



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. Date: 7/28/2026 2.a. Candidate or Committee Name: Christine Vertucci
- 2.b. If Committee, Name of Candidate: _____ 3. Election Date: 8/6/2026
4. Campaign Address: 1395 Round Hill Ln
City: Spring Hill State: TN Zip Code: 37174 Phone: _____
5. Candidate Home Address: 1395 Round Hill Ln
City: Spring Hill State: TN Zip Code: 37174 Phone: 3124983791
Candidate Email Address: christine@electchristinevertucci.com
6. Office Sought: (include district number, if applicable) County Commissioner - Dist 03
7. Name of Political Treasurer (may be candidate): Christine Vertucci
Political Treasurer Email Address: christine@electchristinevertucci.com
8. Category or Report: (check one)
☐ First Quarter ☐ Second Quarter ☐ Third Quarter ☐ Fourth Quarter ☐ Pre-Primary ☒ Pre-General
☐ Mid-Year Supplemental ☐ Year-End Supplemental ☐ Runoff Election
9. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
10. Detailed Disclosure: (Check one)
☒ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)
☐ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.
11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

Candidate Signature _____ Date _____ Political Treasurer Signature _____ Date _____
Witness Signature _____ Date _____ Witness Signature _____ Date _____

12. Summary:

a. Balance On Hand Last Report	\$ <u>\$1,364.01</u>
b. Total Receipts This Period	\$ <u>\$385.00</u>
c. Total Disbursements This Period	\$ <u>\$1,235.13</u>
d. Balance On Hand (12.a. plus 12.b. minus 12.c.)	\$ <u>\$513.88</u>
e. Total Loans Outstanding	\$ <u>\$50.00</u>
f. Total Obligations Outstanding	\$ <u>\$0.00</u>

SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: Christine Vertucci

14. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026

15. Receipts:

- a. Unitemized Contributions (\$100 or less from each source this period) \$ _____
(Note: Effective January 16, 2023, Unitemized Contributions are capped at \$2,000. See *Instructions* for more information.)
- b. Itemized Contributions (over \$100 from each source this period) \$ \$385.00
- c. Loans Received This Reporting Period..... \$ _____
- d. Interest Received This Reporting Period \$ _____
- e. Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) \$ \$385.00

16. Disbursements:

- a. Total Expenditures (other than loan payments)..... \$ \$1,235.13
(Note: Effective January 16, 2023, all expenditures must be itemized.)
- b. Loan Repayments Made This Period \$ _____
- c. Total Obligation Payments Made This Period..... \$ _____
- d. Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)..... \$ \$1,235.13

17. In-Kind Contributions:

- a. Unitemized In-Kind Contributions Received This Period \$ _____
- b. Itemized In-Kind Contributions Received This Period \$ _____
- c. Total In-Kind Contributions Received This Period \$ _____

18. Obligations:

- a. Total Obligations Outstanding (must be shown in item 12.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christine Vertucci
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Maria Middle Name: _____ Last Name: Campbell

Address: 577 Marigold Dr City: Franklin State: TN Zip Code: 37064

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$25.00 Date of Contribution: 7/1/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Edie Middle Name: _____ Last Name: Matykiewicz

Address: 2011 Trenton dr City: Spring hill State: TN Zip Code: 37174

Occupation: Teacher Employer: SCT workforce development

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$25.00 Date of Contribution: 7/11/2026 Aggregate This Election: \$ \$25.00

Business or Organization Name: _____ **OR**

First Name: Susan Middle Name: _____ Last Name: Lag

Address: 35 47th Avenue City: Bellwood State: IL Zip Code: 60104

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$50.00 Date of Contribution: 7/12/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Randall Middle Name: _____ Last Name: Lynn

Address: 1810 Covey Rise Ct. City: Spring Hill State: TN Zip Code: 37174

Occupation: Maintenance Employer: Williamson County School District

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$50.00 Date of Contribution: 7/12/2026 Aggregate This Election: \$ \$50.00

Total Contributions: \$ \$150.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christine Vertucci
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$150.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

First Name: Scott Middle Name: _____ Last Name: Chaivre

Address: 1086 Archibald Ave City: Fort Mill State: SC Zip Code: 29708

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$50.00 Date of Contribution: 7/13/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Pam Middle Name: _____ Last Name: Reese

Address: 317 Highland Ave City: Franklin State: TN Zip Code: 37064

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$100.00 Date of Contribution: 7/15/2026 Aggregate This Election: \$ \$150.00

Business or Organization Name: _____ **OR**

First Name: Christina Middle Name: _____ Last Name: Nathanson

Address: 8516 E Otero Circle City: Centennial State: CO Zip Code: 80112

Occupation: Not Employed Employer: Not Employed

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$50.00 Date of Contribution: 7/20/2026 Aggregate This Election: \$ \$50.00

Business or Organization Name: _____ **OR**

First Name: Cheryl Middle Name: _____ Last Name: Sachan

Address: 9115 Concord Hunt Circle City: Brentwood State: TN Zip Code: 37027

Occupation: Not employed Employer: Not employed

Contribution Received For: Primary Election ☒ General Election Runoff (Local Elections Only)

Amount of Contribution: \$ \$10.00 Date of Contribution: 7/21/2026 Aggregate This Election: \$ \$20.00

Total Contributions: \$ \$360.00

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: Christine Vertucci
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign contributions from preceding page (enter \$0 if first page) \$ \$360.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**
First Name: Randall Middle Name: _____ Last Name: Lynn
Address: 1810 Covey Rise Ct. City: Spring Hill State: TN Zip Code: 37174
Occupation: Maintenance Employer: Williamson County School District
Contribution Received For: Primary Election ☒ General Election ☐ Runoff (Local Elections Only) ☐
Amount of Contribution: \$ \$25.00 Date of Contribution: 7/21/2026 Aggregate This Election: \$ \$75.00

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____ Employer: _____
Contribution Received For: Primary Election ☐ General Election ☐ Runoff (Local Elections Only) ☐
Amount of Contribution: \$ _____ Date of Contribution: _____ Aggregate This Election: \$ _____

Total Contributions: \$ \$385.00
(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Christine Vertucci
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$0.00

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Stripe Fee **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 7/1/2026

Business or Organization Name: Stripe Fee **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 7/11/2026

Business or Organization Name: Stripe Fee **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 7/12/2026

Business or Organization Name: Stripe Fee **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 7/12/2026

Business or Organization Name: Stripe Fee **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 7/13/2026

Total Expenditures: \$ \$5.55

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Christine Vertucci
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$5.55

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Stripe Fee OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$2.43 Date of Expenditure: \$ 7/15/2026

Business or Organization Name: Stripe Fee OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$1.33 Date of Expenditure: \$ 7/20/2026

Business or Organization Name: Stripe Fee OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$0.45 Date of Expenditure: \$ 7/21/2026

Business or Organization Name: Stripe Fee OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 354 Oyster Point Blvd City: South San Francisc State: CA Zip Code: 94080

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$0.78 Date of Expenditure: \$ 7/21/2026

Business or Organization Name: ActBlue OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 7/1/2026

Total Expenditures: \$ \$10.81

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Christine Vertucci
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$10.81

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: ActBlue **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 7/11/2026

Business or Organization Name: ActBlue **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 7/12/2026

Business or Organization Name: ActBlue **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 7/12/2026

Business or Organization Name: ActBlue **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 7/13/2026

Business or Organization Name: ActBlue **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$1.05 Date of Expenditure: \$ 7/15/2026

Total Expenditures: \$ \$13.72

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Christine Vertucci
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$13.72

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: ActBlue **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$0.53 Date of Expenditure: \$ 7/20/2026

Business or Organization Name: ActBlue **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$0.11 Date of Expenditure: \$ 7/21/2026

Business or Organization Name: ActBlue **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 366 Summer St City: Somerville State: MA Zip Code: 02144

Purpose of Expenditure: Processing Fee

Amount of Expenditure: \$ \$0.27 Date of Expenditure: \$ 7/21/2026

Business or Organization Name: Google LC **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1600 Amphitheatre Parkway City: Mountainview State: CA Zip Code: 94043

Purpose of Expenditure: Google Workspace

Amount of Expenditure: \$ \$6.55 Date of Expenditure: \$ 7/2/2026

Business or Organization Name: Printing ETC **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1411 South Dickerson Rd City: Goodlettsville State: TN Zip Code: 37072

Purpose of Expenditure: Mailings

Amount of Expenditure: \$ \$413.18 Date of Expenditure: \$ 7/9/2026

Total Expenditures: \$ \$434.36

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: Christine Vertucci
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Total campaign expenditures from preceding page (enter \$0 if first page) \$ \$434.36

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g., postage, printing, etc.) along with the candidate's name in the purpose of the expenditure section.

Business or Organization Name: Printing ETC OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: 1411 South Dickerson Rd City: Goodlettsville State: TN Zip Code: 37072

Purpose of Expenditure: Mailings

Amount of Expenditure: \$ \$800.77 Date of Expenditure: \$ 7/20/2026

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Business or Organization Name: _____ OR

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: \$ _____ Date of Expenditure: \$ _____

Total Expenditures: \$ \$1,235.13

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: Christine Vertucci
2. Reporting Period: Start Date: 7/1/2026 End Date: 7/27/2026
3. Complete the appropriate items for each loan totaling more than one hundred dollars (\$100).

Complete the following for the source of each loan received and/or outstanding during the period.

Business or Organization Name: _____ **OR**

First Name: Christine Middle Name: Hale Last Name: Vertucci

Address: 1395 Round Hill Ln City: Spring Hill State: TN Zip Code: 37174

Outstanding Loan Balance (Beginning) \$ \$50.00

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$50.00

Loan Received For: ☒ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)

Date of Loan: 2/27/2026

List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ \$0.00

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount Guaranteed Outstanding: \$ _____

Totals for all loans (Complete this page for each outstanding loan during the period. Complete this section only on last page of loans.)

Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) \$ \$50.00

Loans Received \$ \$0.00

Loan Payments \$ \$0.00

Outstanding Loan (End) \$ \$50.00