Commonwealth of Pennsylvania

### CAMPAIGN FINANCE REPORT

PAGE 1 OF (COVER PAGE)

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

	_	may be typed or printed.	common months		Z	=
Filer Identification Number:	Report Filed By:	CAMPEDATE 1.	COMM		LOBBYIST 3.	
Name of Filing Committee, Candidate or Lobbyist:  HIGGINS CALCIFEARSUD FUR UPPE  Street Address:	R PROY	/		<b>4</b> -		
Street Address: 300 WillowBROOKE LANE	,					
City: Royensford		State:	Zip Cod	1946	F-	
TYPE OF STH TUESDAY 1. 2ND FRIDA	000000000000 <b>% Y</b>	30 DAY POST PRIMARY	AMENDA REPORT		S NO	
REPURT STREETIGN 4. 2ND-FRIDA	20000000000000	30 DAY 6. POST ELECTION	TERMIN REPORT	· · · · · · · · · · · · · · · · · · ·	s NG	
(place X to the right of report type)  7. YEAR REPORT	•	FILING METHOD (A/) ERECK GINE	РДР	B.	EHSKETTE	
Name of Office Sought by Candidate:		DATE OF ELECTION	Number	Office Code	Party County Code Code	
				(SEE INSTR	RUCTIONS FOR CODE	ES)
				OF SEEDS	E USE ONLY	****
MO DAY YE	AR	MO DAY YEAR		VID COLUMN	COCONCI	****
Summary of Receipts and Expenditures from:		11 7				
A. Amount Brought Forward From Last Report	\$	\$	-	201	RECEIVE	
B. Total Monetary Contributions and Receipts (From Sche	edule I) \$	1850,00	77 (		忍	
C. Total Funds Available (Sum of Lines A and B)	\$	1850,00			RECEIVED	
D. Total Expenditures (From Schedule III)	\$	349,45				
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1500.55		<b></b> _		
F. Value of In-Kind Contributions Received (From Sched	iule II) \$	\$	المنتقل المنتق	ES N	<b>&gt;</b>	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	1480.82		G		
PART   — If this is a Committee report freasition sign.	AFFIDAVIT		candidate	sien here		
I swear (or affirm) that this report, including the attached schedu correct and complete.					dge and belief true,	•
Sworn to and subscribed before me this	ه					
	177	Chant	1-0	7/	Maria de la companya	_
Eileen & Staaliar	w	Signature  Signature	of Person S	Submitting R	eport	_
Signature Signature	9 1	610	Printed Na	ame 1550/	· 7	-
My commission expires MO. DAY YR.	<u> </u>	Area Code			ephone Number	_
PART II - If this is a report of a Candidate's Authoriza	A STATE OF THE STA	ttee, candidate stall sign ARIAN-SITAL: has not violated		one of all a	et of line 2 4007	
(P.L. 1333, No. 320) as amended.	LEEN E. STA	GLIANO, Notary Public	any provisi	JIS OF THE A	or June 3, 193/	
		Montgomery Co., PA n Expires June 3, 2019				
day of20	·——T	Si	gnature of C	andidate		-
	}				****	
Signature			Printed N	ame .	- · <del>-</del>	
My commission expires	<u> </u>	Area Code		Daytime Tele	ephone Number	

#### SCHEDULE I

PAGE 2 OF \_\_\_\_

# CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate HIGGINSCALCIFETARSON FOR UPPER PROV	Reporting Per From 4,5	iod 7.17	10 4.30,17
1 UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CON	RIBUTTOR	
TOTAL for the Reporting Period	(1)	\$ \$	
2 CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART			
	<b>B</b> )		
Contributions Received from Political Committees (Part A)		\$ \$\phi\$	
All Other Contributions (Part B)	<u></u>	\$ 700	,00
TOTAL for the Reporting Period	(2)	\$ 700	, 80
3 CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)			
Contributions Received from Political Committees (Part C)		\$ &	
All Other Contributions (Part D)		\$ //5	0.60
TOTAL for the Reporting Period	(3)	\$ 1//5	0.00
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	ECKS, ETC	: (FROM I	'ART E)
TOTAL for the Reporting Period	(4)	\$ 185	66.6
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.)		<b>\$</b>  85	0,00
		*#C	

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#### PART A

# CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate H166 INS CALCITEARSON A	TIR UPPER Proy	Reporting Period From 4,802	017 % 4.30,2017
		DATE	AMOUNT
Full Name of Contributing Committee		MID DAY YEAR	<b>\$</b>
Mailing Address		MO DAY YEAR	\$
City	State Zip Code (Plus 4)	MEG DAY YEAR	\$
Full Name of Contributing Committee		MG DAY YEAR	\$
Mailing Address		MO DAY YEAR	\$
City	State Zip Code (Plus 4)	AMO DAY YEAR	\$
Full Name of Contributing Committee		MG DAY YEAR	\$
Mailing Address		MD DAY YEAR	\$
City	State Zip Code (Flus 4)	MED DAY YEAR	\$
Full Name of Contributing Committee	70	MG. DAY YEAR	\$
Mailing Address		MO DAY YEAR	\$
City	State Zip Code (Plus 4)	MQ DAY YEAR	\$
Full Name of Contributing Committee		MO DAY YEAR	\$
Mailing Address		MO DAY YEAR	\$
City	State Zip Code (Plus 4)	MQ DAY YEAR	\$
Full Name of Contributing Committee		MG DAY YEAR	\$
Mailing Address		MG DAY YEAR	\$
City	State Zip Code (Plus 4)	MG DAY YEAR	\$
Full Name of Contributing Committee		MG DAY YEAR	\$
Mailing Address	Casto I Zin Cado (Rius A)	MQ DAX YEAR	\$
City	State Zip Code (Plus 4)	MO DAY YEAR	\$
Full Name of Contributing Committee  Mailing Address		MG DAY YEAR	\$
City	State Zip Code (Plus 4)	MED DAY YEAR	\$
Oity	_	NU. DAT TEAR	\$ PAGE TOTAL
Enter Grand Total of Part A on Sched	dule I, Detailed Summa	ry Page, Section 2.	\$ D

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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.)

Hi66INSCALGIPEARSON	RK	UPPER PRIX		From	4.8.17	To 5,220/7
				DATE		AMOUNT
Full Name of Contributor HEZENE CALCI Mailing Address			14 4	8	2017	\$ 200.00
300 WILLOWBROOKE LAN			MO	DAY	YEAR	\$
City Royans GAD	State	Zip Code (Plus 4) 19468	MO	DAY	YEAR	\$
Full Name of Contributor PEANSON  Mailing Address  A 2 4 6 1	-		**************************************	8	ZO17	\$ 250.00
266 HRCOIA RO			MO.	DAY	YEAR	\$
CollEGEVILLE	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Full Name of Contributor LAURIE H661ACS Mailing Address			мо. 4	DAY 18	2017	\$ 250.00
Mailing Address 101 A COMA LANE			MG	DAY	YEAR	\$
CollEGEVILLE	State	Zip Code (Plus 4) 19426	845	ĐAY	YEAR	\$
Full Name of Contributor			<b>MD</b> .	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mo	DAY	YEAR	\$
Full Name of Contributor			MC.	DAY	YEAR	\$
Mailing Address			<b>M</b> O.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MG	DAY	VEAR.	\$
Full Name of Contributor	<u> </u>		SSS MIG.SS	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
Full Name of Contributor	1		MO.	DAY	YEAR	\$
Mailing Address			MG	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mici	DAY	YEAR	\$
Full Name of Contributor	<u> </u>		MQ.	ÇAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	Mio	DAY	YEAR	\$
<del></del>			<u> </u>	<del>. !</del>		PAGE TOTAL

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

\$ 700.00

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#### 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 Pe	
HIGGINS CALCIPERALSON FOR	offer from	From <u>4.1</u>	F. 2017 To 4302017
		DATE	AMOUNT
Full Name of Contributing Committee			2017 \$ 500 to
Mailing Address			XEAR \$
266 ARCOLA Rd	e   Zip Code (Plus 4)	MC DAY	YEAR .
WilegevillE KA	19426		\$
Full Name of Contributing Committee  HEVENE (A) G  Mailing Address			\$ 350.60
Mailing Address		·	SEAR \$
300 WIllowprooks LANE  City Royens fond  Siat  PA	e Zip Code (Plus 4)	MG CAY	YEAR .
	19426-		\$
Full Name of Contributing Committee  AURIE H661MS  Mailing Address			\$ 300,0°
Mailing Address			
City 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e   Zip Code (Plus 4)		\$
Mailing Address 10/ ACOMA LANTS  City Colleguille A	19426	MO DAY	\$
Full Name of Contributing Committee		MO DAY	S \$
Mailing Address		AMC DAY	YEAR
City     Stat	e Zip Code (Plus 4)		\$
Stat	e Zip Code (Fius 4)	MD DAY	\$
Full Name of Contributing Committee		MG. DAY	YEAR \$
Mailing Address		Mil DAY	YEAR (I
City Stat	e   Zip Code (Plus 4)		\$
State	Zip Code (Flus 4/	MG DAY	\$
Full Name of Contributing Committee		AGC DAY	YEAR \$
Mailing Address		MG. DAY	
			\$
City	e Zip Code (Plus 4)	MO. DAY	\$
Full Name of Contributing Committee		MO DAY	YEAR
Mailing Address		MO DAY	\$ XEAR
			\$
City State	e Zip Code (Plus 4)	MG CAY	\$
Full Name of Contributing Committee		SAIG DAY	*EAR
Mailing Address		NAC CIAY	YEAR
			\$
City	Zip Code (Plus 4)	BEG DAY	\$
		<u> </u>	PAGE TOTAL

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

\$ 1156,00

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## ALL OTHER CONTRIBUTIONS

OVER \$250.00

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

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

Name of Filing Committee or Candidate		Reporting Period	
Hi66MSCAlcilences for	OPBAPIN	From 4,8,17	7 то 4,35.17
		DATE	AMOUNT
Full Name of Contributor		MG DAY YEAR	\$
Mailing Address		MO. DAY YEAR	\$
City	State Zip Code (Plus 4)	MG, DAY YEAR	\$
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor		MO DAY YEAR	\$
Mailing Address		MG. DAY YEAR	\$
City	State Zip Code (Plus 4)	MO. DAY YEAR	\$
Employer Name		Occupation	-
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor	·	MG. DAY YEAR	\$
Mailing Address		MC. DAY YEAR	\$
City	State Zip Code (Plus 4)	140 DAY YEAR	\$
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor		MQ DAY YEAR	\$
Mailing Address		SAC. DAY YEAH	\$
City	State Zip Code (Plus 4)	56Q DAY YEAR	\$
Employer Name		Occupation	
Employer Mailing Address/Principal Place of Business			
Full Name of Contributor		MG DAY YEAR	\$
Mailing Address		MO GAY YEAR	\$
City	State Zip Code (Plus 4)	MAC DAY YEAR	\$
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

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# PART E OTHER RECEIPTS

#### REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

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

HIGGINS CALCIFOARSW	for ofto	R Prox.	From <u>J</u>	18,2017 To 4.	30.2017
Full Name					
Mailing Address				<del></del>	
City	State	Zip Code (Plus 4)	MEG DAY	Sysas::: Amount \$	
Receipt Description	<del> </del>	<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Full Name				W	
Mailing Address	, <del> </del>				
City	State	Zip Code (Plus 4)	M6	WEAR Amount	
Receipt Description				\$	
Full Name					
Mailing Address					
_					
City	State	Zip Code (Plus 4)	MG. DAY	YEAR Amount \$	
Receipt Description					
Full Name				_	
Mailing Address		···			
City	State	Zip Code (Plus 4)	BRG DAY		
Receipt Description		·····		\$	
Fuli Name					
Mailing Address					
City	State	Zip Code (Plus 4)	MO DAY	YEAR Amount	
Receipt Description					
Full Name	<del></del>				
Mailing Address				<del>, , , , , , , , , , , , , , , , , , , </del>	
City	State	Zip Code (Plus 4)	MC DAY	YEAR AMOUNT	<del></del>
Receipt Description				\$	
necespt Description					
				PAGE TOTAL	

PAGE TOTAL

#### SCHEDULE II

PAGE OF

# 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 HIGGINS (ALC) PEARSON	FOR OPPER PROX.	Reporting Peri	iod <i>5:2017</i> то	4.30.2017
: UNITEMIZED IN-KIND CONTRIBU	TIONS RECEIVED - VALUE OF	\$50.00 OR L	ESS PER C	ONTRIBUTOR
	TOTAL for the Reporting Perio	od (1)	\$ 8	<u> </u>
			7	
2 IN-KIND CONTRIBUTIONS RECEI	VED - VALUE OF \$50.01 TO \$2	50.00 (FROM	PART F)	
	TOTAL for the Reporting Perio	od (2)	\$ Ø	
3. IN-KIND CONTRIBUTION RECEIV	ED - VALUE OVER \$250.00 (FR	OM PART G	l	
	TOTAL for the Reporting Perio	od (3)	\$ Z	5
TOTAL VALUE OF IN-KIND CONTRI REPORTING PERIOD (Add and enter and 3; also enter on Page 1, Report	amount totals from Boxes 1, 2,		\$ \$	,

AGE	UH	

#### SCHEDULE II PART F

# IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate HIGGINS CAICIFUNDON FOR	HEX	- Prox	Reporting From	Period 4,8,00	17 To 4.30 2017
			DATE		AMOUNT
Full Name of Contributor			MG DAY	OYEAS:	\$
Mailing Address			MG DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ PAY	YEAR	\$
Description of Contribution:					
Full Name of Contributor	<del></del>		MO DAY	YEAR	\$
Mailing Address	· · · · · · · · · · · · · · · · · · ·		MG. CAY	YEAR	\$
City	State	Zip Code (Plus 4) -	MG, DAY	YEAR	\$
Description of Contribution:					
Full Name of Contributor		<del></del>	MG. DAY	YEAR	\$
Mailing Address			MO DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ DAY	YEAR	\$
Description of Contribution:					
Full Name of Contributor			MG. DAY	X EAS	\$
Mailing Address			MO CAY	YEAR	\$
City	State	Zip Code (Plus 4)	NG DA	YEAR	\$
Description of Contribution:					
Full Name of Contributor			MG DAY	YEAR	\$
Mailing Address			24(9)	/EAR	\$
City	State	Zip Code (Plus 4)	MU DAY	HABY	\$
Description of Contribution:					
Full Name of Contributor			MG. DAY	YEAR	\$
Mailing Address			MG DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MC DAY	YEAR	\$
Description of Contribution:					
Enter Grand Total of Part F on Sche Summary Page, Section 2.	dule II,	In-Kind Contribu	tions Detailed		PAGE TOTAL \$

# SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		^		Reporting	Period		
Name of Filing Committee or Candidate H166 NS CA19 CARSON TOL	. OPI	CX Proy		From 9	1. Y. 201	2 то4 <u>30.201</u>	
, if				DATE		AMOUNT	
Full Name of Contributor			MG	DAY	YEAR	\$	
Mailing Address			MC	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	\$6.C	₽AY	YEAR	\$	
Employer of Contributor	<u> </u>		Occupat	ion			
Employer Mailing Address/Principal Place of Business			Description of Contribution				
Full Name of Contributor			MG	DAY	YEAR	\$	
Mailing Address			MEG	DAY	YEAR	-\$	
City	State	Zip Code (Plus 4)	SOM C	DAY	YEAR	\$	
Employer of Contributor			Occupat	ion			
Employer Mailing Address/Principal Place of Business		· · · · · · · · · · · · · · · · · · ·	Descrip	tion of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			845	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MG.	DAY	YEAR	\$	
Employer of Contributor	<u> </u>		Occupat	ion	L1		
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution		
Full Name of Contributor			<b>34</b> 10.	DAY	YEAR	\$	
Mailing Address			340.	DAY	EAR	\$	
City	State	Zip Code (Plus 4)	\$40	DAY	YEAR	\$	
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business			Description of Contribution				
			MG.	i BAY	YEAR		
Full Name of Contributor	-					\$	
Mailing Address			#4C.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business		The state of the s	Descrip	tion of Cor	tribution		
						PAGE TOTAL	

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

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#### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate  H166 INS CALCI REVALSIVE FIRE MA	/DL 1	PAN	Reporting Period From 4,8,20	17 To 4,342017
11/04/18 4/00/19/11/2017		<i>207</i>		
To Whom Paid VISTA PRINT - CIMP	RE	SS USA	4 19 2617	Amount \$ 149,45
Mailing Address 275 WYMAW AVE			Description of Expenditure DOOL HANGOIS	
City	State MA	Zip Code (Plus 4)	• •	
To Whom Paid EFTPS			MO. DAY YEAR 4 8 2017	Amount \$ 200,80
Mailing Address WER PURCHASE			Description of Expenditure	
City	State	Zip Code (Plus 4) —		
To Whom Paid			MG DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MG DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid	-		BAG SIAT YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MIG DAY YEAR	Amount \$
Mailing Address		·	Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid			MG DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4) -		
To Whom Paid			MC DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
			1	PAGE TOTAL

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

\* 349,45

PAGE	OF	

# SCHEDULE IV STATEMENT OF UNPAID DEBTS

Use this Secton to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Filing Committee or Candidate			Reporting	Period	
HIGGINS CALCIFORMSON FOR OFFICK,	nov.		From _/	1.8.20	17 то 4,30.2017
		<u>_</u>			
Name of Creditor CAPITOL PROMOTIONS				_	Outstanding Balance of Deb
CATTIE TROMOTIONS	DATE	100000000000000000000000000000000000000			\$ 1480.82
Mailing Address P.O. BOX 23/	DEBT INCURRED	\$45 4	DAY 21	SEAR 2017	
	INCORRED	State	Zip Code	(Plus 4)	
GLENSIDE		8A	1903	50'	
CANDIDATE SIGNS AND WIRE	FRANKS				
	1717/20				Outstanding Polony of Dah
Name of Creditor					Outstanding Balance of Deb \$
Mailing Address	DATE DEBT	MG	CAY	YEAR	
City	INCURRED	State	Zip Code	(Disco 4)	
ony .		State	Zip Code	Trius 4/	
Description of Debt				<del></del>	
Name of Creditor					Outstanding Balance of Deb
Mailing Address	DATE	MG.	DAY	YEAR	\$
	DEBT INCURRED	**********			
City		State	Zip Code	(Plus 4)	
Description of Daha					
Description of Debt					
Name of Creditor			<del>- 1 - 1 - 1 - 1</del>		Outstanding Balance of Del
				-	\$
Mailing Address	DATE	MG	CAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
	<u> </u>				
Description of Debt					
Name of Creditor					Outstanding Balance of Del
Mailing Address	DATE	MG	DAY	YEAR	
	DEBT INCURRED				
City		State	Zip Code	(Plus 4)	
Description of Debt		<u> </u>			
Name of Creditor					Outstanding Balance of Del
Mailing Address	DATE	1			\$
maring Address	DEBT INCURRED	MG	DAY	YEAR	1
City	IMPANIED	State	Zip Code	(Plus 4)	
Description of Daha				<u> </u>	
Description of Debt					
					PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Re	port Cover F	oage.	ltem G		\$ 1480.82
and want to a dispare Dobto on tago if the		-3~,	🔾.		# 1700,UZ