

CAMPAIGN FINANCE REPORT

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

Filer Identification Number: ▶		Report Filed By: ▶		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}	
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Country Robinson</i>									
Street Address: <i>PO Box 9232</i>									
City: <i>allentown</i>					State: <i>PA</i>		Zip Code: <i>18105 - 9232</i>		
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?	YES	NO
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?	YES	NO
	ANNUAL REPORT	7.	YEAR <i>2019</i>		FILING METHOD () CHECK ONE ▶		PAPER	DISKETTE	
Name of Office Sought by Candidate: <i>allentown City Council</i>					DATE OF ELECTION MO. DAY YEAR <i>5 21 2019</i>		District Number	Office Code <i>001</i>	Party Code <i>DEM</i>
								County Code <i>039</i>	
Summary of Receipts and Expenditures from: ▶					MO. DAY YEAR <i>1 1 2019</i>		To MO. DAY YEAR <i>5 6 2019</i>		
A. Amount Brought Forward From Last Report					\$ <i>63.07</i>				
B. Total Monetary Contributions and Receipts (From Schedule I)					\$ <i>6,800.⁰⁰/₁₀₀</i>				
C. Total Funds Available (Sum of Lines A and B)					\$ <i>6,863.⁰⁷/₁₀₀</i>				
D. Total Expenditures (From Schedule III)					\$ <i>3,114.⁸⁹/₁₀₀</i>				
E. Ending Cash Balance (Subtract Line D from Line C)					\$ <i>3,748.²³/₁₀₀</i>				
F. Value of In-Kind Contributions Received (From Schedule II)					\$ <i>400.⁰⁰/₁₀₀</i>				
G. Unpaid Debts and Obligations (From Schedule IV)					\$ <i>0.00</i>				

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this *10th* day of *MAY* 20*19*

J. DeJesus
Signature

Commonwealth of Pennsylvania - Notary Seal
Jessica M. DeJesus, Notary Public
Bucks County 20*19*
My commission expires October 24, 2021
Commission number 1322292
Member, Pennsylvania Association of Notaries

My commission expires *10/24/2021*
MO. DAY YR.

Carmen A. Bell
Signature of Person Submitting Report

CARMEN A. BELL
Printed Name

610. *390-9357*
Area Code Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this *10th* day of *MAY* 20*19*

J. DeJesus
Signature

Commonwealth of Pennsylvania - Notary Seal
Jessica M. DeJesus, Notary Public
Bucks County 20*19*
My commission expires October 24, 2021
Commission number 1322292
Member, Pennsylvania Association of Notaries

My commission expires *10/24/2021*
MO. DAY YR.

Country A. Robinson
Signature of Candidate

Country A. Robinson
Printed Name

484 *951-7066*
Area Code Daytime Telephone Number

CONTRIBUTIONS AND RECEIPTS**Detailed Summary Page**

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$ 400. ⁰⁰ / ₁₀₀
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2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)

Contributions Received from Political Committees (Part A)	\$ 500. ⁰⁰ / ₁₀₀
All Other Contributions (Part B)	\$ 1,400. ⁰⁰ / ₁₀₀
TOTAL for the Reporting Period	(2) \$ 1,900. ⁰⁰ / ₁₀₀

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)

Contributions Received from Political Committees (Part C)	\$ 3,000. ⁰⁰ / ₁₀₀
All Other Contributions (Part D)	\$ 1,500. ⁰⁰ / ₁₀₀
TOTAL for the Reporting Period	(3) \$ 4,500. ⁰⁰ / ₁₀₀

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)

TOTAL for the Reporting Period	(4)	\$ 0.00
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TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$ 6,800. ⁰⁰ / ₁₀₀
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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			
				From		To	
				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	
Susan Ellis Wild				2	23	19	\$ 250.00/100
Mailing Address				MO.	DAY	YEAR	\$
1386 Doe Trail Rd.							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Allentown		PA	18104 -				
Full Name of Contributor				MO.	DAY	YEAR	
Raymond & Mary Beth O'Connell				2	20	19	\$ 250.00/100
Mailing Address				MO.	DAY	YEAR	\$
2446 Allen St							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Allentown		PA	18104 - 4956				
Full Name of Contributor				MO.	DAY	YEAR	
Donise & Edward Hozza				2	20	19	\$ 200.00/100
Mailing Address				MO.	DAY	YEAR	\$
4347 Phillip St.							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Whitehall		PA	18052 -				
Full Name of Contributor				MO.	DAY	YEAR	
Robert & Rosemary Kocher				2	12	2019	\$ 100.00/100
Mailing Address				MO.	DAY	YEAR	\$
287 Blenheim Dr				4	23	2019	\$ 100.00/100
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Easton		PA	18045 -				
Full Name of Contributor				MO.	DAY	YEAR	
Lauren Golden				4	23	2019	\$ 100.00/100
Mailing Address				MO.	DAY	YEAR	\$
6434 Memorial Rd.							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Allentown		PA	18106 - 8800				
Full Name of Contributor				MO.	DAY	YEAR	
James T. Spang Jr.				4	23	2019	\$ 100.00/100
Mailing Address				MO.	DAY	YEAR	\$
435 Ridge Ave							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Allentown		PA	18102 -				
Full Name of Contributor				MO.	DAY	YEAR	
Lawrence T. Lanner				4	23	2019	\$ 100.00/100
Mailing Address				MO.	DAY	YEAR	\$
2720 Livingston St							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Allentown		PA	18104 -				
Full Name of Contributor				MO.	DAY	YEAR	
Greg & Stephanie Kocher				4	23	2019	\$ 100.00/100
Mailing Address				MO.	DAY	YEAR	\$
3640 Wilmore St.							
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Easton		PA	18045 -				
PAGE TOTAL							\$ 1,200.00/100

Enter Grand Total of Part B 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 From _____ To _____
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			DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR			
Jeremy & Sherri Binder	2	19	19	\$ 200.00/100		
Mailing Address	MO.	DAY	YEAR	\$		
1553 West Turner St						
City	MO.	DAY	YEAR	\$		
Allenstown						
State	PA	18102				
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State						
Zip Code (Plus 4)						
Full Name of Contributor	MO.	DAY	YEAR	\$		
Mailing Address	MO.	DAY	YEAR	\$		
City	MO.	DAY	YEAR	\$		
State						
Zip Code (Plus 4)						

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

PAGE TOTAL

\$ 200.00/100

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 over \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period			
Friends				From _____ To _____			
				DATE			AMOUNT
Full Name of Contributing Committee				MO.	DAY	YEAR	
Friends of Peter Schwager				2	6	19	\$ 500.00 <i>1/105</i>
Mailing Address				MO.	DAY	YEAR	
PO Box 4364							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Allentown		PA	18105 -				\$
Full Name of Contributing Committee				MO.	DAY	YEAR	
DBEW Local Union #375 PAC				5	2	19	\$ 1,000.00 <i>1/105</i>
Mailing Address				MO.	DAY	YEAR	
1201 West Liberty St.							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Allentown		PA	18102 -				\$
Full Name of Contributing Committee				MO.	DAY	YEAR	
Friends of Mike Schlossburg				2	10	19	\$ 500.00 <i>1/105</i>
Mailing Address				MO.	DAY	YEAR	
944 North 19th St							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Allentown		PA	18104 -				\$
Full Name of Contributing Committee				MO.	DAY	YEAR	
RPAC				4	18	19	\$ 1,000.00 <i>1/105</i>
Mailing Address				MO.	DAY	YEAR	
10 South Commerce Way							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Bethlehem		PA	18017 -				\$
Full Name of Contributing Committee				MO.	DAY	YEAR	
							\$
Mailing Address				MO.	DAY	YEAR	
							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			-				\$
Full Name of Contributing Committee				MO.	DAY	YEAR	
							\$
Mailing Address				MO.	DAY	YEAR	
							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			-				\$
Full Name of Contributing Committee				MO.	DAY	YEAR	
							\$
Mailing Address				MO.	DAY	YEAR	
							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			-				\$
Full Name of Contributing Committee				MO.	DAY	YEAR	
							\$
Mailing Address				MO.	DAY	YEAR	
							\$
City		State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			-				\$

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

PAGE TOTAL
 \$ 3,000.00 *1/105*

PART D
ALL OTHER CONTRIBUTIONS

PAGE _____ OF _____

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	Reporting Period
	From _____ To _____

				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
Murat M. Guezal	4	9	19				\$ 500.00/100
Mailing Address	MO.	DAY	YEAR				\$
1139 Lehigh ave. Suite 300							
City	MO.	DAY	YEAR				\$
Whitethall							
State	Zip Code (Plus 4)						
PA	18092-						
Employer Name	Occupation						
Natural Food Group	Business owner						
Employer Mailing Address/Principal Place of Business							
1139 Lehigh ave. Suite 300 whitethall, PA 18092							
Full Name of Contributor	MO.	DAY	YEAR				\$ 5.00/100
Jennifer L. Mann	3	7	19				
Mailing Address	MO.	DAY	YEAR				\$
2845 Parkway Blvd.							
City	MO.	DAY	YEAR				\$
Allentown							
State	Zip Code (Plus 4)						
PA	18104 -						
Employer Name	Occupation						
JL Mann Consulting	Consultant						
Employer Mailing Address/Principal Place of Business							
2845 Parkway Blvd. Allentown, PA 18104							
Full Name of Contributor	MO.	DAY	YEAR				\$ 500.00/100
Ed & Shahrez Hanna	4	23	19				
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Employer Name	Occupation						
Cicos International	Head of IT						
Employer Mailing Address/Principal Place of Business							
1911 Spillman Dr Bethlehem, PA 18045							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Employer Name	Occupation						
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor	MO.	DAY	YEAR				\$
Mailing Address	MO.	DAY	YEAR				\$
City	MO.	DAY	YEAR				\$
State	Zip Code (Plus 4)						
Employer Name	Occupation						
Employer Mailing Address/Principal Place of Business							

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

PAGE TOTAL
\$ 1,500.00/100

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 From _____ To _____
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 0.00 —

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)	
TOTAL for the Reporting Period	(2) \$ 0.00 —

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)	
TOTAL for the Reporting Period	(3) \$ 400.00 ⁰⁰ / ₁₀₀

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)	\$ 400.00 ⁰⁰ / ₁₀₀
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PART G

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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				DATE			AMOUNT
				MO.	DAY	YEAR	
Full Name of Contributor <i>Friends of Peter Schuyler</i>				4	23	19	\$ 400.00/w
Mailing Address <i>PO Box 4364</i>				MO.	DAY	YEAR	\$
City <i>Albion</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18105 - 4364</i>		MO.	DAY	YEAR	\$
Employer of Contributor <i>Commonwealth of PA</i>				Occupation <i>State Rep</i>			
Employer Mailing Address/Principal Place of Business				Description of Contribution <i>Fundraiser food</i>			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$ 400.00/w

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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To Whom Paid <i>Lahigh County Democratic Comm</i>		MO. <i>2</i> DAY <i>14</i> YEAR <i>2019</i>	Amount <i>\$ 150.00/low</i>
Mailing Address <i>PO Box 63</i>		Description of Expenditure <i>voter file</i>	
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18105-0063</i>	
To Whom Paid <i>Stephanie Kocher</i>		MO. <i>3</i> DAY <i>1</i> YEAR <i>2019</i>	Amount <i>\$ 413.91</i>
Mailing Address <i>1507 West Turner St.</i>		Description of Expenditure <i>Reimbursements</i>	
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18104 -</i>	
To Whom Paid <i>County G. Robinson</i>		MO. <i>3</i> DAY <i>10</i> YEAR <i>19</i>	Amount <i>\$ 169.83/low</i>
Mailing Address <i>1507 West Turner St.</i>		Description of Expenditure <i>Reimbursements</i>	
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18104 -</i>	
To Whom Paid <i>Paul Zingone</i>		MO. <i>3</i> DAY <i>19</i> YEAR <i>2019</i>	Amount <i>\$ 144.00/low</i>
Mailing Address <i>308 5th St</i>		Description of Expenditure <i>Campaign shorts</i>	
City <i>West Easton</i>	State	Zip Code (Plus 4) <i>18042 -</i>	
To Whom Paid <i>Lahigh Valley Labor Council</i>		MO. <i>4</i> DAY <i>3</i> YEAR <i>19</i>	Amount <i>\$ 250.00/low</i>
Mailing Address <i>PO Box 20226</i>		Description of Expenditure <i>tickets + ad</i>	
City <i>Lahigh Valley</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18002 -</i>	
To Whom Paid <i>Stephanie Kocher</i>		MO. <i>4</i> DAY <i>13</i> YEAR <i>19</i>	Amount <i>\$ 234.61/low</i>
Mailing Address <i>1507 West Turner St</i>		Description of Expenditure <i>Reimbursements</i>	
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18104 -</i>	
To Whom Paid <i>Allentown Crime Watch Presidntly Council</i>		MO. <i>4</i> DAY <i>11</i> YEAR <i>19</i>	Amount <i>\$ 350.00/low</i>
Mailing Address <i>1039 N Van Buren St.</i>		Description of Expenditure <i>Table + ad.</i>	
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18019 -</i>	
To Whom Paid <i>Kennedy Printing</i>		MO. <i>5</i> DAY <i>6</i> YEAR <i>19</i>	Amount <i>\$ 393.38/low</i>
Mailing Address <i>5534 Baltimore ave</i>		Description of Expenditure <i>Palm Cards</i>	
City <i>Philadelphia</i>	State <i>Pa</i>	Zip Code (Plus 4) <i>19143 -</i>	

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL
\$ 2,105.73

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
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To Whom Paid <i>Capital Promotions</i>	MO. \$	DAY 6	YEAR 19	Amount \$ 1,009.12/100
Mailing Address <i>244 N Keswick ave.</i>	Description of Expenditure <i>yard signs</i>			
City <i>Glenside</i>	State <i>PA</i>	Zip Code (Plus 4) <i>19028 -</i>		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		
To Whom Paid	MO.	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$ 1,009.12/100
