# **Campaign Finance Report**

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

| Filer Identificat<br>Number :          | ion 940   | 0274        |                     |            | Repo<br>Filed  |             | CAND                  | IDATE     |        | СОМ        | MITTEE             | ✓                           | LOB          | BYIST        |               |              |  |
|--|---|-------------|---------------------|------------|----------------|-------------|-----------------------|-----------|--------|------------|--------------------|-----------------------------|--------------|--------------|---------------|--------------|--|
| Name of Filing                         | Committee, Candio                                   | date or L   | obbyist:            |            | I              | -           | renthood F            | PA Advo   | cate   | 5<br>5     |                    |                             |              |              |               |              |  |
| Street Address:                        | :   |             |                     |            |                |             |                       |           |        |            |                    |                             |              |              |               |              |  |
| City:                                  | HARRISBURG  | 3           |                     |            |                |             | State:                | PA        |        |            | Zip Co             | <b>Zip Code:</b> 17102-2505 |              |              |               |              |  |
| TYPE OF<br>REPORT                      | 6TH TUESDAY<br>PRE-PRIMARY                          | 1.          | 2ND FRID<br>PRIMARY | DAY PRE    | - 2.           |             | DAY<br>MARY           | POST-     | 3.     |            | AMENDN<br>REPORT   |                             | Yes          | <pre>/</pre> | lo            |              |  |
| (place X to<br>the right of            | 6TH TUESDAY<br>PRE-ELECTION                         | 4.          | 2ND FRIE            |            | E- 5. <b>X</b> | 30 I<br>ELE | DAY<br>CTION          | POST-     | 6.     |            | TERMIN<br>REPORT   |                             | Yes          | ſ            | lo            | $\checkmark$ |  |
| report type)                           | ANNUAL REPORT                                       | 7.          | <b>Year</b> 200     | )4         |                |             | ING METH<br>) CHECK C |           |        |            | PAPER              |                             | $\checkmark$ | DIS          | ETTE          |              |  |
| Name of Office                         | <br>Sought by Candida                               | ate:        |                     |            |                |             | DATE (                | OF ELE    | СТІО   | N          | District<br>Number | Office<br>Code              | Pa           | ty Coo       | le Cou<br>Cod |              |  |
|  | oougin by cultura                                   |             |                     |            |                |             | мо                    | DAY       | YE     | AR         | Number             | Code                        |              |              | 1000          | e            |  |
|  |   |             |                     |            |                |             | 11                    | L         | 2      | 2004       | <u> </u>           | (SEE INS                    | TRUCTI       | ONS FO       | R CODE        | S)           |  |
|  | Receipts and  | мо          | DAY                 | YEAF       | 2              |             | мо                    | DAY       | YI     | AR         | FC                 | OR OFFIC                    | e use        | ONL          | Y             |              |  |
| Expenditure                            | s from:   |             | 1                   | 1          | 1 -            | то          | 10                    | D         | 18     | 2004       |                    |                             |              |              |               |              |  |
| A. Amount Bro                          | ought Forward Fro                                   | m Last R    | leport              |            |                |             | \$                    |           | 18,9   | 994.81     |                    |                             |              |              |               |              |  |
| B. Total Monet                         | tary Contributions                                  | And Rec     | eipts (Fro          | om Sche    | edule I)       |             | \$                    |           | 6      | 525.00     |                    |                             |              |              |               |              |  |
| C. Total Funds                         | Available (Sum O                                    | f Lines A   | and B)              |            |                |             | \$                    |           | 19,6   | 519.81     |                    |                             |              |              |               |              |  |
| D. Total Exper                         | nditures (From Sch                                  | nedule II   | 1)                  |            |                |             | \$                    |           | 8,3    | 313.84     | 1                  |                             |              |              |               |              |  |
| E. Ending Cash                         | h Balance (Subtrad                                  | t Line D    | From Line           | e C)       |                |             | \$                    |           | 11,3   | 05.97      |                    |                             |              |              |               |              |  |
| F. Value Of In-                        | -Kind Contribution                                  | s Receiv    | ed (From            | Schedu     | le II)         |             | \$                    |           |        | 0.00       |                    |                             |              |              |               |              |  |
| G. Unpaid Deb                          | ots And Obligations                                 | s (From S   | Schedule            | IV)        |                |             | \$                    |           |        | 0.00       |                    |                             |              |              |               |              |  |
|  |   |             |                     | AFF        | IDAV           | IT S        | ECTION                |           |        |            |                    |                             |              |              |               |              |  |
| PART I - If this i                     | is a Committee rep                                  | oort, trea  | asurer sig          | n here.    | If this i      | is a C      | andidate r            | eport, o  | andi   | date sig   | gn here.           |                             |              |              |               |              |  |
| I swear (or affirm<br>correct and comp | <ol> <li>that this report, ind<br/>lete.</li> </ol> | cluding the | e attached s        | schedule   | s filed or     | n pape      | er or by elec         | tronic m  | edium  | , are to i | the best o         | f my know                   | /ledge       | and be       | elief , t     | rue          |  |
| Sworn to and sub                       | scribed before me th<br>day of                      | is          | 20                  |            |                |             |                       |           | S      | ignature   | e of Perso         | n Submitt                   | ing Re       | port         |               |              |  |
|  | Signati   | ure         |                     |            |                | _           |                       |           |        |            | Prin               | ted Name                    |              |              |               | _            |  |
| My Commission E                        | -   |             |                     |            |                |             |                       |           |        |            | Ema                | il                          |              |              |               |              |  |
|  | мо  | D           | AY                  | YR         |                |             |                       | Ar        | ea Coc | le         | Daytin             | ne Telepho                  | one Nu       | mber         |               |              |  |
| Part II- If this is                    | a report of a can                                   | didate's    | authorize           | ed Comr    | nittee,        | Candi       | idate shall           | sign h    | ere.   |            |                    |                             |              |              |               |              |  |
| I swear (or affirm<br>No 320) as amend | ) that to the best of<br>led.                       | my knowl    | edge and b          | elief this | s politica     | l com       | mittee has i          | not viola | ted an | y provis   | ions of th         | e act of Ju                 | ine 3,1      | 937 (F       | .L. 133       | 33,          |  |
| Sworn to and subs                      | cribed before me this                               | ;           | 20                  |            |                |             |                       |           |        | s          | ignature           | of Candida                  | te           |              |               | —            |  |
|  | day of<br>  |             |                     |            |                |             |                       |           |        |            | Printe             | ed Name                     |              |              |               | -            |  |
|  | Signature   |             |                     |            |                |             |                       |           |        |            |                    |                             |              |              |               | _            |  |
| My Commission Ex                       | pires   |             |                     |            |                |             |                       |           |        |            | Ema                |                             |              |              |               |              |  |
|  | мо  | D           | AY                  | YR         | ł              | _           |                       | Area      | Code   |            | D                  | aytime Te                   | elephor      | ne Nun       | ıber          | -            |  |

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS Detailed Summary Page

Name of Filing Committee or Candidate **Reporting Period** Planned Parenthood PA Advocates From: To: 10/18/2004 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor 350.00 \$ **TOTAL for the Reporting Period** (1) 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) \$ 0.00 **Contributions Received From Political Committees (Part A)** 275.00 All Other Contributions (Part B) \$ **TOTAL for the Reporting Period** (2) \$ 275.00 3. Contributions Received Over \$250.00 (From Part C and Part D) \$ **Contributions Received From Political Committees (Part C)** 0.00 0.00 All Other Contributions (Part D) \$ **TOTAL for the Reporting Period** (3) \$ 0.00 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 \$ 625.00 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 Candidat | e  |                  | Reporting Period |    |      |      |    |            |
|--------------------------------------|--|------------------|------------------|----|------|------|----|------------|
|                                      | F  |                  |                  | m: |      | То   |    |            |
|                                      |  | ·                |                  |    | DATE |      |    | AMOUNT     |
| Full Name of Contributing Committee  |  |                  |                  | мо | DAY  | YEAR |    |            |
| Mailing Address                      |  |                  |                  |    |      |      | \$ | 0.00       |
| City                                 | State  | Zip Code (Plus 4 | 4)               |    |      |      |    |            |
|                                      |  |                  |                  |    |      |      |    | PAGE TOTAL |
| Enter Grand Total of Part A on Sche  | inter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2. |                  |                  |    |      |      |    | 0.00       |

|        | Use this Part to it   | emize all other<br>50.01 to \$250.0 | L TO \$250.00<br>contribution<br>00 in the repo | s w<br>ortir | ith an<br>1g peri | aggreg |      |    | from       |  |
|--------|---|-------------------------------------|---|--------------|-------------------|--------|------|----|------------|--|
| Nar    | Name of Filing Committee or Candidate Reporting Period      |                                     |   |              |                   |        |      |    |            |  |
| Plar   | Planned Parenthood PA Advocates From: To: <u>10/18/2004</u> |                                     |   |              |                   |        |      |    |            |  |
|        | DATE AMOUNT   |                                     |   |              |                   |        |      |    |            |  |
|        | ame of Contributor<br>S.C. Stephano                         |                                     | мо  | DAY          | YEAR              |        |      |    |            |  |
| Mailin | ig Address  |                                     |   |              |                   |        |      | \$ | 75.00      |  |
| City   | New Hope  | <b>State</b><br>PA                  | <b>Zip Code (Plus 4</b><br>18938                | )            | 10                | 12     | 2004 |    |            |  |
|        | ame of Contributor<br>E. Strumfels                          |                                     |   |              | мо                | DAY    | YEAR |    |            |  |
|        | ng Address  |                                     |   |              |                   |        |      | \$ | 100.00     |  |
| City   | Levittown   | <b>State</b><br>PA                  | <b>Zip Code (Plus 4</b><br>19056                | )            | 10                | 21     | 2004 |    |            |  |
|        | ame of Contributor<br>t D. Eckel                            |                                     |   |              | мо                | DAY    | YEAR |    |            |  |
| Mailin | ıg Address  |                                     | -   |              |                   |        |      | \$ | 100.00     |  |
| City   | Southampton   | <b>State</b><br>PA                  | <b>Zip Code (Plus 4</b><br>18966                | )            | 10                | 21     | 2004 |    |            |  |
|        |   |                                     |   |              |                   |        |      |    | PAGE TOTAL |  |

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

275.00

\$

# 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   | Period |     |      |      |            |
|---------------------------------------|----------------------|----------|-------------|--------|-----|------|------|------------|
|                                       |                      |          | From:       |        |     | То:  |      |            |
|                                       |                      |          |             | DA     | TE  |      |      | AMOUNT     |
| Full Name of Contributing Committee   |                      |          |             | мо     | DAY | YEAR |      | 0.00       |
| Mailing Address                       |                      |          |             |        |     |      | - \$ | 0.00       |
| City                                  | State                | Zip Cod  | e (Plus 4)  |        |     |      |      |            |
|                                       |                      |          |             |        |     |      |      |            |
|                                       |                      |          |             |        |     |      |      | PAGE TOTAL |
| Enter Grand Total of Part C on Sched  | lule I, Detailed Sun | nmary Pa | age, Sectio | n 3.   |     |      | \$   | 0.00       |

### 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  |      |          |                          |
|---|---------------------|--------------|-----------|-----------|-------|------|----------|--------------------------|
|   |                     |              | Froi      | n:        |       | Т    | ):       |                          |
|   |                     |              |           | D         | ATE   |      | АМ       | IOUNT                    |
| Full Name of Contributor                |                     |              |           | мо        | DAY   | YEAR | \$       | 0.00                     |
| Mailing Address                         |                     |              |           |           |       |      |          |                          |
| City                                    | State               | Zip Code (Pl | ıs 4)     |           |       |      |          |                          |
| Employer Name                           |                     |              |           | Occupat   | tion  |      |          |                          |
| Employer Mailing Address/Principal Plac | ce of Business      | City         |           | •         | State |      | Zip Code | e (Plus 4)               |
| Enter Grand Total of Part C on Sche     | dule I, Detailed Su | ummary Page  | e, Sectio | on 3.     |       |      | P#       | <b>AGE TOTAL</b><br>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 |                      |            | Report   | ing Peric | d   |      |          |      |
|---------------------------------------|----------------------|------------|----------|-----------|-----|------|----------|------|
|                                       |                      |            | From:    |           |     | То:  |          |      |
|                                       |                      |            |          | D         | ATE |      | AMOUNT   |      |
| Full Name                             |                      |            |          | мо        | DAY | YEAR | \$       | 0.00 |
| Mailing Address                       |                      |            |          |           |     |      |          |      |
| City                                  | State                | Zip Code ( | Plus 4)  |           |     |      |          |      |
| Receipt Description                   | ·                    |            |          |           |     |      |          |      |
|                                       |                      | _          | <b>.</b> |           |     |      | PAGE TOT | AL   |
| Enter Grand Total of Part E on Sched  | ule 1, Detailed Sumn | nary 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 |     |                   |
|---|------------------|-----|-------------------|
| Planned Parenthood PA Advocates   | From:            | То: | <u>10/18/2004</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 PART   | Γ F)             |     |                   |
| 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 (<br>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>7</b> \$ |           | 0.00 |
| City   | State              | Zip Code (Plus 4) |           |          |      |             |           |      |
| Description of Contribution:                       |                    |                   | 1         |          |      |             |           |      |
| Enter Grand Total of Part F on Sched<br>Section 2. | ule II, In-Kind Co | ontributions Deta | iled Sum  | mary Pag | je,  |             | PAGE TOTA | AL.  |
|  |                    |                   |           |          |      | \$          |           | 0.00 |

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

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

# SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candida                    | te          |                                   | Reporti    | ng Period        |          |     |                   |
|--|-------------|-----------------------------------|------------|------------------|----------|-----|-------------------|
| Planned Parenthood PA Advocates                        |             |                                   | From       |                  |          | То: | <u>10/18/2004</u> |
|  |             |                                   |            | DATE             |          |     | AMOUNT            |
| To Whom Paid   |             |                                   | мо         | DAY              | YEAR     |     |                   |
| Wachovia Bank  |             |                                   | MO         | 2                | - Lyax   |     |                   |
| Mailing Address  |             |                                   | 9          | 12               | 2004     | \$  | 13.84             |
| City Harrisburg  | State       | Zip Code (Plus 4)                 | Descrip    | tion of Exp      | enditure |     |                   |
|  | РА          | 17101                             | Bank se    | rvice fee        |          |     |                   |
| <b>To Whom Paid</b><br>Eisenhower for Attorney General |             |                                   | мо         | DAY              | YEAR     |     |                   |
| Mailing Address  |             |                                   | 9          | 16               | 2004     | \$  | 1,500.00          |
|  | 1           |                                   |            |                  |          |     | _,                |
| City Philadelphia                                      | State       | Zip Code (Plus 4)                 | -          | tion of Exp      | enditure |     |                   |
| PA 19106   |             | Contribu                          | ution<br>I |                  |          |     |                   |
| Senate Republican Campaign Commi                       | ttee        |                                   | мо         | DAY              | YEAR     |     |                   |
| Mailing Address  |             |                                   | 9          | 28               | 2004     | \$  | 500.00            |
|  |             |                                   |            |                  |          |     |                   |
| City Harrisburg  | State<br>PA | <b>Zip Code (Plus 4)</b><br>17108 | Contribu   | tion of Exp      | enditure |     |                   |
| To Whom Paid   |             | 17100                             |            |                  |          |     |                   |
| Site Spinners  |             |                                   | мо         | DAY              | YEAR     |     |                   |
| Mailing Address  |             |                                   | 9          | 28               | 2004     | \$  | 650.00            |
| City Lancaster   | State       | Zip Code (Plus 4)                 | Descript   | l<br>tion of Exp | enditure |     |                   |
|  | PA          | 17603                             |            | e developn       |          |     |                   |
| To Whom Paid   |             |                                   |            |                  |          |     |                   |
| Site Spinners  |             |                                   | мо         | DAY              | YEAR     |     |                   |
| Mailing Address  |             |                                   | 10         | 7                | 2004     | \$  | 150.00            |
| City Lancaster   | State       | Zip Code (Plus 4)                 | Descrip    | tion of Exp      | enditure |     |                   |
|  | РА          | 17603                             | Web sit    | e maintena       | ance     |     |                   |
| To Whom Paid   | o Whom Paid |                                   | мо         | DAY              | YEAR     |     |                   |
| riends of Josh Shapiro                                 |             |                                   |            |                  |          |     |                   |
| Mailing Address  |             |                                   | 10         | 1                | 2004     | \$  | 1,500.00          |
| <b>City</b> Jenkintown                                 | State       | Zip Code (Plus 4)                 | Descrip    | tion of Exp      | enditure |     |                   |
|  | PA          | 19046                             | Contribu   | ution            |          |     |                   |

|                                      |   |       |                   |              |             |            | .,     | 12       |  |  |
|--------------------------------------|---|-------|-------------------|--------------|-------------|------------|--------|----------|--|--|
| To Wi                                | nom Paid  |       |                   | мо           | DAY         | YEAR       |        |          |  |  |
| Comn                                 | nittee to Elect Chris Ross  |       |                   | мо           | DAY         | TEAK       |        |          |  |  |
| Mailin                               | ng Address  |       |                   | 10           | 4           | 2004       | \$     | 200.00   |  |  |
| City                                 | CHADDS FORD   | State | Zip Code (Plus 4) | Descrip      | tion of Exp | enditure   |        |          |  |  |
|                                      |   | PA    | 19317             | Contrib      | ution       |            |        |          |  |  |
| To Wi                                | nom Paid  |       |                   |              | DAY         | YEAR       |        |          |  |  |
| Friend                               | ds of Melissa Murphy Webe   | er    |                   | мо           | DAT         | TEAR       |        |          |  |  |
| Mailin                               | ng Address  |       |                   | 10           | 1           | 2004       | \$     | 2,500.00 |  |  |
| City                                 | Conshohocken  | State | Zip Code (Plus 4) | Descrip      | tion of Exp | enditure   |        |          |  |  |
|                                      |   | PA    | 19428             | Contrib      | ution       |            |        |          |  |  |
|                                      | nom Paid  |       |                   | мо           | DAY         | YEAR       |        |          |  |  |
|                                      | ds of Sue Cornell   |       |                   |              |             |            |        | 200.00   |  |  |
| Mailing Address                      |   |       | 10                | 1            | 2004        | \$         | 300.00 |          |  |  |
| City HATBORO State Zip Code (Plus 4) |   |       |                   | Descrip      | tion of Exp | enditure   |        |          |  |  |
|                                      |   | PA    | 19040             | Contribution |             |            |        |          |  |  |
| To Wi                                | nom Paid  |       |                   | мо           | DAY         | YEAR       |        |          |  |  |
| Leach                                | for State Representative  |       |                   |              |             |            |        |          |  |  |
| Mailin                               | ig Address  |       |                   | 10           | 1           | 2004       | \$     | 500.00   |  |  |
| City                                 | Washington  | State | Zip Code (Plus 4) | Descrip      | tion of Exp | enditure   |        |          |  |  |
|                                      |   | DC    | 20003             | Contrib      | ution       |            |        |          |  |  |
| To W                                 | nom Paid  |       |                   | мо           | DAY         | YEAR       |        |          |  |  |
| Penns                                | sylvanians for Kukovich   |       |                   | 110          |             |            |        |          |  |  |
| Mailin                               | ig Address  |       |                   | 10           | 1           | 2004       | \$     | 500.00   |  |  |
| City                                 | MURRYSVILLE   | State | Zip Code (Plus 4) | Descrip      | tion of Exp | enditure   | •      |          |  |  |
|                                      |   | PA    | 15668             | Contrib      | ution       |            |        |          |  |  |
| _                                    |   |       |                   |              |             | PAGE TOTAL |        |          |  |  |
| Entei                                | ter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. |       |                   |              |             |            | \$     | 8,313.84 |  |  |
|                                      |   |       |                   |              |             |            |        |          |  |  |