



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | | | | | | | | |
|---|-----------|--------------------------|-----------|-------------------------------------|-----------|--------------------------|----------|--------------------------|
| Filer Identification Number | | Report Filed By (Mark X) | Candidate | <input checked="" type="checkbox"/> | Committee | <input type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | Bryan Callahan | | | | | | |
| Street Address | | 633 Main St Bethlehem | | | | | | |
| City | Bethlehem | State | Pa | Zip Code | 18018 | | | |

Type of Report (Place x under report type)

| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre- Election | 5- 2 nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
|--|---------------------------------------|--------------------------|--|---|--------------------------|-------------------------------------|---|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | | Year | | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|--|-----------|----------|---------------------|
| A. Amount Brought Forward From Last Report | 1/1/15 | 12/31/15 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | \$ 0 | |
| C. Total Funds Available (Sum of Lines A and B) | | \$ 0 | |
| D. Total Expenditures (From Schedule III) | | \$ 0 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | \$ 0 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | | \$ 0 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | | \$ 0 | |

Affidavit Section

Part 1- 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, is to the best of my knowledge and belief true, correct and complete.



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

| | | | | | | | |
|---|--------------------------|---------------------------|--------------------------|-----------|-------------------------------------|----------|--------------------------|
| Filer Identification Number | Report Filed By (Mark X) | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | FRIENDS OF BRYAN CALLAHAN | | | | | |
| Street Address | | 633 MAIN ST | | | | | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | | |

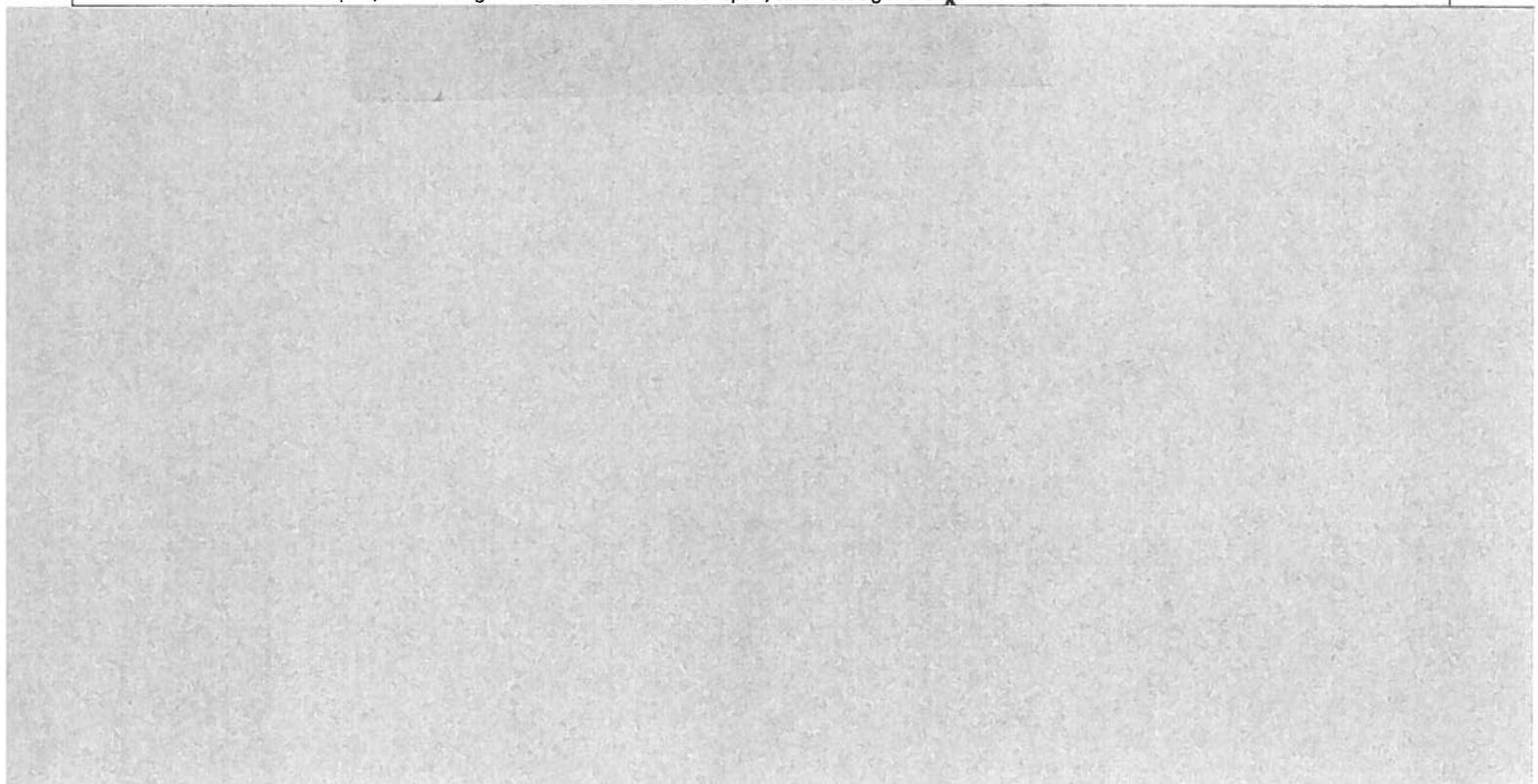
Type of Report (Place x under report type)

| | | | | | | | | |
|--|---------------------------------------|--------------------------|--|---|--------------------------|-------------------------------------|---|------------------------------|
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre- Election | 5- 2 nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | Year | 2015 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|--|-----------|----------|---------------------|
| | 6/01/15 | 12/31/15 | |
| A. Amount Brought Forward From Last Report | \$ | 900.65 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 127.49 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 1028.14 | |
| D. Total Expenditures (From Schedule III) | \$ | 755.50 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 272.64 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 0 | |

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.



SCHEDULE I

Contributions and Receipts

Detailed Summary Page

| | | |
|---|-----|-----------|
| Filer Identification Number | | |
| 1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor | | |
| Total for the reporting period | (1) | \$ 0 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | |
| Contributions Received from Political Committees (Part A) | | \$ 127.49 |
| All Other Contributions (Part B) | | \$ 0 |
| Total for the reporting period | (2) | \$ 127.49 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | |
| Contributions Received from Political Committees (Part C) | | \$ 0 |
| All Other Contributions (Part D) | | \$ 0 |
| Total for the reporting period | (3) | \$ 0 |
| 4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | |
| Total for the reporting period | (4) | \$ 0 |
| Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> | | \$ 127.49 |

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 | |
|-----------------------------|--|

| | | | | | | | Amount |
|-------------------------------------|----------------|----------|--|-------------------|-------------------|----|--------|
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | 127.49 |
| KAREN DOLAN FOR COUNCIL | | | | | 04/20/2015 | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| 55 | BRIDLE PATH RD | | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | \$ | | |
| BETHLEHEM | PA | 18017 | | | | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ | |
| | | | | | | | |
| City | State | Zip Code | | Date [MM/DD/YYYY] | \$ | | |
| | | | | | | | |

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

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

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | |
|--------------------------|----------------|-------|----------|--|-------------------|----|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | | Date [MM/DD/YYYY] | \$ |

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: | |
|------------------------------|--|

| | | | | | | |
|-------------------------------------|----------------|-------|----------|--|-------------------|----|
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | | Date [MM/DD/YYYY] | \$ |
| Full Name of Contributing Committee | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | | Date [MM/DD/YYYY] | \$ |

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | |
|--|----------------|-------|----------|-------------------|----|
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | | |
| Full Name of Contributor | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ |
| City | | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | | |

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.

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | |
|---------------------|----------------|----------|-------------------|----|
| Full Name | | | | |
| House # | Street Address | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | |

| | | | | |
|---------------------|----------------|----------|-------------------|----|
| Full Name | | | | |
| House # | Street Address | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | |

| | | | | |
|---------------------|----------------|----------|-------------------|----|
| Full Name | | | | |
| House # | Street Address | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | |

| | | | | |
|---------------------|----------------|----------|-------------------|----|
| Full Name | | | | |
| House # | Street Address | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | |

| | | | | |
|---------------------|----------------|----------|-------------------|----|
| Full Name | | | | |
| House # | Street Address | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | |

| | | | | |
|---------------------|----------------|----------|-------------------|----|
| Full Name | | | | |
| House # | Street Address | | | |
| City | State | Zip Code | Date [MM/DD/YYYY] | \$ |
| Receipt Description | | | | |

SCHEDULE II

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: | |
|------------------------------|--|

| | | | |
|---|-----|----|--------------|
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the reporting period | (1) | \$ | 0 |

| | | | |
|--|-----|----|--------------|
| 2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the reporting period | (2) | \$ | 0 |

| | | | |
|--|-----|----|--------------|
| 3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G) | | | |
| 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

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | |
|-----------------------------|----------------|--|----------|-------------------|-------------------|----|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | State | | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Description of Contribution | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | State | | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Description of Contribution | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | State | | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Description of Contribution | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | State | | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Description of Contribution | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | Date [MM/DD/YYYY] | \$ | |
| City | State | | Zip Code | Date [MM/DD/YYYY] | \$ | |
| Description of Contribution | | | | | | |

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | |
|--|----------------|-------|--|----------|-----------------------------|----|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | \$ |
| House # | Street Address | | | | Date [MM/DD/YYYY] | \$ |
| City | | State | | Zip Code | Date [MM/DD/YYYY] | \$ |
| Employer Name | | | | | Occupation | |
| Employer Mailing Address / Principal Place of Business | | | | | Description of Contribution | |

SCHEDULE III
Statement of Expenditures

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|--------------|---------------------|----------------|---------------|----------|----------------------------|---------------|--------|
| To Whom Paid | SHAMMY SHINE | | | | Date [MM/DD/YYYY] | \$ | 9.00 |
| House # | 3925 | Street Address | NAZARETH PIKE | | Description of Expenditure | | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | CAR WASH | |
| To Whom Paid | MORNING CALL ONLINE | | | | Date [MM/DD/YYYY] | \$ | 15.96 |
| House # | 101 | Street Address | N. 6TH ST | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | ONLINE ACCESS | |
| To Whom Paid | TOP HAT FORMALWEAR | | | | Date [MM/DD/YYYY] | \$ | 88.31 |
| House # | 1809 | Street Address | MACARTHUR RD | | Description of Expenditure | | |
| City | WHITEHALL | State | PA | Zip Code | 18052 | TUXEDO RENTAL | |
| To Whom Paid | MORNING CALL ONLINE | | | | Date [MM/DD/YYYY] | \$ | 15.96 |
| House # | 101 | Street Address | N. 6TH ST | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | ONLINE ACCESS | |
| To Whom Paid | THE MORNING CALL | | | | Date [MM/DD/YYYY] | \$ | 100.17 |
| House # | 101 | Street Address | N. 6TH ST | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | SUBSCRIPTION | |
| To Whom Paid | MORNING CALL ONLINE | | | | Date [MM/DD/YYYY] | \$ | 15.96 |
| House # | 101 | Street Address | N. 6TH ST | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | ONLINE ACCESS | |
| To Whom Paid | MORNING CALL ONLINE | | | | Date [MM/DD/YYYY] | \$ | 15.96 |
| House # | 101 | Street Address | N. 6TH ST | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | ONLINE ACCESS | |
| To Whom Paid | THE MORNING CALL | | | | Date [MM/DD/YYYY] | \$ | 39.63 |
| House # | 101 | Street Address | N. 6TH ST | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | SUBSCRIPTION | |

SCHEDULE III

Statement of Expenditures

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|--------------|---------------------|----------------|-------------|----------|----------------------------|-------------------------------------|--------|
| To Whom Paid | MORNING CALL ONLINE | | | | Date [MM/DD/YYYY] | \$ | 15.96 |
| House # | 101 | Street Address | N. 6TH ST | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | ONLINE ACCESS | |
| To Whom Paid | BASD | | | | Date [MM/DD/YYYY] | \$ | 50.00 |
| House # | 3149 | Street Address | CHESTER RD | | Description of Expenditure | | |
| City | BETHLEHEM | State | PA | Zip Code | 18020 | DONAHUE RETIREMENT ^{EVENT} | |
| To Whom Paid | MORNING CALL ONLINE | | | | Date [MM/DD/YYYY] | \$ | 15.96 |
| House # | 101 | Street Address | N. 6TH ST | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | ONLINE ACCESS | |
| To Whom Paid | THE GOOD FELLOWS | | | | Date [MM/DD/YYYY] | \$ | 85.00 |
| House # | 146 | Street Address | E. BROAD ST | | Description of Expenditure | | |
| City | BETHLEHEM | State | PA | Zip Code | 18018 | DUES | |
| To Whom Paid | THE MORNING CALL | | | | Date [MM/DD/YYYY] | \$ | 39.75 |
| House # | 101 | Street Address | N. 6TH ST | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | SUBSCRIPTION | |
| To Whom Paid | MORNING CALL ONLINE | | | | Date [MM/DD/YYYY] | \$ | 15.96 |
| House # | 101 | Street Address | N. 6TH ST. | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | ONLINE ACCESS | |
| To Whom Paid | ELECT EMIL GIORDANO | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| House # | 3490 | Street Address | MANOR RD | | Description of Expenditure | | |
| City | BETHLEHEM | State | PA | Zip Code | 18020 | CONTRIBUTION | |
| To Whom Paid | MORNING CALL ONLINE | | | | Date [MM/DD/YYYY] | \$ | 15.96 |
| House # | 101 | Street Address | N. 6TH ST | | Description of Expenditure | | |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | ONLINE ACCESS | |

SCHEDULE III
Statement of Expenditures

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | |
|--------------|-----------|-------------------|----------------|----------|--------|----------------------------|
| To Whom Paid | BILL HOY | Date [MM/DD/YYYY] | 08/20/2015 | \$ | 100.00 | |
| House # | 390 | Street Address | PINE TOP TRAIL | | | Description of Expenditure |
| City | BETHLEHEM | State | PA | Zip Code | 18017 | WEBSITE MAINTENANCE |

| | | | | | | |
|--------------|---------------------|-------------------|------------|----------|-------|----------------------------|
| To Whom Paid | MORNING CALL ONLINE | Date [MM/DD/YYYY] | 10/06/2015 | \$ | 15.96 | |
| House # | 101 | Street Address | N. 6TH ST | | | Description of Expenditure |
| City | ALLENTOWN | State | PA | Zip Code | 18101 | ONLINE ACCESS |

| | | | | | | |
|--------------|--|-------------------|--|----------|--|----------------------------|
| To Whom Paid | | Date [MM/DD/YYYY] | | \$ | | |
| House # | | Street Address | | | | Description of Expenditure |
| City | | State | | Zip Code | | |

| | | | | | | |
|--------------|--|-------------------|--|----------|--|----------------------------|
| To Whom Paid | | Date [MM/DD/YYYY] | | \$ | | |
| House # | | Street Address | | | | Description of Expenditure |
| City | | State | | Zip Code | | |

| | | | | | | |
|--------------|--|-------------------|--|----------|--|----------------------------|
| To Whom Paid | | Date [MM/DD/YYYY] | | \$ | | |
| House # | | Street Address | | | | Description of Expenditure |
| City | | State | | Zip Code | | |

| | | | | | | |
|--------------|--|-------------------|--|----------|--|----------------------------|
| To Whom Paid | | Date [MM/DD/YYYY] | | \$ | | |
| House # | | Street Address | | | | Description of Expenditure |
| City | | State | | Zip Code | | |

| | | | | | | |
|--------------|--|-------------------|--|----------|--|----------------------------|
| To Whom Paid | | Date [MM/DD/YYYY] | | \$ | | |
| House # | | Street Address | | | | Description of Expenditure |
| City | | State | | Zip Code | | |

| | | | | | | |
|--------------|--|-------------------|--|----------|--|----------------------------|
| To Whom Paid | | Date [MM/DD/YYYY] | | \$ | | |
| House # | | Street Address | | | | Description of Expenditure |
| City | | State | | Zip Code | | |

SCHEDULE IV

Statement of Unpaid Debts

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

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | |
|---------------------|----------------|---------------------------------|--|-----------------------------|--|
| Name of Creditor | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | |
| City | State | Zip Code | | | |
| Description of Debt | | | | | |

| | | | | | |
|---------------------|----------------|---------------------------------|--|-----------------------------|--|
| Name of Creditor | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | |
| City | State | Zip Code | | | |
| Description of Debt | | | | | |

| | | | | | |
|---------------------|----------------|---------------------------------|--|-----------------------------|--|
| Name of Creditor | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | |
| City | State | Zip Code | | | |
| Description of Debt | | | | | |

| | | | | | |
|---------------------|----------------|---------------------------------|--|-----------------------------|--|
| Name of Creditor | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | |
| City | State | Zip Code | | | |
| Description of Debt | | | | | |

| | | | | | |
|---------------------|----------------|---------------------------------|--|-----------------------------|--|
| Name of Creditor | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | |
| City | State | Zip Code | | | |
| Description of Debt | | | | | |

| | | | | | |
|---------------------|----------------|---------------------------------|--|-----------------------------|--|
| Name of Creditor | | | | Outstanding Balance of Debt | |
| House # | Street Address | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | |
| City | State | Zip Code | | | |
| Description of Debt | | | | | |