

**Campaign Finance Report**

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

Commonwealth of Pennsylvania

Filer Identification Number: 1776723 Filed By: <input type="checkbox"/> Candidate <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Lobbyist	Name of Filing Committee, Candidate or Lobbyist: Jamie for West Philly	Street Address: 327 S. 13th Street City: Philadelphia State: PA Zip Code: 19107										
TYPE OF REPORT: <table border="1"> <tr> <td>1. <input type="checkbox"/> 2nd Friday Pre-Primary</td> <td>2. <input type="checkbox"/> 30 Day Post Primary</td> <td>3. <input checked="" type="checkbox"/> Amendment Report?</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>4. <input type="checkbox"/> 2nd Friday Pre-Election</td> <td>5. <input type="checkbox"/> 30 Day Post Election</td> <td>6. <input type="checkbox"/> Termination Report?</td> <td>Yes</td> <td>No</td> </tr> </table>	1. <input type="checkbox"/> 2nd Friday Pre-Primary	2. <input type="checkbox"/> 30 Day Post Primary	3. <input checked="" type="checkbox"/> Amendment Report?	Yes	No	4. <input type="checkbox"/> 2nd Friday Pre-Election	5. <input type="checkbox"/> 30 Day Post Election	6. <input type="checkbox"/> Termination Report?	Yes	No	YEAR: 2021	Name of Office Sought by Candidate: City Council Member, City of Philadelphia
1. <input type="checkbox"/> 2nd Friday Pre-Primary	2. <input type="checkbox"/> 30 Day Post Primary	3. <input checked="" type="checkbox"/> Amendment Report?	Yes	No								
4. <input type="checkbox"/> 2nd Friday Pre-Election	5. <input type="checkbox"/> 30 Day Post Election	6. <input type="checkbox"/> Termination Report?	Yes	No								
DATE OF ELECTION: 11/02/2021	District Number: 3	Office Code: PH4 Party Code: DEM County Code: 51										

Summary of Receipts and Expenditures		From Date	To Date
		05/04/2021	06/07/2021
A. Amount Brought Forward from Last Report	\$78,562.30		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$17,550.00		
C. Total Funds Available (Sum of Lines A and B)	\$96,112.30		
D. Total Expenditures (From Schedule III)	\$7,700.62		
E. Ending Cash Balance (Subtract Line D from Line C)	\$88,411.68		
F. Value of In-Kind Contributions Received (From Schedule II)	\$2.82		
G. Unpaid Debts and Obligations (From Schedule IV)	\$0.00		

**Affidavit Section**  
 PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  
 I swear (or affirm) that this report, including the attached schedules, on paper or by electronic medium, are to the best of my knowledge and belief true, correct, and complete.

Sworn to and subscribed before me this	day of	20
Signature		
My commission expires	MO. DAY YR.	
Printed Name	Area Code	Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.  
 I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this	day of	20
Signature		
My commission expires	MO. DAY YR.	
Printed Name	Area Code	Daytime Telephone Number

CITY COMMISSIONERS  
 2021 JUN 17 P 2:  
 COUNTY BD. OF ELECTIONS

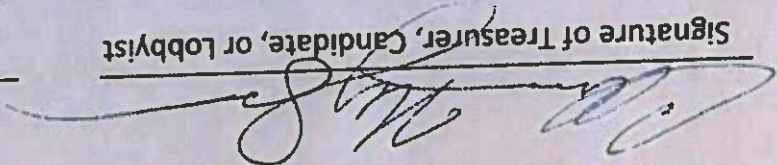


## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and independent expenditure reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist		Reporting Cycle Name	
Jamie for West Philly		Reporting Cycle Name	
<input type="checkbox"/> Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 <sup>nd</sup> Friday Pre-Primary	<input checked="" type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 <sup>th</sup> Tuesday Pre-Election
<input type="checkbox"/> Cycle 5 2 <sup>nd</sup> Friday Pre-Election	<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 <sup>nd</sup> Friday Pre-Special Election
<input type="checkbox"/> Cycle 9 30 Day Post-Special Election			

**Part 1 - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.**  
**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.**

**Signature of Treasurer, Candidate, or Lobbyist**  


**Printed Name**  
 Christopher Weiss-Smith  
**Location (City/State/Country)**  
 Philadelphia, PA USA  
**Date (DD/MM/YYYY)**  
 15/6/2021

0123-1023  
1/23/2023

Location (City/State/Country)  
Phila/PA/USA

Date (DD/MM/YYYY)  
06/17/2021

Printed Name  
Jamie Gauthier

Signature of Treasurer, Candidate, or Lobbyist  
Jamie Gauthier

Port II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.  
I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Pennsylvania Department of State  
Bureau of Campaign Finance & Civic Engagement  
317 North Olive • Suite 400 • Harrisburg, PA 17133 • 717.781.5200 (toll free)  
www.elections.state.pa.gov • www.campaignfinance.pa.gov



### 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: 1776723 Name of Filing Committee, Candidate or Lobbyist: Jamie for West Philly Street Address: 327 S. 13th Street City: Philadelphia State: PA Zip Code: 19107	Report Filed By: Candidate <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Lobbyist
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TYPE OF REPORT 1. <input type="checkbox"/> 6th Tuesday Pre-Primary 2. <input type="checkbox"/> 2nd Friday 30 Day Post Primary 3. <input checked="" type="checkbox"/> Amendment Report? Yes <input type="checkbox"/> No 4. <input type="checkbox"/> 6th Tuesday Pre-Election 5. <input type="checkbox"/> 2nd Friday 30 Day Post Election 6. <input type="checkbox"/> Termination Report? Yes <input type="checkbox"/> No 7. <input type="checkbox"/> Other	YEAR: 2021	Name of Office Sought by Candidate: City Council Member, City of Philadelphia DATE OF ELECTION: 11/02/2021 District Number: 3 Office Code: PH4 Party Code: DEM County Code: 51
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Summary of Receipts and Expenditures		From Date	To Date
FOR OFFICE USE ONLY		05/04/2021	06/07/2021
A. Amount Brought Forward From Last Report	\$78,562.30		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$17,550.00		
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F. Value of In-Kind Contributions Received (From Schedule II)	\$2.82		
G. Unpaid Debts and Obligations (From Schedule IV)	\$0.00		

#### Affidavit Section

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.  
 I swear (or affirm) that this report, including the attached schedules, on paper or by electronic medium, are to the best of my knowledge and belief true, correct, and complete.

Sworn to and subscribed before me this _____ day of _____ 20____ Signature _____ My commission expires _____ MO. _____ DAY _____ YR.	Signature of Person Submitting Report _____ Printed Name _____ Area Code _____ Daytime Telephone Number _____
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PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.  
 I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this _____ day of _____ 20____ Signature _____ My commission expires _____ MO. _____ DAY _____ YR.	Signature of Person Submitting Report _____ Printed Name _____ Area Code _____ Daytime Telephone Number _____
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# 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: 1776723  
 Name of Filing Committee, Candidate or Lobbyist: Jame for West Philly  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Office Sought by Candidate: \_\_\_\_\_  
 City Council Member, City of Philadelphia  
 District Number: \_\_\_\_\_ Office Code: \_\_\_\_\_ Party Code: \_\_\_\_\_ County Code: \_\_\_\_\_

TYPE OF REPORT	Pre-Primary		Pre-Election		Termination Report?		YEAR
	1. 2nd Friday	2. 30 Day Post Primary	3. 30 Day Post Election	4. 2nd Friday Pre-Election	5. 30 Day Post Election	6. 30 Day Post Election	
6th Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6th Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures  
 From Date: \_\_\_\_\_ To Date: \_\_\_\_\_  
 FOR OFFICE USE ONLY

Affidavit Section	
A. Amount Brought Forward from Last Report	
B. Total Monetary Contributions and Receipts (From Schedule I)	
C. Total Funds Available (Sum of Lines A and B)	
D. Total Expenditures (From Schedule III)	
E. Ending Cash Balance (Subtract Line D from Line C)	
F. Value of In-Kind Contributions Received (From Schedule II)	
G. Unpaid Debts and Obligations (From Schedule IV)	

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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 Signature \_\_\_\_\_  
 My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.  
 I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
 Signature \_\_\_\_\_  
 My commission expires \_\_\_\_\_ MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR.

Signature of Person Submitting Report \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Area Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

Signature of Person Submitting Report \_\_\_\_\_  
 Printed Name \_\_\_\_\_  
 Area Code \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

**SCHEDULE I  
Contributions and Receipts**

Detailed Summary Page

Filer Identification Number: 1776723

<b>1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR</b>	
TOTAL for the Reporting Period	(1)
\$50.00	

<b>2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND B)</b>	
Contributions Received from Political Committees (Part A)	\$0.00
All Other Contributions (Part B)	\$1,500.00
TOTAL for the Reporting Period	(2)
\$1,500.00	

<b>3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND D)</b>	
Contributions Received from Political Committees (Part C)	\$10,000.00
All Other Contributions (Part D)	\$6,000.00
TOTAL for the Reporting Period	(3)
\$16,000.00	

<b>4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)</b>	
TOTAL for the Reporting Period	(4)
\$0.00	

<b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD</b> ( Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	\$17,550.00
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**All Other Contributions**

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.)

Filter Identification Number: 1776723

Full Name of Contributor Mira Baylson	MO 5	DAY 26	YEAR 2021	Mailing Address 4120 Apalogen Rd Ste 4100	City Philadelphia	State PA	Zip Code (Plus 4) 19129-5504	\$100.00
Full Name of Contributor Martie Bernicker	MO 6	DAY 4	YEAR 2021	Mailing Address 107 Hill Side Cir	City Willsanova	State PA	Zip Code (Plus 4) 19085-1321	\$250.00
Full Name of Contributor Drick Boyd	MO 6	DAY 2	YEAR 2021	Mailing Address 2205 Windsor Cir	City Broomall	State PA	Zip Code (Plus 4) 19008-2207	\$250.00
Full Name of Contributor Adam Butler	MO 5	DAY 18	YEAR 2021	Mailing Address 415 S 51st St	City Philadelphia	State PA	Zip Code (Plus 4) 19143-1607	\$100.00
Full Name of Contributor Larry Celsler	MO 5	DAY 14	YEAR 2021	Mailing Address 812 W Sedgwick St	City Philadelphia	State PA	Zip Code (Plus 4) 19119-3426	\$200.00
Full Name of Contributor Nancy J Lanham	MO 5	DAY 20	YEAR 2021	Mailing Address 230 Spruce St	City Philadelphia	State PA	Zip Code (Plus 4) 19106-4322	\$250.00
Full Name of Contributor Karen Schermerhorn	MO 5	DAY 19	YEAR 2021	Mailing Address 2011 Moravian St	City Philadelphia	State PA	Zip Code (Plus 4) 19103-4413	\$100.00
Full Name of Contributor Michael Smith	MO 5	DAY 24	YEAR 2021	Mailing Address 33 Saint James Ct	City Philadelphia	State PA	Zip Code (Plus 4) 19106-3702	\$250.00

PAGE TOTAL \$1,500.00

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



PAGE TOTAL  
\$10,000.00

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

Filer Identification Number: 1776723	
Full Name of Contributing Committee Laborers District Council PAC Fund	MO. DAY YEAR 5 11 2021
Mailing Address 665 N Broad St Fl 5 Philadelphia	State PA Zip Code (Plus 4) 19123-2537
\$10,000.00	

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 over \$250.00 in the reporting period.

**All Other Contributions**

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)

Filer Identification Number: 1776723

Full Name of Contributor	MO	DAY	YEAR	Mailing Address	City	State	Zip Code (Plus 4)	Employer Name	Employer Mailing Address/Principal Place of Business	Occupation	Contribution Amount
John Carr	5	18	2021	1625 N Howard St	Philadelphia	PA	19122-3207	Materials Conservation LLC	1625 N Howard St Philadelphia, PA 19122-3207	Architectural Conservator	\$500.00
Susan Firestone	6	4	2021	4 Twin Circle Ct N	Yardley	PA	19067-3212	Retired	4 Twin Circle Ct N Yardley, PA 19067-3212	Retired	\$250.00
Susan Firestone	6	4	2021	4 Twin Circle Ct N	Yardley	PA	19067-3212	Retired	4 Twin Circle Ct N Yardley, PA 19067-3212	Retired	\$250.00
Susan Firestone	6	4	2021	4 Twin Circle Ct N	Yardley	PA	19067-3212	Retired	4 Twin Circle Ct N Yardley, PA 19067-3212	Retired	\$250.00
Edward Hills	5	10	2021	222 Waverly Rd	Wyncote	PA	19095-1120	President	346 E Walnut Ln Philadelphia, PA 19144-1034	President	\$1,000.00
Brahm Ighliden	5	4	2021	3615 Brandywine St	Philadelphia	PA	19104-2347	Self Employed	419 N. Broad St Philadelphia, PA 19104	Self Employed	\$500.00

PAGE TOTAL \$2,500.00

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

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)

**All Other Contributions**

OVER \$250.00

**PART D**

Filer Identification Number: 1776723	
Full Name of Contributor Mark Mills	MO DAY YEAR 6 3 2021
Mailing Address 422 S 44th St --	City Philadelphia
Employer Name 1970	Occupation Realtor
Employer Mailing Address/Principal Place of Business 31 S 40th St Apt 1R Philadelphia, PA 19104-5443	Full Name of Contributor Post Irvine LP
Mailing Address 1021 N Hancock St Ste 1	City Philadelphia
Employer Name Philadelphia	Occupation Occupation
Employer Mailing Address/Principal Place of Business	Full Name of Contributor Mustafa Rashed
MO DAY YEAR 5 14 2021	\$500.00
Mailing Address 1505 N 27th St	City Philadelphia
Employer Name Bellevue Strategies, LLC	Occupation Consultant
Employer Mailing Address/Principal Place of Business 200 S Broad St Philadelphia, PA 19102-3809	Full Name of Contributor Craig Williams
MO DAY YEAR 6 4 2021	\$1,000.00
Mailing Address 4 Kinder Rd Ste 204	City Conshohocken
Employer Name Self Employed	Occupation Construction Manager
Employer Mailing Address/Principal Place of Business 700 E Main St Fl 2 Norristown, PA 19401-4122	

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

PAGE TOTAL

\$3,500.00

**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

Filer Identification Number: 1776723

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR	TOTAL for the Reporting Period (1)	\$2.82
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)	TOTAL for the Reporting Period (2)	\$0.00
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)	TOTAL for the Reporting Period (3)	\$0.00
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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.)		\$2.82
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Statement of Expenditures

Schedule III

Filer Identification Number: 1776723		
To Whom Paid	Amelia Carter	
Mailing Address	5215 Chancellor St	
City	Philadelphia	
State	PA	
Zip Code (Plus 4)	19139-4016	
To Whom Paid	\$750.00	
MO	DAY	YEAR
5	25	2021
Description of Expenditure		
Sponsorship		
To Whom Paid	Cricket Wireless	
Mailing Address	930 Washington Ave	
City	Philadelphia	
State	PA	
Zip Code (Plus 4)	19147-3840	
To Whom Paid	\$50.00	
MO	DAY	YEAR
5	14	2021
Description of Expenditure		
Telephone service		
To Whom Paid	Jamie Gauthier	
Mailing Address	902 S Farragut St Fl 3	
City	Philadelphia	
State	PA	
Zip Code (Plus 4)	19143-3607	
To Whom Paid	\$120.00	
MO	DAY	YEAR
5	19	2021
Description of Expenditure		
Reimbursed Expenses - Dunkin: Election Day Volunteer Food/Beverage, Federal Donuts: Election Day Volunteer Food/Beverage, The Bagel Place: Election Day Volunteer Food/Beverage, PCPU: Service Charge, Gas		
To Whom Paid	Godaddy	
Mailing Address	1445 N Hayden Rd Ste 219	
City	Scottsdale	
State	AZ	
Zip Code (Plus 4)	85260-6993	
To Whom Paid	\$19.99	
MO	DAY	YEAR
5	24	2021
Description of Expenditure		
Web Hosting Services		
To Whom Paid	Google	
Mailing Address	1600 Amphitheatre Pkwy	
City	Mountain View	
State	CA	
Zip Code (Plus 4)	94043-1351	
To Whom Paid	\$77.76	
MO	DAY	YEAR
6	1	2021
Description of Expenditure		
Gsuite		
To Whom Paid	HP Instant Ink	
Mailing Address	1501 Page Mill Rd	
City	Palo Alto	
State	CA	
Zip Code (Plus 4)	94304-1126	
To Whom Paid	\$12.95	
MO	DAY	YEAR
6	1	2021
Description of Expenditure		
Printing Services		

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

PAGE TOTAL \$1,030.70



Statement of Expenditures

Filer Identification Number: 1776723

To Whom Paid	MO	DAY	YEAR	Mailing Address	City	State	Zip Code (Plus 4)	Description of Expenditure
Rittenhouse Political Partners	5	12	2021	121 S Broad St Fl 4	Philadelphia	PA	19107-4544	Consulting Fees
Uber Eats	5	9	2021	1455 Market St Ste 400	San Francisco	CA	94103-1355	Meeting Food & Beverage
Washington Post	5	13	2021	1301 K St NW	Washington	DC	20071-0004	Newspaper Subscription
Wiggins Shredding	5	11	2021	908 Old Fern Hill Rd	West Chester	PA	19380-4208	Shredding Services for Community Event
Zoom	5	9	2021	55 Almaden Blvd Fl 6	San Jose	CA	95113-1608	Video Conferencing Software

PAGE TOTAL \$4,880.09

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

