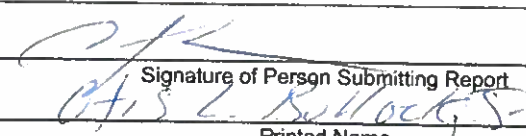
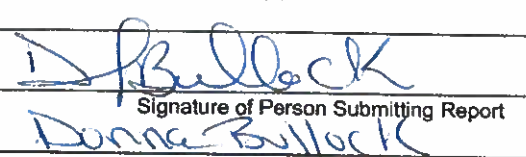


Campaign Finance Report

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

Filer Identification Number: 20150219		Report Filed By:	Candidate ¹ <input type="checkbox"/>	Committee ² <input checked="" type="checkbox"/>	Lobbyist ³ <input type="checkbox"/>						
Name of Filing Committee, Candidate or Lobbyist: Friends of Donna Bullock											
Street Address: PO Box 58921											
City: Philadelphia			State: PA	Zip Code: 19102							
TYPE OF REPORT	6th Tuesday Pre-Primary	1. <input type="checkbox"/>	2nd Friday Pre-Primary	2. <input type="checkbox"/>	30 Day Post Primary	3. <input checked="" type="checkbox"/>	Amendment Report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	6th Tuesday Pre-Election	4. <input type="checkbox"/>	2nd Friday Pre-Election	5. <input type="checkbox"/>	30 Day Post Election	6. <input type="checkbox"/>	Termination Report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other	Annual Report	7. <input type="checkbox"/>	YEAR	2021							
Name of Office Sought by Candidate:		DATE OF ELECTION	District Number:	Office Code:	Party Code:	County Code:					
Representative in the General Assembly		11/02/2021	195	STH	DEM	51					
Summary of Receipts and Expenditures	From Date		To Date		FOR OFFICE USE ONLY						
	05/04/2021		06/07/2021		2021 JUN 21 P 3:10 COUNTY BD. OF ELECTIONS CITY COMMISSIONERS						
A. Amount Brought Forward From Last Report			\$115,482.61								
B. Total Monetary Contributions and Receipts (From Schedule I)			\$9,500.00								
C. Total Funds Available (Sum of Lines A and B)			\$124,982.61								
D. Total Expenditures (From Schedule III)			\$4,311.30								
E. Ending Cash Balance (Subtract Line D from Line C)			\$120,671.31								
F. Value of In-Kind Contributions Received (From Schedule II)			\$0.00								
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 of Person Submitting Report  Printed Name Chris L. Bullock Area Code: 215 Daytime Telephone Number: 239 4003							
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 of Person Submitting Report  Printed Name Donna Bullock Area Code: 732 Daytime Telephone Number: 910 3613							
My commission expires _____ MO. _____ DAY _____ YR.											



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

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Unsworn Statement 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), 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				
Friends of Donna Bullock				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input checked="" type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd 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 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

Part I - 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 foregoing is true and correct.


Signature of Treasurer, Candidate, or Lobbyist

6/17/2021
Date (DD/MM/YYYY)

Chris L. Bullock, Jr.
Printed Name

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



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

Part 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 foregoing is true and correct.

D Bullock
Signature of Treasurer, Candidate, or Lobbyist

6/17/2021
Date (DD/MM/YYYY)

Donna Bullock
Printed Name

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

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: 20150218		Report Filed By:	Candidate ¹ <input type="checkbox"/>	Committee ² <input checked="" type="checkbox"/>	Lobbyist ³ <input type="checkbox"/>						
Name of Filing Committee, Candidate or Lobbyist: Friends of Donna Bullock											
Street Address: PO Box 58921											
City: Philadelphia			State: PA	Zip Code: 19102							
TYPE OF REPORT	6th Tuesday Pre-Primary	1. <input type="checkbox"/>	2nd Friday Pre-Primary	2. <input type="checkbox"/>	30 Day Post Primary	3. <input checked="" type="checkbox"/>	Amendment Report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	6th Tuesday Pre-Election	4. <input type="checkbox"/>	2nd Friday Pre-Election	5. <input type="checkbox"/>	30 Day Post Election	6. <input type="checkbox"/>	Termination Report?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Other	Annual Report	7. <input type="checkbox"/>	YEAR	2021							
Name of Office Sought by Candidate: Representative in the General Assembly			DATE OF ELECTION 11/02/2021	District Number: 195	Office Code: STH	Party Code: DEM	County Code: 51				
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				\$115,482.61							
B. Total Monetary Contributions and Receipts (From Schedule I)				\$9,500.00							
C. Total Funds Available (Sum of Lines A and B)				\$124,982.61							
D. Total Expenditures (From Schedule III)				\$4,311.30							
E. Ending Cash Balance (Subtract Line D from Line C)				\$120,671.31							
F. Value of In-Kind Contributions Received (From Schedule II)				\$0.00							
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 of Person Submitting Report _____ Printed Name _____							
Signature _____											
My commission expires _____ MO. _____ DAY _____ YR.				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 of Person Submitting Report _____ Printed Name _____							
Signature _____											
My commission expires _____ MO. _____ DAY _____ YR.				Area Code _____				Daytime Telephone Number _____			

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: 20150218		Report Filed By:	Candidate ^{1.} <input type="checkbox"/>	Committee ^{2.} <input type="checkbox"/>	Lobbyist ^{3.} <input type="checkbox"/>						
Name of Filing Committee, Candidate or Lobbyist: Friends of Donna Bullock											
Street Address:											
City:			State:	Zip Code:							
TYPE OF REPORT	6th Tuesday Pre-Primary	1. <input type="checkbox"/>	2nd Friday Pre-Primary	2. <input type="checkbox"/>	30 Day Post Primary	3. <input checked="" type="checkbox"/>	Amendment Report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	6th Tuesday Pre-Election	4. <input type="checkbox"/>	2nd Friday Pre-Election	5. <input type="checkbox"/>	30 Day Post Election	6. <input type="checkbox"/>	Termination Report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Other <input type="checkbox"/>	Annual Report	7. <input type="checkbox"/>	YEAR								
Name of Office Sought by Candidate: Representative in the General Assembly			DATE OF ELECTION	District Number:	Office Code:	Party Code::	County Code:				
Summary of Receipts and Expenditures		From Date	To Date	FOR OFFICE USE ONLY							
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)											
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 _____ day of _____ 20____				Signature of Person Submitting Report _____ Printed Name _____							
Signature _____											
My commission expires _____ MO. _____ DAY _____ YR.				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 of Person Submitting Report _____ Printed Name _____							
Signature _____											
My commission expires _____ MO. _____ DAY _____ YR.				Area Code _____				Daytime Telephone Number _____			

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number: 20150218

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the Reporting Period	(1)	\$185.00
--------------------------------	-----	----------

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND B)

Contributions Received from Political Committees (Part A)		\$250.00
All Other Contributions (Part B)		\$1,800.00
TOTAL for the Reporting Period	(2)	\$2,050.00

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

Contributions Received from Political Committees (Part C)		\$3,800.00
All Other Contributions (Part D)		\$3,465.00
TOTAL for the Reporting Period	(3)	\$7,265.00

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

TOTAL for the Reporting Period	(4)	\$0.00
--------------------------------	-----	--------

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from

Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)

\$9,500.00

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.

Filer Identification Number: 20150218						
Full Name of Contributing Committee IBC PAC			MO. 5	DAY 13	YEAR 2021	\$250.00
Mailing Address 1901 Market St						
City Philadelphia		State PA	Zip Code (Plus 4) 19103-1480			

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

PAGE TOTAL \$250.00

PART B

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.)

Filer Identification Number: 20150218						
Full Name of Contributor			MO.	DAY	YEAR	
Tom Ferrick			6	4	2021	\$200.00
Mailing Address						
745 S Warnock St						
City		State	Zip Code (Plus 4)			
Philadelphia		PA	19147-2728			
Full Name of Contributor			MO.	DAY	YEAR	
Mary Hurtig			5	26	2021	\$200.00
Mailing Address						
2353 Bryn Mawr Ave						
City		State	Zip Code (Plus 4)			
Philadelphia		PA	19131-2406			
Full Name of Contributor			MO.	DAY	YEAR	
Geni Klein			6	1	2021	\$100.00
Mailing Address						
2401 Pennsylvania Ave Apt 21C42						
City		State	Zip Code (Plus 4)			
Philadelphia		PA	19130-3009			
Full Name of Contributor			MO.	DAY	YEAR	
Noam Kugelmass			6	4	2021	\$250.00
Mailing Address						
2222 Wallace St						
City		State	Zip Code (Plus 4)			
Philadelphia		PA	19130-3126			
Full Name of Contributor			MO.	DAY	YEAR	
George Matysik			5	24	2021	\$100.00
Mailing Address						
3462 W Queen Ln						
City		State	Zip Code (Plus 4)			
Philadelphia		PA	19129-1441			
Full Name of Contributor			MO.	DAY	YEAR	
Daniel Muroff			6	4	2021	\$100.00
Mailing Address						
PO Box 1215						
City		State	Zip Code (Plus 4)			
Media		PA	19063-8215			
Full Name of Contributor			MO.	DAY	YEAR	
Joseph Quinones			6	4	2021	\$250.00
Mailing Address						
3429 W Clearfield St						
City		State	Zip Code (Plus 4)			
Philadelphia		PA	19132-1821			
Full Name of Contributor			MO.	DAY	YEAR	
Blane Stoddart			6	6	2021	\$250.00
Mailing Address						
PO Box 574						
City		State	Zip Code (Plus 4)			
Wynnewood		PA	19096-0574			

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

PAGE TOTAL

\$1,450.00

PART B

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.)

Filer Identification Number: 20150218					
Full Name of Contributor David Waxman		MO. 6	DAY 3	YEAR 2021	\$250.00
Mailing Address 526 S Sydbury Ln					
City Wynnewood	State PA	Zip Code (Plus 4) 19096-1229			
Full Name of Contributor Meg Wise		MO. 6	DAY 4	YEAR 2021	\$100.00
Mailing Address 3315 Baring St					
City Philadelphia	State PA	Zip Code (Plus 4) 19104-2528			

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

PAGE TOTAL

\$350.00

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.

Filer Identification Number: 20150218					
Full Name of Contributing Committee Democracy Fund		MO. 5	DAY 28	YEAR 2021	\$1,000.00
Mailing Address 208 N 3rd St					
City Harrisburg		State PA	Zip Code (Plus 4) 17101-1512		
Full Name of Contributing Committee Duquesne Light Company PAC		MO. 5	DAY 5	YEAR 2021	\$500.00
Mailing Address 411 7th Ave Fl 7					
City Pittsburgh		State PA	Zip Code (Plus 4) 15219-1919		
Full Name of Contributing Committee Malady & Wooten PAC		MO. 5	DAY 28	YEAR 2021	\$500.00
Mailing Address 604 N 3rd					
City Harrisburg		State PA	Zip Code (Plus 4) 17102		
Full Name of Contributing Committee McNees PAC		MO. 5	DAY 28	YEAR 2021	\$500.00
Mailing Address PO Box 1166					
City Harrisburg		State PA	Zip Code (Plus 4) 17108-1166		
Full Name of Contributing Committee PA PT PAC		MO. 5	DAY 28	YEAR 2021	\$300.00
Mailing Address 2400 Ardmore Blvd Ste 302					
City Pittsburgh		State PA	Zip Code (Plus 4) 15221-5299		
Full Name of Contributing Committee Z PAC Pennsylvania Society of Anesthesiologist Political Action		MO. 5	DAY 28	YEAR 2021	\$1,000.00
Mailing Address 50 S Providence Rd					
City Media		State PA	Zip Code (Plus 4) 19063-3531		

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

PAGE TOTAL

\$3,800.00

All Other Contributions OVER \$250.00

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

(Exclude contributions from Political Committees reported in Part C)

Filer Identification Number: 20150218			
Full Name of Contributor Darnetta Arce		MO. DAY YEAR 6 5 2021	\$600.00
Mailing Address 2414 Sharswood St			
City Philadelphia	State PA	Zip Code (Plus 4) 19121-3811	
Employer Name Brewerytown Sharswood Community Civic Association		Occupation Executive Director	
Employer Mailing Address/Principal Place of Business 2414 Sharswood St Philadelphia, PA 19121-3811			
Full Name of Contributor Patricia Freeland		MO. DAY YEAR 5 6 2021	\$500.00
Mailing Address 601 N 17th St Ste 1			
City Philadelphia	State PA	Zip Code (Plus 4) 19130-2154	
Employer Name Spring Garden CDC		Occupation Attorney	
Employer Mailing Address/Principal Place of Business 601 N 17th St Ste 1 Philadelphia, PA 19130-2154			
Full Name of Contributor Jacob Gantz		MO. DAY YEAR 5 30 2021	\$500.00
Mailing Address 4602 Baltimore Ave			
City Philadelphia	State PA	Zip Code (Plus 4) 19143-6604	
Employer Name Baer Crossey McDemus		Occupation Attorney	
Employer Mailing Address/Principal Place of Business 4602 Baltimore Ave Philadelphia, PA 19143-6604			
Full Name of Contributor Laura Solomon		MO. DAY YEAR 6 4 2021	\$500.00
Mailing Address 1400 Knox Rd			
City Wynnewood	State PA	Zip Code (Plus 4) 19096-2442	
Employer Name Laura Solomon and Associates		Occupation attorney	
Employer Mailing Address/Principal Place of Business 121 Sibley Ave Ardmore, PA 19003-2311			
Full Name of Contributor Patricia Thomas		MO. DAY YEAR 5 18 2021	\$1,000.00
Mailing Address 1909 N 32nd St			
City Philadelphia	State PA	Zip Code (Plus 4) 19121-1705	
Employer Name Retired		Occupation MHP	
Employer Mailing Address/Principal Place of Business 1909 N 32nd St Philadelphia, PA 19121-1705			

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

PAGE TOTAL

\$3,100.00

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)

Filer Identification Number: 20150218					
Full Name of Contributor CALVIN M WILLIAMS		MO.	DAY	YEAR	\$365.00
		6	5	2021	
Mailing Address 1814 N Natrona St					
City Philadelphia		State PA	Zip Code (Plus 4) 19121-2414		
Employer Name Retired			Occupation Retired		
Employer Mailing Address/Principal Place of Business 1814 N Natrona St Philadelphia, PA 19121-2414					

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

PAGE TOTAL

\$365.00

In-Kind Contributions And Valuable Things ReceivedUSE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD

Detailed Summary Page

Filer Identification Number: 20150218

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) \$0.00

**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.)

\$0.00

Statement of Expenditures

Filer Identification Number: 20150218			
To Whom Paid ActBlue		MO. DAY YEAR 5 5 2021	\$6.76
Mailing Address 366 Summer St			
City Somerville	State MA	Zip Code (Plus 4) 02144-3132	
Description of Expenditure financial services, april 2021 processing fee			
To Whom Paid ActBlue		MO. DAY YEAR 5 11 2021	\$15.47
Mailing Address 366 Summer St			
City Somerville	State MA	Zip Code (Plus 4) 02144-3132	
Description of Expenditure financial services, april 2021 fee			
To Whom Paid ActBlue		MO. DAY YEAR 6 3 2021	\$42.91
Mailing Address 366 Summer St			
City Somerville	State MA	Zip Code (Plus 4) 02144-3132	
Description of Expenditure financial services, may 2021 fee			
To Whom Paid Chocolatier		MO. DAY YEAR 6 7 2021	\$140.00
Mailing Address 800 Park Blvd			
City Hershey	State PA	Zip Code (Plus 4) 17033	
Description of Expenditure conference dinner			
To Whom Paid Princeton Strategies		MO. DAY YEAR 5 17 2021	\$3,000.00
Mailing Address 1500 Walnut St			
City Philadelphia	State PA	Zip Code (Plus 4) 19102-3603	
Description of Expenditure fundraising consultant			
To Whom Paid The Hotel Hershey Harvest		MO. DAY YEAR 6 5 2021	\$220.38
Mailing Address 100 Hotel Rd			
City Hershey	State PA	Zip Code (Plus 4) 17033-9507	
Description of Expenditure conference dinner			

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

PAGE TOTAL

\$3,425.52

Statement of Expenditures

Filer Identification Number: 20150218						
To Whom Paid The Hotel Hershey			MO.	DAY	YEAR	\$885.78
			6	7	2021	
Mailing Address 100 Hotel Rd						
City Hershey		State PA	Zip Code (Plus 4) 17033-9507			
Description of Expenditure conference hotel						

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

PAGE TOTAL

\$885.78