CAMPAIGN FINANCE REPORT Name and Address of Filing Candidate or Committee Lehigh County Tax Facts Name: 987 Postal Rd Address: Allentown PA 18109 City, State, Zip: Report Filed By Committee Candidate Type of Report **Election Date** Amended **Termination** 2015 - 2nd Friday Pre-Primary 05/19/2015 **Termination Report?** Office Sought By Candidate County **Party** Lehigh Summary of Receipts & Expenditures 05/04/2015 01/01/2015 To: From: A. Amount Brought Forward From Last Report 35,000.00 B. Total Monetary Contributions & Receipts (from Schedule I) 0.00 C. Total Funds Available (Sum of Lines A & B) 35,000.00 25.315.00 D. Total Expenditures (from Schedule III) 9,685.00 E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (from Schedule II) 0.00 0.00G. Unpaid Debts & Obligations (from Schedule IV)

^{*}Complete reports including signatures are on file in the Office of Voter Registration.

SCHEDULE I

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate Reporting From | Period /// | 15 | TO 5/4/15 |
|---|--|--|-----------|
| | | | |
| 1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS PER CO | NTR | IBUTOF | |
| TOTAL for the Reporting Period (| (1) | \$ | -0- |
| TO MORA DO PROMINANT A AND DART D | ************************************** | | |
| 2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B) | | V 1 | Table 1 |
| Contributions Received from Political Committees (Part A) | | \$ | |
| All Other Contributions (Part B) | | \$ | ! |
| TOTAL for the Reporting Period (| (2) | \$ | -0- |
| | | | |
| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D) | | The second secon | |
| Contributions Received from Political Committees (Part C) | | \$ | |
| All Other Contributions (Part D) | 1 | \$ | |
| TOTAL for the Reporting Period (3 | 3) \$ | \$ | -0- |
| | | | |
| 4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, E | TC. | (FROM | PART E |
| TOTAL for the Reporting Period (4 | 4) 5 | \$ | -0- |
| | | | |
| 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.) | : | \$. | - D - |

Reporting Perjod,

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

| Lehzh County Ta | x Fo | ichs | | From _ | 1/1/ | <u>5</u> To _ | 5/4/15 |
|-------------------------------------|---|--|-------|---------|-------|----------------------------|----------------------------------|
| | | | | DATE | | A | MOUNT |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ | -0- |
| Mailing Address | A. 1 | | MO, | DAY | YEAR | \$ | 1 |
| City | State | Zip Code (Plus 4) | - мо. | DAY | YEAR | \$ | |
| Full Name of Contributing Committee | | The Control of the Co | Mo. | DAY | YEAR | \$ | |
| Mailing Address | | | мо. | DAY | YEAR | \$ | |
| City | State | Zip Code (Plus 4) | мо. | - DAY | YEAR | \$ | |
| Full Name of Contributing Committee | | | Mo. | DAY | YEAR | \$ | |
| Mailing Address | | | - мо. | DAY | YEAR | \$ | 1 |
| 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 | | | ∴ мо, | DAY | YEAR | \$ | |
| Mailing Address | | | мо. | 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 | | | мо. | 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) — | мо. | DAY | YEAR | s — | |
| Enter Grand Total of Part A on Sche | dule I, | Detailed Summary | Page, | Section | 2. | PAGE TOTA \$ ~ <i>₾</i> | AL - |
| FD FAA 15 AA | | | | | ı. | in a mesticonición apocz | was Park See See And See Andrews |

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 | \sim | Λ | | Reporting | , , | | 1 |
|---------------------------------------|---------|------------------------|---------|-----------|---------|------------|-------------------------------------|
| Lohrgh County Tax | ra | ets | لسجح | From _ | 1/1/1 | 5 to 5/ | Contraction contraction |
| Full Name of Contributor | | | MO. | DATE | -I VCAG | AMO | דאט |
| | | | Tho. | DAY | YEAR | \$ ~ | 0 - |
| Mailing Address | | | мо. | DAY | YEAR | \$ | |
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| Full Name of Contributor | | | Mo. | DAY | YEAR | \$ | |
| Mailing Address | | | MO. | DAY | YEAR | \$ | - |
| City | State | Zip Code (Plus 4) | Mo. | DAY | YEAR | \$ | |
| Full Name of Contributor | | | MO. | DAY | YEAR | | |
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| Mailing Address | | | MO. | DAY | YEAR | \$ | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | \$ | |
| Full Name of Contributor | | | Mo. | DAY | YEAR | \$ | |
| Mailing Address | | | MO. | DAY | YEAR | \$ | |
| City | State | Zip Code (Plus 4) | Mo. | DAY | YEAR | \$ | |
| Full Name of Contributor | اسسطه | | - MO. | DAY | YEAR | \$ | |
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| Full Name of Contributor | | | Mo. | I TOXY | YEAR | \$ | |
| | | | hiv. | -Vol | -IEAN | \$ | |
| Mailing Address | | | МО. | DAY | YEAR | \$ | |
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| Malling Address | | | - Mo. | DAY- | YEAR | \$ | |
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| Full Name of Contributor | 1 | | Mo. | DAY | YEAR | \$ | |
| Mailing Address | | | Mo. | DAY | YEAR | \$ | |
| City | State | Zip Code (Plus 4) | Mo. | DAY | YEAR | \$ | |
| | A | | L | | | PAGE TOTAL | 8672 <u>5</u> 06 - 674726 85 85 866 |
| Enter Grand Total of Part B on Sched | dule I, | Detailed Summary | / Page, | Section | 12. | \$ ~ 0 | - |
| | | | | | | 4 | |

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 Candid | e lax | Facts | I R | rom _ | , , | <u>5</u> To <u>5</u> | /4/15 |
|-------------------------------------|---|--|-----------|---------|--------|--|--------------|
| | | | | DATE | | | , , DUNT |
| Full Name of Contributing Committee | | | МО. | DAY | YEAR | | ව ~ |
| Malling Address | | | мо. | - DÂY | YEAR | \$ | 1 |
| City | State | Zip Code (Plus 4) | Мо. | DAY | YEAR | | |
| | | | | | | \$ | |
| Full Name of Contributing Committee | | | MO. | DAY | RABY | \$ | |
| Mailing Address | | | MO. | DAY | YEAR | \$ | |
| City | State | Zip Code (Plus 4) | * MO. | DAY | YEAR | | |
| | | _ | | | | \$ | · |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ | |
| Mailing Address | | | мо, | DAY | YEAR | \$ | |
| City | State | Zip Code (Plus 4) | MO. | DAY | YEAR | œ | |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | \$ | |
| | | | | | 1520 | \$ | |
| Mailing Address | | | MO. | DAY | YEAR | \$ | |
| City | State | Zip Code (Plus 4) | мо, | DAY. | YEAR- | \$ | |
| Full Name of Contributing Committee | | | MO. | DAY | YEAR | AN CONTRACTOR OF THE CONTRACTO | |
| Mailing Address | | | | DAY | VENA | \$ | |
| - | | | MO, | UAT | PEAR | \$ | |
| City | State | Zip Code (Plus 4) | - МО, | DAY | YEAR | \$ | |
| Full Name of Contributing Committee | | | - MO. | DAY | YEAR | Δ. | |
| Mailing Address | | | Mo. | DAY | YEAR | \$ | |
| | | | | | | \$ | |
| City | State | Zip Code (Plus 4) — | Mo. | DAY | YEAR | \$ | |
| Full Name of Contributing Committee | | - Parting take and a a st. of . (Santa | - MO. : | DAY | YEAR | \$ | |
| Malling Address | *************************************** | | Mo. | DAY | YEAR | | |
| Dity | State | Zip Code (Plus 4) | | | | \$ | |
| , | 0.0.0 | | MO. | DAY | YEAR | \$ | |
| ull Name of Contributing Committee | | | . MO:` | DAY | YEAR . | \$ | |
| Aailing Address | | | MO.= | DAY | YEAR | \$ | |
| Ity | State | Zip Code (Plus 4) | Mo. | DAY | YEAR | | |
| | | _ | | | | \$ | |
| | | _ | | | | PAGE TOTAL | |
| inter Grand Total of Part C o | n Schedule I, | Detailed Summary | / Page, S | Section | 13. | \$ -0 | > _ |

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 | | 1 0 % | | Reporting - | Period / | / | |
|--|--|--|------------|----------------|----------|------------|---|
| Lachtyle County 1 ax | ta | د ۲۲ | | From _ | <u> </u> | 15 to 5/4 | 4/15 |
| | | | | DATE | | AMOUN | JT . |
| Full Name of Contributor | | | - MO. | DAY | YEAR | \$ ~ C | > - |
| Mailing Address | <u> Andreas and an annual sectors and an annual sectors and an an annual sectors and an an</u> | | MO. | DAY | YEAR | \$ | www.ii |
| City | State | Zip Code (Plus 4) | Mo. | DAY | - YEAR | \$ | Name and Associated Association of the Association |
| Employer Name | | | Occupati | ion | <u></u> | 1 4 | |
| <u> </u> | | | | | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | _ мо. | DAY | YEAR | T. | |
| | | | | | | \$ | |
| Mailing Address | | | MO. | DAY | YEAR | \$ | |
| City | State | Zip Code (Plus 4) | Mo. | DAY | YEAR . | 1 | |
| | | | Casunat | <u></u> | | \$ | |
| Employer Name | | | Occupati | on | | , | İ |
| Employer Mailing Address/Principal Place of Business | | | | <u></u> | | | |
| | | | 7 10 | T 330 | 1 0040 | | 35,640,000,000 |
| Full Name of Contributor | | | МО. | DAY | YEAR | \$ | |
| Malling Address | | P | ···.MO. | DAY | YEAR | \$ | |
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| Employer Name | | I consideration of the second | Occupation | on | <u></u> | 1 | |
| Employer Malling Address/Principal Place of Business | | | | | | | - |
| Full Name of Contributor | | e de la companya de l | MO. | DAY | YEAR | \$ | |
| Mailing Address | | | мо. | DAY | YEAR | \$ | |
| City | State | Zip Code (Plus 4) | MO. | DAŸ | YEAR | \$ | |
| Employer Name | <u></u> | | Occupation | <u></u> | | P | |
| | | | 0000, | л. | | | |
| Employer Mailing Address/Principal Place of Business | | | | | | | |
| Full Name of Contributor | | | Мо | _ DAY- | YEAR | \$ | |
| Malling Address | | | Mo. | DÁY | YEAR | \$ | |
| City | State | Zip Code (Plus 4) | . мо. | DAY | YEAR | \$ | |
| Employer Name | | NB-9101799-Backston control co | Occupation | I | 1 | | |
| Employer Mailing Address/Principal Place of Business | | Application of the second seco | 1 | | | | |
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| Enter Grand Total of Part D on Sched | iule I, | Detailed Summary | y Page, | Section | n 3. | s - O | ~ |

DSEB-502 (7-99)

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.

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| ull Name | | | | an ann an Air an an Air an air an Air an | |
| ailing Address | | | | | |
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| eceipt Description | ٠ | | | | |
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| alling Address | | | | | |
| ty | State | Zip Code (Plus 4) | MO DAY | YEAR Am | ount |
| eceipt Description | | · | | \$ | |
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| il Name | | | | | |
| ailing Address | | | | | |
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| iling Address | | | | | |
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| | | | | | |

DSEB-502 (7-99)

SCHEDULE II

PAGE 8 OF 12

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 Lelizh County 10x Facts | Reporting Per From/ | , | To <u>5/4/</u> | 15 |
|--|-------------------------|--------|----------------|--|
| | | | | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$ | 50.00 OR L | ESS PE | R CONTRIBU | TOR |
| TOTAL for the Reporting Period | i (1) | \$ | -0- | |
| | affinence in the second | | | |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$25 | 0.00 (FRON | 1 PART | F)! | 4.00 |
| TOTAL for the Reporting Period | (2) | \$ | -0- | |
| | | | | |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO | M PART G | | | A Mariana Carana |
| TOTAL for the Reporting Period | (3) | \$ | -0- | |
| | | | | |
| 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- | |

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or C | | Reporting Perio | 1 1 1 |
|-------------------------------|--|-----------------|---------------|
| Lehigh Con | I Tax Facts | From _/ / / | 15 10 5/4/15 |
| | | DATE | AMOUNT |
| Full Name of Contributor | | - MO, DAY YE | \$ ~ ~ |
| Mailing Address | | MO. DAY YE | NR. |
| City | State Zip Code (Plus 4) | | \$ |
| | State Zip Code (Plus 4) | MO. DAY YEA | \$ |
| Description of Contribution: | | | |
| Full Name of Contributor | | | |
| | | MO. DAY YEA | \$ |
| Mailing Address | | MO. DAY YEA | R \$ |
| City | State Zip Code (Plus 4) | MO. DAY YEA | |
| | | MO. DAY YEA | * \$ |
| Description of Contribution: | | | |
| Full Name of Contributor | | MO. DAY YEA | |
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| full Name of Contributor | | MO DAY YEA | |
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| aning Adviess | | MO. DAY YEAR | \$ |
| ly | State Zip Code (Plus 4) | MO. DAY YEAR | |
| scription of Contribution: | _ | | \$ |
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| ter Grand Total of Book 5 | E on Cohadula II la III la III | | PAGE TOTAL |
| immary Page, Section 2. | F on Schedule II, In-Kind Contribu | utions Detailed | \$ -0- |
| | | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | Reporting Perjod | 1 |
|--|-----------------------------|---|
| Lahigh County Tax Facts | From _////5 To 5/L | 1/15 |
| | DATS AMOUN | T |
| Full Name of Contributor | MO. DAY YEAR \$ ~ 2 | _ |
| 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 | |
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| ter Grand Total of Part G on Schedule II, In-Kind Contributi mmary Page, Section 3. | ons Detailed | |
| -502 (7-99) | \$ -0- | |

SCHEDULE III

STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | ٨ | F | eporting | , , | |
|--|---------------------------------------|-------------------------------|----------------|------------|------------------------|--------------------|
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| J | | | 7 | | | a war and a second |
| To Whom Paid National Resea | red | . Dec | мо. 3 | DAY QG | YEAR /S | \$ /6,000.00 |
| Mailing Address 146 Shake High | سور | 34 | 1 / | on of Exp | enditure | Lehrah Court |
| City Holmdel | Sidio | Zip Code (Plus 4) 0 >> \ | | 1 | testa | |
| To Whom Paid | Y | ردران | MO. | DAY | YEAR | Amount, |
| Mailing Address / A C () | | · | Descripti | on of Exp | enditure | |
| city hehrale Valley R. | State | Zip Code (Plus 4) | | Hage | = tor | - mailers |
| Bethlehom | State | 18017-9026 | | rogi | | borne Mazzioti |
| To Whom Paid Postmaster | | | Vow Z | DAY: | YEAR 15 | \$ 4,612,50 |
| Mailing Address heligh Valle 12 | fail | o llit | . // | on of Exp | enditure | mailers |
| City Balleham | State | Zip Code (Plus 4) /801 | ىخ | 0 | In | Brown |
| To Whom Paid | | | MÖ. | / BAY | YEAB | Amount |
| Mailing Address | | | Descripti | on of Exp | enditure | \$ |
| City | State | Zip Code (Plus 4) | | | | |
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| To Whom Paid | | | MO. | DAY | YEAR | Amount \$ |
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| Mailing Address | | | Description | on of Expe | nditure | |
| City | State | Zip Code (Plus 4) | | | | |
| To Whom Paid | | | MO. | DAY | YE SR | Amount |
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| City | State | - 21p 0008 (1 100 4) | | | | |
| | e idicasas ser | | Salara Salarah | | rokus ostabet och atte | PAGE TOTAL |
| Enter Grand Total of Expenditures on Pag | je 1, i | Report Cover Pa | ige, Ite | m D. | | \$ 25,315.00 |

STATEMENT OF UNPAID DEBTS

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

| Mailing Address City State DAY VEAR INCURRED MO. DAY VEAR INCURRED DAY DAY INCURRED DAY INCURRED DAY DAY IN | Name of Creditor | | | Outstanding Ralance of D |
|--|--|---------------------|----------------------------------|--|
| Mailing Address City Description of Debt Name of Creditor State DATE INCURRED DAY State DATE INCURRED DAY State DATE INCURRED DAY State DATE INCURRED State DATE INCURRED State DATE INCURRED State DATE INCURRED State DATE INCURRED DATE INC | | | | Outstanding Balance of De |
| Description of Debt Name of Creditor Name of C | Mailing Address | DEST | MO. DAY ÝEA | |
| Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Assistant Companies DATE DEST DEST DEST DEST DEST DEST DEST DE | City | | State Zip Code (Plus | 4) |
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| Meiling Address DATE DEST INCURRED State Zip Code (Plus 4) Description of Debt State Zip Code (Plus 4) DATE DEST DEST DEST DEST DEST DEST DEST DE | Description of Debt | | | |
| Mailing Address DATE DEST MO. DAY YEAR DEST INCURRED State Zip Code (Plus 4) DATE DEST DEST DEST DEST DEST DEST DEST DE | Vame of Creditor | | | Outstanding Balance of De |
| DEST INCURRED State Zip Code (Pius 4) State Zip Code (Pius 4) DATE DEST MO. DAY YEAR State Zip Code (Pius 4) DATE DEST NCURRED State Zip Code (Pius 4) | | | | \$ |
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