

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| Filer Identification                                  |  |  | Report Filed By Candida<br>( Mark X) |                            | te Committee                          |  | X                   | Lobb               | yist    |          |           |                                       |          |                   |      |
|---|--|--|--------------------------------------|----------------------------|---------------------------------------|--|---------------------|--------------------|---------|----------|-----------|---------------------------------------|----------|-------------------|------|
| Name of Filing Committee, Candidate or<br>Lobbyist    |  | ndidate or                                   | Siegel For Allentown                 |                            |                                       |  |                     |                    |         |          |           |                                       |          |                   |      |
| Street Address  |  |  | 191                                  |                            |                                       |  | n St,               |                    | Flo     | 0        |           |                                       |          |                   |      |
| City  | All  | entewn                                       |                                      |                            |                                       | State  | PA                  |                    | Zip C   |          | 12        | 3104                                  |          |                   |      |
| Type of Report (                                      | Place x under  | report type)                                 |                                      |                            |                                       |  |                     |                    |         |          |           |                                       |          |                   |      |
| 1- 6 <sup>th</sup> Tuesday<br>Pre-Primary             | 2- 2 <sup>nd</sup> Friday<br>Pre-Primary   | 3- 30 Day Post 4<br>Primary                  |                                      | Tuesday<br>lection         |                                       | d Friday<br>Election   | 6-30 Da<br>Election |                    | 7- Ar   | nual     |           | ial 2 <sup>nd</sup> Friday<br>lection | 100000   | ial 30<br>-Electi | -    |
|   | X  |  | Ī                                    |                            |                                       |  |                     |                    |         |          |           |                                       |          |                   |      |
| Date Of Election<br>(MM/DD/YYYY)                      | CONTRACTOR STORY   | 05/16/2017                                   | Year                                 |                            | 90                                    | 17   | Amend<br>Report     | ment               | Ē       |          | Term      | ination<br>ort                        |          |                   |      |
| Summary of Rec  | eipts and  | From Date                                    |                                      | To Dat                     | e                                     | rja i k  | 1000                | rig'               | E 13    | For      | Office    | Use Only                              | 9        |                   |      |
| Expenditures  |  | 01/01/2017                                   | 53.                                  | 05/0                       | \ la                                  | ٦١٥  |                     |                    |         |          |           |                                       |          |                   | 18   |
| A. Amount Brou  | ght Forward F  | rom Last Report                              | \$                                   | 37                         |                                       |  |                     |                    |         |          | ar and a  |                                       |          |                   | -    |
| B. Total Moneta<br>(From Schedule                     |  | ons and Receipts                             | \$                                   |                            |                                       |  |                     |                    |         |          |           |                                       |          |                   |      |
| C. Total Funds A                                      | vailable   |  | \$                                   | \$ 2548.50                 |                                       |  |                     |                    | e2      | IJ       |           |                                       |          |                   |      |
| (Sum of Lines A<br>D. Total Expendi                   | The state of the s |  | 6344.41                              |                            |                                       | RECEIVE  |                     |                    |         |          |           |                                       |          |                   |      |
| (From Schedule  | (Ú)  |  | 4217.38                              |                            |                                       |  |                     |                    |         |          | 4         | three contracts                       | 7        |                   |      |
| E. Ending Cash B<br>(Subtract Line D                  |  |  | \$ 2127.53                           |                            |                                       |  |                     |                    |         |          |           | 15                                    | 200      |                   |      |
| F. Value of In-Ki<br>(From Schedule                   | nd Contribution  | ons Received                                 | 150.00                               |                            |                                       |  |                     | TI<br>J            |         |          |           |                                       |          |                   |      |
| G. Unpaid Debts and Obligations<br>(From Schedule IV) |  | ons  | \$                                   | 0.0                        | 00                                    |  |                     |                    |         |          |           | 147                                   |          |                   |      |
|   |  | - 10 SI/I = 8.1                              | -                                    |                            |                                       | uridavit Se  |                     |                    |         |          |           |                                       |          |                   |      |
| Part 1- If this is a C<br>swear (or affirm)           | ommittee repo  | rt, treasurer sign he<br>including the attac | re. If t                             | this is a Ca<br>thedules o | n <b>did</b> ate                      | e report, c<br>r, is to the                                      | best of my          | gn here.<br>knowle | dge and | belief t | true, cor | rect and comple                       | ete.     |                   |      |
| Sworp to and subs                                     |  |  |                                      |                            | VANIA                                 | 200  | Da                  | 111                | hl      | 1        | 10.       |                                       |          |                   |      |
| THEY OF   | MARY   | 120 1  | 9                                    | \$100 Y                    | INSAL                                 | BENYO  | 18                  | ignature           | of Per  | OD Sub   | mitting r | eport                                 |          |                   |      |
| 11  | who  | 5  |                                      | r                          | ALTH OF PENNSYI<br>TARIAI SEAL        | TY ANDREW B<br>Notary Public<br>NTOWN, LEHI                      | 20-th               | erine              | W       | oicn,    | Ko        |                                       | _        |                   |      |
|   | Signatur   | 27 18  |                                      | 360                        | ALTH O                                | AND<br>tary I  | é C                 |                    | Prin    | ted Nar  |           | 75-903                                | 21       |                   |      |
| My Commission ex                                      | opires Mo.   | DAY YR.                                      | i<br>i                               |                            | MONWEA                                | IMOTHY<br>No<br>F ALLEN  | E Code              |                    |         |          |           | elephone Numb                         |          |                   |      |
| Part II- If this is a re                              | eport of a Cand  | idate's Authorized (                         | omm                                  | ittee, can                 | dioste :                              | hall sign  | ere                 |                    |         |          |           |                                       |          |                   | _    |
| I swear (or affirm)<br>amended.                       | that to the best   | of my knowledge a                            | nd be                                | lief this po               | olitica c                             | ommitte  | <b>s</b> a not vid  | olated ar          | y provi | sions of | the Act   | of June 3, 1937                       | (P.L. 13 | 133, NO           | .320 |
| Swarp to and subs                                     | cribed before n  | ne this                                      |                                      | MIA                        | -                                     | COUNT<br>27, 2018  | $\bigcap$           | Jan                | 0.1     | 110      | 0         | )                                     |          |                   |      |
| day of_   | KMIK   | _20  | 3                                    | NSYLVANIA                  | ENYO                                  | Sep 27.  | 1                   | 1 - Sie            | mature  | of Gand  | licate I  |                                       | _        |                   |      |
| 1   | M/4  | -16-   | _                                    | ENN                        | W BE                                  | E Se   | لأ                  | TINEC              | IL      | 21       | We !      | ·                                     |          |                   |      |
| 1   | Signature  | 72 19  |                                      | COMMONWEALTH OF PEN        | NOTARIAL SEAL<br>TIMOTHY ANDREW BENYO | Notary Public<br>DF ALLENTOWN, LEHIGH<br>ommission Expires Sep 2 | 8100                | l                  | Printe  | d Name   | PU-       | 892-141                               | 53       |                   |      |
| My Commission e                                       | xpires   | DAY YR.                                      |                                      | EALT                       | NOTARIAL<br>THY ANDF                  | Nota<br>ENTO   | Area Code           |                    |         | Day      | ytime Te  | lephone Numb                          | er       |                   |      |
|   | (AND):   | POI III                                      |                                      | MNON                       | IMOT                                  | F ALL<br>mmis  |                     |                    |         |          |           |                                       |          |                   |      |
|   |  |  |                                      |                            | -                                     | CITY DF<br>My Con  |                     |                    |         |          |           |                                       |          |                   |      |
|   |  |  |                                      |                            | 1                                     | 5 €  |                     |                    |         |          |           |                                       |          |                   |      |

#### SCHEDULE I

## **Contributions and Receipts**

Detailed Summary Page

| _ |
|---|
|   |
|   |
|   |
|   |
|   |

| Total for the reporting period (1)                                   | \$   | 96.00   |
|--|------|---------|
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)     | Pil. |         |
| Contributions Received from Political Committees (Part A)            | \$   | 0.00    |
| All Other Contributions (Part B)                                     | \$   | 100.00  |
| Total for the reporting period (2)                                   | \$   | 100.00  |
| 3. Contributions Over \$250.00 (From Part C and Part D)              |      |         |
| Contributions Received from Political Committees (Part C)            | \$   | 0.00    |
|  | 1 1  |         |
|  | \$   |         |
| All Other Contributions (Part D)  Total for the reporting period (3) |      | 2300.00 |
| All Other Contributions (Part D)                                     |      | 2300.00 |
| All Other Contributions (Part D)  Total for the reporting period (3) |      | 2300.00 |

#### PART B

### **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

| Full Name of Contributor               | Date [MM/DD/YYYY] \$       |
|--|----------------------------|
| Keylee Swalm                           |                            |
| Heyree Coomin                          | 02/02/90/1                 |
| House # Street Address                 | Date [MM/DD/YYYY] \$       |
| 1036 Club Avenue                       |                            |
|  | n. / tassalisis/ususot alk |
| City Allentown State PA Zip Code 18109 | Date [MM/DD/YYYY] \$       |
| Allentown PA 18109                     |                            |
| Full Name of Contributor               | Date [MM/DD/YYYY] \$       |
|  |                            |
|  | Date [MM/DD/YYYY] \$       |
| House # Street Address                 | Date line/100/11/11        |
|  |                            |
| City State Zip Code                    | Date [MM/DD/YYYY] \$       |
|  |                            |
| Full Name of Contributor               | Date [MM/DD/YYYY] \$       |
| Full Name of Contributor               |                            |
|  |                            |
| House # Street Address                 | Date [MM/DD/YYYY] \$       |
|  |                            |
|  | Date [MM/DD/YYYY] \$.      |
| City State Zip Code                    | Date (MIN) DD/17/11        |
|  |                            |
| Full Name of Contributor               | Date [MM/DD/YYYY] \$       |
|  |                            |
| House # Street Address                 | Date [MM/DD/YYYY] \$       |
| House # Street Address                 |                            |
|  |                            |
| City State Zip Code                    | Date [MM/DD/YYYY] \$       |
|  |                            |
| Full Name of Contributor               | Date [MM/DD/YYYY] \$       |
|  |                            |
|  | Towelsh Konnel             |
| House# Street Address                  | Date [MM/DD/YYYY] \$       |
|  |                            |
| City State Zip Code                    | Date [MM/DD/YYYY] \$       |
|  |                            |
|  | Date [MM/DD/YYYY] 5        |
| Full Name of Contributor               |                            |
|  |                            |
| House # Street Address                 | Date [MM/DD/YYYY] \$       |
|  |                            |
|  | Date [MM/DD/YYYY] \$       |
| City State Zip Code                    |                            |

#### PART D

### **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

| Full Name of Contributor Robert Trotner                | Date [MM/DD/YYYY] \$ 300.00               |
|--|---|
|  | 02/24/2017 500.00<br>Date [MM/DD/YYYY] \$ |
| House # 1920 Street Address W. Whitehall St, 2rd Fl    |   |
| City Allentoun State PA Zip Code 18104                 | Date [MM/DD/YYYY] \$                      |
| Employer Name  | Occupation Retired                        |
| Employer Malling Address / Principal Place of Business |   |
| Full Name of Contributor                               | Date [MM/DD/YYYY] \$                      |
| Robert Siegel  | 03/23/2017 1000.00                        |
| House # 636 Street Address 8th Ave                     | 03   26   2017   1000.00                  |
| City Bethlehem State PA Zip Code 18108                 | Date [MM/DD/YYYY] \$                      |
| Employer Name Mars, Inc.                               | Occupation Functional Expert-Soles Tours  |
| Employer Mailing Address / 800 County Rd. 517, Hocket  | tstown, NJ 07840                          |
| Full Name of Contributor                               | Date [MM/DD/YYYY] \$                      |
| House # Street Address                                 | Date [MM/DD/YYYY] \$                      |
| City State Zip Code                                    | Date [MM/DD/YYYY] \$                      |
| Employer Name  | Occupation                                |
| Employer Mailing Address / Principal Place of Business | Marie 10 - 20 - 21                        |
| Full Name of Contributor                               | Date [MM/DD/YYYY] \$                      |
| House # Street Address                                 | Date [MM/DD/YYYY] \$                      |
| City State Zip Code                                    | Date [MM/DD/YYYY] \$                      |
| Employer Name  | Occupation                                |
| Employer Mailing Address / Principal Place of Business |   |

#### PART E

## **Other Receipts**

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

|                     | <b>商</b> 家        |                 |                 |                        |
|---------------------|-------------------|-----------------|-----------------|------------------------|
| Full Name           | Amozon,           | Inc. (Custon    | ner Service)    |                        |
| House #             | Street Address PO | Box 812         | 26              |                        |
| City                | Seattle           | State WA        | Zip             | 04/11/2017 \$ 52.50    |
| Receipt Description | Refund for        | office supply i | tem never recie | eved                   |
| Full Name           |                   |                 |                 |                        |
| House #             | Street Address    |                 |                 |                        |
| City                |                   | State           | Zip<br>Code     | Date [MM/DD/YYYY] \$   |
| Receipt Description |                   |                 |                 |                        |
| Full Name           |                   |                 |                 |                        |
| House #             | Street Address    |                 |                 |                        |
| City                |                   | State           | Zip<br>Code     | Date [MM/DD/YYYY] \$   |
| Receipt Description |                   |                 | Jacobs Sand     |                        |
| Full Name           |                   |                 |                 |                        |
| House #             | Street Address    |                 |                 |                        |
| City                |                   | State           | Zip<br>Code     | Date [MM/DD/YYYY] \$   |
| Receipt Description |                   | Partie Manage   |                 |                        |
| Full Name           |                   |                 |                 |                        |
| House #             | Street Address    |                 |                 |                        |
| City                |                   | State           | Zip<br>Code     | Date [MM/DD/YYYY] \$   |
| Receipt Description |                   |                 | 10005285375 114 |                        |
| Full Name           |                   |                 |                 |                        |
| House #             | Street Address    |                 |                 | To the law hound to be |
| City                |                   | State           | Zip<br>Code     | Date [MM/DD/YYYY] \$   |
| Receipt Description |                   |                 |                 |                        |

#### SCHEDULE II

## **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED**

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

| Filer Identification Number:  |                                 |          |                        |  |
|---|---------------------------------|----------|------------------------|--|
| UNITEMIZED IN-KIND CONTR  | IBUTIONS RECEIVED-VALUE OF \$   | 50.00 O  | R LESS PER CONTRIBUTOR |  |
| TOTAL for the reporting period  | (1)                             | \$       | 0.00                   |  |
| 2. IN-KIND CONTRIBUTIONS RE   | CEIVED-VALUE OF \$50.01 TO \$25 | 0.00 (FR | OM PART F)             |  |
| TOTAL for the reporting period  | (2)                             | \$       | 150.00                 |  |
| 3. IN-KIND CONTRIBUTION REC   | EIVED VALUE OVER \$250.00 (FRO  | M PAR    | FG)                    |  |
| TOTAL for the reporting period  | (3)                             | \$       | 0.00                   |  |
| TOTAL VALUE OF IN-KIND CONTRIBUTI<br>PERIOD (Add and enter amount totals<br>on Page 1, Report Cover Page, Item F) |                                 | .   \$   | 150.00                 |  |

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

| Editor Physics Company of the Company |  |
|---------------------------------------|--|
| Filer Identification Number:          |  |
|                                       |  |

| Full Name of Contributor   | Katharia lali ilu         | Date [MM/DD/YYYY] \$             |   |
|--|---------------------------|----------------------------------|---|
| THE RESERVE TO SERVE THE PROPERTY OF THE PROPE | Katherine Wolchko         | 04/21/2017 150.00                |   |
| House # 1913 Street  | Address W. Livingston St. | Date [MM/DD/YYYY] \$             |   |
| allenteun  | State Zip Code            | 1810 4 Date [MM/DD/YYYY] \$      |   |
| Description of Contribution  | Pryment for politi        | ical polling (one-time instance) |   |
| Full Name of Contributor   | John Jer Penn             | Date [MM/DD/YYYY] \$             |   |
|  |                           |                                  |   |
| House # Street   | Address                   | Date [MM/DD/YYYY] \$             |   |
| City   | State Zip Code            | Date [MM/DD/YYYY] \$             |   |
| Description of Contribution  |                           |                                  |   |
|  |                           |                                  | - |
| Full Name of Contributor   |                           | Date [MM/DD/YYYY] \$             |   |
| House # Street   | Address                   | Date [MM/DD/YYYY] \$             |   |
| City   | State Zip Code            | Date [MM/DD/YYYY] \$             |   |
| Description of Contribution  |                           |                                  |   |
| (A) 图像 (  |                           |                                  | _ |
| Full Name of Contributor   |                           | Date [MM/DD/YYYY] \$             |   |
| House # Street   | Address                   | Date [MM/DD/YYYY] \$.            |   |
| City   | State Zip Code            | Date [MM/DD/YYYY] \$             |   |
| Description of Contribution  |                           |                                  |   |
| Full Name of Contributor   |                           | Date [MM/DD/YYYY]   \$           |   |
| di Name oi continuadi  |                           |                                  |   |
| House # Street   | Address                   | Date [MM/DD/YYYY] \$             |   |
| City   | State Zip Code            | Date [MM/DD/YYYY] \$             |   |
| Description of Contribution  |                           |                                  |   |
| Description of contribution  |                           |                                  |   |

# Statement of Expenditures

|  | Date [MM/DD/YYYY] \$        |
|--|-----------------------------|
| Facebook   | 01/03/2017 7.00             |
| House # Street Address   | Description of Expenditure  |
| Hocker Way   |                             |
| City Menlo Park State CA Code 94025  | Facebook sponsorship for ad |
| To Whom Pald Pay Pal   | Date [MM/DD/YYYY] \$ 7, 08  |
|  | Description of Expenditure  |
| House # Street Address 22 11 N. 154 St.  | Description of experimere   |
| City San José State CA Zip Code 95131  | Transaction Fee             |
| To Whom Paid TO Bank   | Date [MM/DD/YYYY] \$ 8.00   |
| The state of the s | OI/31/2017 8.00             |
| House # Street Address 1701 Route 70 E   |                             |
| City Cherry Hill State NJ Code 08034   | Mointence Fee (Bank Acct.)  |
| To Whom Paid   | Date [MM/DD/YYYY] \$        |
| Call Fire  | 02/06/2017 125.00           |
| House # 1410 Street Address 2rd St # 200   | Description of Expenditure  |
| City South Monica State CA Code 90401  | Robo calls                  |
| To Whom Paid   | Date [MM/DD/YYYY] \$        |
| Lehigh Valley Print Center   | 02/14/2017 584.06           |
| House # 1701 Street Address Union Boulevard # 114  | Description of Expenditure  |
| City Allentown State PA Zip Code 18109   | Yaral Signs                 |
| To Whom Paid   | Date [MM/DD/YYYY] \$        |
| TD Bank  | 02/28/2017 8.00             |
| House # 1701 Street Address Route 70 E   | Description of Expenditure  |
| City Cherry Hill State NJ Code 08034   | Maintenance Fee (Bank Acut) |
| To Whom Paid Lehigh Courty   | Date [MM/DD/YYYY] \$ 45.00  |
|  | 03/07  2017   73.00         |
| 5.7" 9   |                             |
| City Allentoun State PA Code 18101   | Notarization                |
| To Whom Pald   | Date [MM/DD/YYYY] \$        |
| Lehigh Valley Print Center   | 03/08/2017 424.00           |
| House # 1701 Street Address Union Boulevard # 114  | Description of Expenditure  |
| City Allentoun State PA Code 18109   | Palm Cords                  |
|  |                             |

# Statement of Expenditures

| To Whom Pald East Side Youth Center  | Date [MM/DD/YYYY] \$                               |
|--|--|
| A CONTRACTOR OF THE PROPERTY O | 03/19   2017   108.00   Description of Expenditure |
| House # 1140 Street Address E. Clair St.   |  |
| City Allentoun State PA Zip Code 18109   | Facility Rental                                    |
| To Whom Paid   | Date [MM/DD/YYYY] \$ 29.30                         |
| PoyPal   | 03/03/001  |
| House # 2211 Street Address N. 15+ St.   | Description of Expenditure                         |
| City San José State CA Zip Code 95131  | Transaction Fee                                    |
| To Whom Paid Pay Pal   | Date [MM/DD/YYYY] \$ 29.30                         |
|  | Description of Expenditure                         |
| House # 2211 Street Address N. 154 St.   |  |
| City (San José State CA Code 95/3/   | Transaction Fee                                    |
| To Whom Paid   | 03/30/2017 1119.54                                 |
| Lehigh Valley Print Center   |  |
| House # 1701 Street Address Union Bowlevard #114   | Description of Expenditure                         |
| City Allentoun State PA Code 18109   | mailers  |
| To Whom Paid   | Date [MM/DD/YYYY] \$                               |
| TD Bank  | 03/31/2017 8.00                                    |
| House # 1701 Street Address Route 70 E   | Description of Expenditure                         |
| City Cherry Hill State NJ Code 08034   | Maintenance Fee (Back Acut.)                       |
| To Whom Paid Pay Pal   | Date [MM/DD/YYYY] \$ /: 08                         |
|  | 04   04   a017   1:08  Description of Expenditure  |
| House # 2211 Street Address N. 15t St.   |  |
| City San José State CA Code 95/31  | Transaction fee                                    |
| To Whom Paid Revolution Funding  | Date [MM/DD/YYYY] \$ 100.00                        |
| To appropriate the second of t | Description of Expenditure                         |
| P.U. 130X 003  |  |
| City Guild State TN Code 37340   | Promotion and Advertisement                        |
| To Whom Paid   | Date [MM/DD/YYYY] \$ 157.50                        |
| Amazon   | 04   05   2017   13 1 . 3 0                        |
| House # 410 Street Address Terry Ave. N+1  |  |
| city Seaffle State WA Code 98109   | Office supplies                                    |

# Statement of Expenditures

| Filer Identification Number:  |  |
|---|--|
| Lifet Inclimited and inclination  |  |
| CALL THE RESERVE AND THE PARTY OF THE PARTY |  |

| To Whom Paid                         |                        |                |  | Date [MM/DD/YYYY]                     | \$ 1100 00                                |
|--------------------------------------|------------------------|----------------|--|---------------------------------------|---|
| La Kazon Newspaper                   |                        |                | 04/10/2017                             | 400.00                                |   |
| House # Street Address P.O. Box 1303 |                        |                |  | Description of Expenditu              | ire                                       |
| City Allentown State PA Code 18105   |                        |                |  | Full-page Ad                          |   |
| To Whom Paid                         | Facebook               |                |  | 04 /13   2017                         | 16.22                                     |
| 90                                   |                        |                |  | Description of Expenditu              | 65  |
| House #                              | Street Address         | lacker Way     | 1                                      |                                       |   |
| Gity Menle                           | Park                   | State CA       | Zip<br>Code 94025                      | Facebook sponsors                     | hip /colvertizing                         |
| To Whom Paid                         | 1 abioh V              | Callon Print   | Canter                                 | Date [MM/DD/YYYY]                     | 1045.22                                   |
|                                      |                        | 'alley Print 1 |  | 04/17/2017  Description of Expenditu  | (82)                                      |
| House # 1701                         | Street Address         | nion Bowler    | erd #114                               |                                       |   |
| city Allen                           | toun                   | State PA       | Zip<br>Code 18109                      | mailers                               |   |
| To Whom Paid                         |                        |                |  | Date [MM/DD/YYYY]                     | \$ 8.00                                   |
|                                      | TD Bank                | <u> </u>       |  | 04/28/2017                            | 47631                                     |
| House # 1701                         | Street Address         | Route 70 l     | 5                                      | Description of Expenditu              | ire = = = = = = = = = = = = = = = = = = = |
| Clear                                | y Hill                 | State NJ       | Zip<br>Code 08034                      | Maintenance fi                        | <u>ē</u> e                                |
| To Whom Pald                         | 8                      |                | - A                                    | Date [MM/DD/YYYY]                     | 5 1.08                                    |
|                                      | PayPal                 |                |  | 04/30/2017                            | (255)                                     |
| House # 22/1                         | Street Address         | 1. 1st St.     |  | Description of Expendito              |   |
| city San                             | José                   | State          | Zip 95/3/                              | Transaction fee                       |   |
| To Whom Paid                         |                        |                | - K                                    | Date [MM/DD/YYYY]                     | <b>\$</b>                                 |
| House #                              | Street Address         |                | II———————————————————————————————————— | Description of Expendit               | ure                                       |
| City                                 |                        | State          | Zip<br>Code                            | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 30.0452-00.000-00.000-00.000              |
| To Whom Paid                         |                        |                |  | Date [MM/DD/YYYY]                     | \$  |
|                                      |                        |                |  |                                       |   |
| House #                              | Street Address         |                |  | Description of Expendit               | ure                                       |
| City                                 | Destroy of Contract of | State          | Zip<br>Code                            |                                       |   |
| To Whom Paid                         |                        |                |  | Date [MM/DD/YYYY]                     | \$  |
| Mayor #                              | Councie & delivere     |                |  | Description of Expendit               | ture                                      |
| House #                              | Street Address         |                |  |                                       |   |
| City                                 |                        | State          | Zip<br>Code                            |                                       |   |