditure</b> CREDIT CARD PROCESSING FEES			

<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b>
						\$ 981.13

**SCHEDULE IV**

**STATEMENT OF UNPAID DEBTS**

**Use this Section to itemize all unpaid debts and obligations  
which are outstanding at the end of the reporting period**

<b>Name of Filing Committee or Candidate</b>  LEANNE FOR PA	<b>Reporting Period</b>  From: <u>11/26/2024</u> To: <u>12/31/2024</u>
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				DATE	Outstanding Balance of Debt		
Name of Creditor				MO	DAY	YEAR	\$ 10,700.00
EDGE HILL STRATEGIES, LLC							
Mailing Address PO BOX 22390				12	23	2019	
City PHILADELPHIA	State PA	Zip Code (Plus 4) 191102390	Description of Debt CONSULTING				
Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.							PAGE TOTAL \$ 10,700.00