### **Campaign Finance Report**

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

| Filer Identificati<br>Number :            | on 2019  | 90138      |                        |       | Rep<br>File |       |                | CANDI       | DATE           |             | СОМ        | 4ITTEE                       | ✓         | LOBI           | BYIST     |           |   |
|---|--|------------|------------------------|-------|-------------|-------|----------------|-------------|----------------|-------------|------------|------------------------------|-----------|----------------|-----------|-----------|---|
| Name of Filing C                          | Committee, Candid  | late or L  | obbyist:               |       | FRIE        | ND:   | S OF           | DOUG M      | ASTRI <i>A</i> | ONA         |            |                              |           |                |           |           |   |
| Street Address:                           |  |            |                        |       |             |       |                |             |                |             |            |                              |           |                |           |           |   |
| City:                                     | FAYETTEVILL  | E          |                        |       |             |       |                | State:      | PA             |             |            | Zip Cod                      | ie: 17    | .7222          |           |           |   |
| TYPE OF<br>REPORT                         | 6TH TUESDAY<br>PRE-PRIMARY   | 1.         | 2ND FRIDAY<br>PRIMARY  | PRE-  | . 2         | 2.    | 30 DA<br>PRIMA |             | POST-          | 3. <b>X</b> |            | AMENDM<br>REPORT             |           | Yes            | No        | ~         | 1 |
| (place X to<br>the right of               | 6TH TUESDAY<br>PRE-ELECTION  | 4.         | 2ND FRIDAY<br>ELECTION | PRE   | - 5         | 5.    | 30 DA<br>ELECT |             | POST-          | 6.          |            | TERMINA<br>REPORT            |           | Yes            | No        | ~         |   |
| report type)                              | ANNUAL REPORT  | 7.         | <b>Year</b> 2025       |       |             |       |                | IG METHO    |                |             |            | PAPER                        |           | <b>/</b>       | DISKE     | TTE       |   |
| Name of Office S                          | Sought by Candida  | ite:       |                        |       |             |       |                | DATE 0      | F ELE          | CTIC        | N          | District<br>Number           | ty Code   | County<br>Code |           |           |   |
|   | ,  |            |                        |       |             |       |                | МО          | DAY            | YI          | AR         | Number                       | Code      |                |           | Code      |   |
|   |  |            |                        |       |             |       |                | 11          |                | 4           | 2025       | (SEE INSTRUCTIONS FOR CODES) |           |                |           |           |   |
| Summary of Expenditures                   | Receipts and   | МО         | DAY Y                  | EAR   |             |       |                | МО          | DAY            | YI          | EAR        | FO                           | R OFFI    | CE USE         | ONLY      |           |   |
|   |  |            | 5 6                    | 20    | 025         | Т     | <u> </u>       | 6           |                | 9           | 2025       |                              |           |                |           |           |   |
| A. Amount Bro                             | ught Forward Fro   | m Last R   | eport                  |       |             |       | \$             |             |                | 543,2       | 269.05     |                              |           |                |           |           |   |
| B. Total Monet                            | ary Contributions  | And Rec    | eipts (From S          | che   | dule        | I)    | \$             |             |                | Ġ           | 984.46     |                              |           |                |           |           |   |
| C. Total Funds                            | Available (Sum O   | f Lines A  | and B)                 |       |             |       | \$             |             |                | 544,2       | 253.51     |                              |           |                |           |           |   |
| D. Total Expen                            | ditures (From Sch  | edule II   | I)                     |       |             |       | \$             |             |                | 51,6        | 41.83      |                              |           |                |           |           |   |
| E. Ending Cash                            | Balance (Subtrac   | t Line D   | From Line C)           |       |             |       | \$             |             | 4              | 192,6       | 11.68      |                              |           |                |           |           |   |
| F. Value Of In-                           | Kind Contribution  | s Receiv   | ed (From Sch           | edul  | e II)       | )     | \$             |             |                |             | 0.00       |                              |           |                |           |           |   |
| G. Unpaid Debt                            | ts And Obligations   | (From S    | Schedule IV)           |       |             |       | \$             |             |                |             | 0.00       |                              |           | 1              |           |           |   |
|   |  |            | F                      | \FF   | IDA         | ١٧٧   | ΓSE            | CTION       |                |             |            |                              |           |                |           |           |   |
| PART I - If this is                       | s a Committee rep  | ort, trea  | surer sign he          | re. I | f thi       | is is | a Can          | ididate re  | eport, o       | andi        | date sig   | ın here.                     |           |                |           |           | I |
| I swear (or affirm)<br>correct and comple | ) that this report, inc<br>ete.  | luding the | e attached sched       | dules | filed       | d on  | paper (        | or by elect | ronic m        | edium       | , are to t | he best o                    | f my kno  | wledge         | and belie | ef , true |   |
| Sworn to and subs                         | cribed before me thi<br>day of   | s          | 20                     |       |             |       |                |             |                | 5           | ignature   | of Perso                     | n Submit  | ting Rep       | oort      |           |   |
|   | Signatu  | ire        |                        |       |             |       | -              |             |                |             |            | Prin                         | ted Nam   | e              |           |           |   |
| My Commission Ex                          | cpires   |            |                        |       |             |       | _              |             |                |             |            | Ema                          | il        |                |           |           | I |
|   | МО   | D          | AY                     | YR    |             |       |                |             | Are            | ea Cod      | le         | Daytim                       | e Telepi  | none Nu        | mber      |           |   |
| Part II- If this is                       | a report of a can  | didate's   | authorized Co          | omm   | itte        | e, C  | andida         | ate shall   | sign he        | ere.        |            |                              |           |                |           |           |   |
|   | 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 subsc                        | ribed before me this<br>day of   |            | 20                     |       |             |       |                |             |                |             | s          | ignature o                   | of Candid | ate            |           |           |   |
|   |  |            |                        |       |             |       | -              |             |                |             |            | Printe                       | d Name    |                |           |           |   |
| My Commission Exp                         | Signature  |            |                        |       |             |       | -              |             |                |             |            | Ema                          | il        |                |           |           |   |
| ,   |  |            |                        |       |             |       | •              |             |                |             |            |                              |           |                |           |           |   |
|   | МО   | D          | AY                     | YR    |             |       |                |             | Area           | Code        |            | Da                           | aytime T  | elephor        | e Numb    | er        |   |

# SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate  | Reporting | g Period       |              |          |  |  |  |
|--|-----------|----------------|--------------|----------|--|--|--|
| FRIENDS OF DOUG MASTRIANO  | From:     | <u>5/6/202</u> | <u>5</u> To: | 6/9/2025 |  |  |  |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor  |           |                |              |          |  |  |  |
| TOTAL for the Reporting  | ) Period  | (1)            | \$           | 933.46   |  |  |  |
| 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)   | \$        | 51.00          |              |          |  |  |  |
| TOTAL for the Reporting Period (2)   |           |                |              | 51.00    |  |  |  |
| 3. Contributions Received Over \$250.00 (From Part C and Part D)   |           |                |              |          |  |  |  |
| Contributions Received From Political Committees (Part C)  |           |                | \$           | 0.00     |  |  |  |
| All Other Contributions (Part D)   |           |                | \$           | 0.00     |  |  |  |
| TOTAL for the Reporting  | ) Period  | (3)            | \$           | 0.00     |  |  |  |
| 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 |           |                | \$           | 984.46   |  |  |  |

#### **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 C  | andidate | R                 | eporting | 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.

### 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** 

FRIENDS OF DOUG MASTRIANO

From:  $\frac{5/6/2025}{}$  To:

DATE

6/9/2025

**AMOUNT** 

|        |                    |       |                   |      |     |      |                | _ |
|--------|--------------------|-------|-------------------|------|-----|------|----------------|---|
| Full N | ame of Contributor |       |                   | мо   | DAY | YEAR |                |   |
| Debor  | ah Banic           |       |                   | 1-10 | DAI | ILAK |                |   |
| Mailin | g Address          |       |                   |      |     |      | <b>\$</b> 51.0 | ю |
| City   | Hermitage          | State | Zip Code (Plus 4) | 6    | 9   | 2025 |                |   |
|        |                    | PA    | 16148             |      |     |      |                |   |

PAGE TOTAL 51.00

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 | ne of Filing Committee or Candidate |          | Reporting Period |      |     |      |               |            |
|---------------------------------------|-------------------------------------|----------|------------------|------|-----|------|---------------|------------|
|                                       |                                     |          | From:            |      |     | То:  |               |            |
|                                       |                                     |          |                  | DA   | TE  |      | P             | AMOUNT     |
| Full Name of Contributing Committee   |                                     |          |                  | мо   | DAY | YEAR |               | 0.0        |
| Mailing Address                       |                                     |          |                  |      |     |      | <b>-</b>   \$ | 0.0        |
| City                                  | State                               | Zip Cod  | e (Plus 4)       |      |     |      |               |            |
|                                       |                                     |          |                  |      |     |      |               | PAGE TOTAL |
| Enter Grand Total of Part C on Scheo  | dule I, Detailed Sun                | nmary Pa | age, Sectio      | n 3. |     |      | \$            | 0.00       |

### 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 | 2                |         |              | Rep        | orting Pe | riod  |      |            |              |
|---------------------------------------|------------------|---------|--------------|------------|-----------|-------|------|------------|--------------|
|                                       |                  |         |              | Fron       | n:        |       | To   | <b>)</b> : |              |
|                                       |                  |         |              |            | D         | ATE   |      |            | AMOUNT       |
| Full Name of Contributor              |                  |         |              |            | мо        | DAY   | YEAR | \$         | 0.00         |
| Mailing Address                       |                  |         |              |            |           |       |      |            |              |
| City                                  | State            | Zi      | p Code (Plus | <b>(4)</b> |           |       |      |            |              |
| Employer Name                         | •                |         |              |            | Occupa    | tion  | -    | -          |              |
| Employer Mailing Address/Principal Pl | ace of Business  |         | City         |            | •         | State |      | Zip Co     | ode (Plus 4) |
| Enter Grand Total of Part C on Sch    | edule I, Detaile | ed Sumr | mary Page,   | Section    | on 3.     |       |      |            | PAGE 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:  |          |            |
|                           |                           | <b>'</b>        |             |          | ATE |      |          | AMOUNT     |
| Full Name                 |                           |                 |             | мо       | DAY | YEAR | \$       | 0.00       |
| Mailing Address           |                           |                 |             |          |     |      | 7        |            |
| City                      | State                     | Zip Code (P     | Plus 4)     |          |     |      |          |            |
| Receipt Description       | <b>'</b>                  |                 |             |          |     |      | <u> </u> |            |
|                           | - C                       |                 | <b>.</b> .: | _        |     |      |          | PAGE TOTAL |
| Enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | 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 |                            |                 |  |  |  |  |  |
|--|------------------|----------------------------|-----------------|--|--|--|--|--|
| FRIENDS OF DOUG MASTRIANO  | From:            | <u>5/6/2025</u> <b>To:</b> | <u>6/9/2025</u> |  |  |  |  |  |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS 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)        | \$                         | 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, |                  | \$                         | 0.00            |  |  |  |  |  |

# SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

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

| Name of Filing Committee or Car | ndidate              |                        | Reportin |         |      |             |            |      |
|---------------------------------|----------------------|------------------------|----------|---------|------|-------------|------------|------|
|                                 |                      |                        | From:    |         |      | To          | :          |      |
|                                 |                      |                        |          | 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 o   | n Schedule II, In-Ki | nd 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  |                |     |                  | Re     | porting | Period         |       |      |                 |      |
|--|----------------|-----|------------------|--------|---------|----------------|-------|------|-----------------|------|
|  |                |     |                  | Fro    | m:      |                | To:   |      |                 |      |
|  |                |     |                  |        |         | DATE           |       |      | AMOUN           | т    |
| Full Name of Contributor               |                |     |                  |        | мо      | DAY            | YEAR  |      |                 |      |
| Mailing Address                        |                |     |                  |        |         |                |       | 1    | \$              | 0.00 |
| City                                   | State          |     | Zip Code(Plus 4) |        |         |                |       |      |                 |      |
| Employer of Contributor                |                |     |                  |        | Occup   | oation         |       |      |                 |      |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty               | Stat   | e Zi    | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch     | edule II, In-K | ind | Contributions D  | etaile | ed      |                |       |      | PAGE T          | OTAL |
| Summary Page, Section 3.               |                |     |                  |        |         |                |       |      |                 | 0.00 |

## SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | Reporting Per | riod            |     |                 |
|---------------------------------------|---------------|-----------------|-----|-----------------|
| FRIENDS OF DOUG MASTRIANO             | From          | <u>5/6/2025</u> | То: | <u>6/9/2025</u> |

|                                      |       |                   |                              | DATE                       |          |    | AMOUNT |  |  |  |  |
|--------------------------------------|-------|-------------------|------------------------------|----------------------------|----------|----|--------|--|--|--|--|
| To Whom Paid                         |       |                   | МО                           | DAY                        | YEAR     |    |        |  |  |  |  |
| Anedot                               |       |                   | MO                           |                            | IZAK     |    |        |  |  |  |  |
| Mailing Address                      |       |                   | 5                            | 31                         | 2025     | \$ | 10.38  |  |  |  |  |
| City New Orleans                     | State | Zip Code (Plus 4) | Descrip                      | Description of Expenditure |          |    |        |  |  |  |  |
|                                      | LA    | 70112             | Credit (                     | Card Fees                  |          |    |        |  |  |  |  |
| To Whom Paid                         |       |                   | мо                           | DAY                        | YEAR     |    |        |  |  |  |  |
| Anedot                               |       |                   | MO                           | JA.                        | ILAK     |    |        |  |  |  |  |
| Mailing Address                      |       |                   | 6                            | 9                          | 2025     | \$ | 8.38   |  |  |  |  |
| City New Orleans                     | State | Zip Code (Plus 4) | Description of Expenditure   |                            |          |    |        |  |  |  |  |
|                                      | LA    | 70112             | Credit (                     | Card Fees                  |          |    |        |  |  |  |  |
| To Whom Paid                         |       |                   | МО                           | DAY                        | YEAR     |    |        |  |  |  |  |
| Amazon                               |       |                   |                              |                            |          |    |        |  |  |  |  |
| Mailing Address                      | 5     | 6                 | 2025                         | \$                         | 288.62   |    |        |  |  |  |  |
| City Seattle State Zip Code (Plus 4) |       |                   |                              | tion of Exp                | enditure |    |        |  |  |  |  |
|                                      | WA    | 98109             | Office S                     | Supplies                   |          |    |        |  |  |  |  |
| To Whom Paid                         |       |                   | МО                           | DAY                        | YEAR     |    |        |  |  |  |  |
| Amazon                               |       |                   | 140                          |                            | IZAK     |    |        |  |  |  |  |
| Mailing Address                      |       |                   | 5                            | 9                          | 2025     | \$ | 32.19  |  |  |  |  |
| City Seattle                         | State | Zip Code (Plus 4) | Descrip                      | tion of Exp                | enditure |    |        |  |  |  |  |
|                                      | WA    | 98109             | Office S                     | Supplies                   |          |    |        |  |  |  |  |
| To Whom Paid                         |       |                   | МО                           | DAY                        | YEAR     |    |        |  |  |  |  |
| Amazon                               |       |                   | 1-10                         |                            | I ZAIR   |    |        |  |  |  |  |
| Mailing Address                      |       |                   | 5                            | 9                          | 2025     | \$ | 307.39 |  |  |  |  |
| City Seattle                         | State | Zip Code (Plus 4) | Descrip                      | tion of Exp                | enditure |    |        |  |  |  |  |
|                                      | WA    | 98109             | Office S                     | Supplies                   |          |    |        |  |  |  |  |
| To Whom Paid                         |       |                   | МО                           | DAY                        | YEAR     |    |        |  |  |  |  |
| Amazon                               |       |                   |                              |                            |          |    |        |  |  |  |  |
| Mailing Address                      |       |                   | 5                            | 9                          | 2025     | \$ | 219.08 |  |  |  |  |
| City Seattle State Zip Code (Plus 4) |       |                   | ) Description of Expenditure |                            |          |    |        |  |  |  |  |
|                                      | WA    | 98109             | Office Supplies              |                            |          |    |        |  |  |  |  |
|                                      |       |                   |                              |                            |          |    |        |  |  |  |  |

|                      |                 |       |                   |                            |                  |          |    | NOL 12   |  |  |
|----------------------|-----------------|-------|-------------------|----------------------------|------------------|----------|----|----------|--|--|
| To Wh                | nom Paid        |       |                   | МО                         | DAY              | YEAR     |    |          |  |  |
| Googl                | e               |       |                   |                            |                  |          |    |          |  |  |
| Mailing Address      |                 |       |                   |                            | 2                | 2025     | \$ | 320.54   |  |  |
| City                 | Mountain View   | State | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure |    |          |  |  |
|                      |                 | CA    | 94043             | office su                  | ubscription      |          |    |          |  |  |
| To Whom Paid         |                 |       |                   |                            | DAY              | YEAR     |    |          |  |  |
| Campaign Nucleus LLC |                 |       |                   |                            |                  | I Z/IIX  |    |          |  |  |
| Mailing Address      |                 |       |                   |                            | 12               | 2025     | \$ | 900.00   |  |  |
| City                 | Medina          | State | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure |    |          |  |  |
|                      |                 | ОН    | 44256             | Emails                     |                  |          |    |          |  |  |
| To Wh                | nom Paid        |       |                   | МО                         | DAY              | YEAR     |    |          |  |  |
| Magni                | um Broadcasting | 140   |                   | ILAK                       |                  |          |    |          |  |  |
| Mailin               | g Address       |       |                   | 5                          | 12               | 2025     | \$ | 1,000.00 |  |  |
| City                 | State College   | State | Zip Code (Plus 4) | Description of Expenditure |                  |          |    |          |  |  |
|                      |                 | PA    | 16801             | Ads                        |                  |          |    |          |  |  |
| To Wh                | nom Paid        |       |                   | МО                         | DAY              | YEAR     |    |          |  |  |
| Man C                | Custom Wear     |       |                   | MO                         | DAI              | ILAK     |    |          |  |  |
| Mailin               | g Address       |       |                   | 5                          | 27               | 2025     | \$ | 1,000.00 |  |  |
| City                 | Bensalem        | State | Zip Code (Plus 4) | Description of Expenditure |                  |          |    |          |  |  |
|                      |                 | PA    | 19020             | Printing                   |                  |          |    |          |  |  |
| To Whom Paid         |                 |       |                   |                            | DAY              | YEAR     |    |          |  |  |
| Benjamin Orr         |                 |       |                   |                            |                  | ILAK     |    |          |  |  |
| Mailin               | g Address       |       |                   | 6                          | 5                | 2025     | \$ | 400.00   |  |  |
| City                 | Grove City      | State | Zip Code (Plus 4) | Description of Expenditure |                  |          |    |          |  |  |
|                      |                 | PA    | 16127             | Consult                    | Consulting       |          |    |          |  |  |
| To Wh                | nom Paid        |       |                   | МО                         | DAY              | YEAR     |    |          |  |  |
| Nation               | n Builder       |       |                   |                            |                  |          |    |          |  |  |
| Mailin               | g Address       |       |                   | 5                          | 29               | 2025     | \$ | 50.00    |  |  |
| City                 | Los Angeles     | State | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure |    |          |  |  |
|                      |                 | CA    | 90001             | Credit C                   | Credit Card Fees |          |    |          |  |  |
| To Wh                | nom Paid        |       |                   | МО                         | DAY              | YEAR     |    |          |  |  |
| F&M E                | Bank            |       |                   | MO                         | DAI              | ILAK     |    |          |  |  |
| Mailin               | g Address       | 5     | 19                | 2025                       | \$               | 40.15    |    |          |  |  |
| City                 | Chambersburg    | State | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure |    |          |  |  |
|                      |                 | PA    | 17201             | Bank Fe                    | Bank Fees        |          |    |          |  |  |
| To Whom Paid         |                 |       |                   |                            | DAY              | YEAR     |    |          |  |  |
| ChatGPT              |                 |       |                   |                            |                  | LAK      |    |          |  |  |
| Mailin               | Mailing Address |       |                   |                            |                  | 2025     | \$ | 21.20    |  |  |
| City                 | San Francisco   | State | Zip Code (Plus 4) | Descrip                    | tion of Exp      | enditure | 1  |          |  |  |
|                      |                 | CA    | 94104             | office subscription        |                  |          |    |          |  |  |
| _                    |                 |       |                   | <del></del>                |                  |          |    |          |  |  |

| To Whom Paid                  |   |                   |                               |             |           |                            |  |  |  |  |
|-------------------------------|---|-------------------|-------------------------------|-------------|-----------|----------------------------|--|--|--|--|
|                               | МО  | DAY               | YEAR                          |             |           |                            |  |  |  |  |
| ChatGPT                       |   |                   |                               |             |           |                            |  |  |  |  |
| Mailing Address               | 6   | 9                 | 2025                          | \$          | 21.20     |                            |  |  |  |  |
| City San Francisco            | San Francisco State Zip Code (Plus 4) Description of Ex |                   |                               |             |           |                            |  |  |  |  |
|                               | CA  | 94104             | office subscription           |             |           |                            |  |  |  |  |
| To Whom Paid                  | мо  | DAY               | YEAR                          |             |           |                            |  |  |  |  |
| Adobe                         | MO  | DAT               | TEAR                          |             |           |                            |  |  |  |  |
| Mailing Address               | 5   | 19                | 2025                          | \$          | 161.08    |                            |  |  |  |  |
| City San Jose                 | State   | Zip Code (Plus 4) | Descrip                       | tion of Exp | enditure  |                            |  |  |  |  |
|                               | CA  | 95110             | office subscription           |             |           |                            |  |  |  |  |
| To Whom Paid                  | мо  | DAY               | YEAR                          |             |           |                            |  |  |  |  |
| Xfinity                       | MO  | DAI               | ILAK                          |             |           |                            |  |  |  |  |
| Mailing Address               | 5   | 22                | 2025                          | \$          | 91.42     |                            |  |  |  |  |
| <b>City</b> Philadelphia      | Philadelphia State Zip Code (Plus 4)                    |                   |                               |             |           | Description of Expenditure |  |  |  |  |
|                               | PA  | 19103             | Interne                       | t           |           |                            |  |  |  |  |
| To Whom Paid                  | мо  | DAY               | YEAR                          |             |           |                            |  |  |  |  |
| Cox Law Center                | MO  | DAI               | ILAK                          |             |           |                            |  |  |  |  |
| Mailing Address               | 5   | 10                | 2025                          | \$          | 46,770.20 |                            |  |  |  |  |
| <b>City</b> Emmitsburg        | State   | Zip Code (Plus 4) | 4) Description of Expenditure |             |           |                            |  |  |  |  |
|                               | MD 21727 Legal Consulting                               |                   |                               |             |           |                            |  |  |  |  |
|                               |   | PAGE TOTAL        |                               |             |           |                            |  |  |  |  |
| Enter Grand Total of Expendit | \$  | 51,641.83         |                               |             |           |                            |  |  |  |  |