

MEMBER, PENNOTLYANA ADDULATION

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## Commonwealth of Pennsylvania - Campaign Finance Report

		1000			nu be typeu		and the second se		
Filer Identification		Report Filed	By Candida	ite 🔽	Committee		Lobbyist		
Number		( Mark X)							
Name of Filing Comm	nittee, Candidate or	0.			_				
Lobbyist		DIVIO	an Ca	MaMar	$\gamma$				
	- p + +	655	Main	St. Der	Mener	<u>n</u>			
City Defhlehem State Pg Zip Code 18018									
Type of Report (Place	x under report type)								
1-6 <sup>th</sup> Tuesday 2-2	<sup>nd</sup> Friday 3- 30 Day Post	4-6th Tuesday	5-2 <sup>nd</sup> Friday	6-30 Day Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day		
	Primary Primary	Pre-Election	Pre- Election	Election		Pre-Election	Post-Election		
					A				
					X				
			<u>↓                                    </u>						
Date Of Election		Year		Amendment		Termination			
(MM/DD/YYYY)				Report		Report			
Summary of Receipts	and From Date	To Dat	te .		For	Office Use Only			
Expenditures	1 1								
•		ר   <i>ב</i> ו	121/15						
A. Amount Brought F	orward From Last Report	s s	- Luc						
A. Amount Brought F	orward From Last Report	: \$	J						
	t.		8 m						
	orward From Last Report		0						
B. Total Monetary Co	ntributions and Receipts	\$							
B. Total Monetary Co (From Schedule I) C. Total Funds Availa	ontributions and Receipts	\$	0 0 0						
B. Total Monetary Co (From Schedule I)	ontributions and Receipts ble B)	\$							
B. Total Monetary Co (From Schedule I) C. Total Funds Availa (Sum of Lines A and I	ontributions and Receipts ble B)	\$	ð						
B. Total Monetary Co (From Schedule I) C. Total Funds Availa (Sum of Lines A and I D. Total Expenditure	ontributions and Receipts ble B) s	\$							
B. Total Monetary Co (From Schedule I) C. Total Funds Availa (Sum of Lines A and I D. Total Expenditure (From Schedule III)	ble ble ble ce	\$	ð						
B. Total Monetary Co (From Schedule I) C. Total Funds Availa (Sum of Lines A and I D. Total Expenditure (From Schedule III) E. Ending Cash Balan (Subtract Line D from	ble ble ble ce	\$ \$ \$ \$ \$ \$	ð						
B. Total Monetary Co (From Schedule I) C. Total Funds Availa (Sum of Lines A and I D. Total Expenditure (From Schedule III) E. Ending Cash Balan (Subtract Line D from	ble ble ble ble ce ce ce C)	\$	ð						
B. Total Monetary Co (From Schedule I) C. Total Funds Availa (Sum of Lines A and I D. Total Expenditure (From Schedule III) E. Ending Cash Balan (Subtract Line D from F. Value of In-Kind Co (From Schedule II)	ble ble ble ble ble ble ble ble ble ble	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ð						
B. Total Monetary Co (From Schedule I) C. Total Funds Availa (Sum of Lines A and I D. Total Expenditure: (From Schedule III) E. Ending Cash Balan (Subtract Line D from F. Value of In-Kind Co (From Schedule II) G. Unpaid Debts and	ble ble ble ble ble ble ble ble ble ble	\$ \$ \$ \$ \$ \$	ð						
B. Total Monetary Co (From Schedule I) C. Total Funds Availa (Sum of Lines A and I D. Total Expenditure: (From Schedule III) E. Ending Cash Balan (Subtract Line D from F. Value of In-Kind Co (From Schedule II)	ble ble ble ble ble ble ble ble ble ble	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ð	tion					

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 mixinov/ledge and belief true correct and complete.



#### Commonwealth of Pennsylvania - Campaign Finance Report

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

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Filer Identification			•	ort Filed B	iy Candida	te		Committee		Lobbyist
Number			(Ma	ark X)						
Name of Filing Comm	nittee, Ca	ndidate or	5			-		~		2
Lobbyist			146	TENI	SS OF F	SRYA	n) (	ALLA	HAN	,
Street Address								•		
<b>C</b> 1			Q.	$\mathcal{S}\mathcal{S}$	MATN	JT			1	
City	Be	THLEHER	<u>.</u>		State	PA		Zip Code	18018	
Type of Report (Place			Ť		<u></u>			4		
1-6 <sup>th</sup> Tuesday 2-2	<sup>nd</sup> Friday	3-30 Day Post	4- 6th	Tuesday	5- 2 <sup>nd</sup> Friday	6- 30 Da	v Post	7- Annual	Special 2 <sup>nd</sup> Friday	Special 30 Day
	Primary	Primary		Election	Pre-Election		•		Pre-Election	Post-Election
		,					20.5			
Date Of Election			Year			Amendr	nent		Termination	
(MM/DD/YYYY)					2015	Report			Report	
(, = =),,				-	2017	neport			As the same of the	
Summary of Receipts	s and	From Date		To Date				For	Office Use Only	
Expenditures			_	1	1					
		61/01/15		12/3	31/15					
A. Amount Brought I	Forward F	rom Last Report	: \$	00	015					
D. T. J. Land. J. D.		1	-		0,65					
B. Total Monetary Co	סוזנוסוזזחס	ns and Receipts	\$	110	710					
(From Schedule I)					7,49					
C. Total Funds Availa			\$	10-	28.14					
(Sum of Lines A and I	*		-		0.19					
D. Total Expenditure	5		\$	1700	5.50					
(From Schedule III)					<i></i>					
E. Ending Cash Balan			\$	1	7 (1)					
(Subtract Line D from		Des 1 d			2.64					
F. Value of In-Kind Co	ontributio	ns keceived	\$		7					
(From Schedule II)	Ohlingtin			+						
G. Unpaid Debts and (From Schedule IV)	UDIIgatio	815	\$	F	9					
(From Schedule IV)										
Doct 1 If this is a Comm					Affidavit See	tion	·			

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

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### 20F14

### 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)	\$	Ð
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	12.2	
Contributions Received from Political Committees (Part A)	\$	127,49
All Other Contributions (Part B)	\$	-Ø
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)	\$	Ø
All Other Contributions (Part D)	\$	Q
Total for the reporting period (3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	Ð
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)	\$	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 I	Number				
					Amount
Full Name of Con Committee	Photo and a state of the second se	ren Do	OLAN FOR GO	Date [MM/DD/YYYY]	\$ 127.49
House # 55	Street Address	BRIDLE	PATH RD	UNCIL 04/20/2015 Date [MM/DD/YYYY]	\$
City BET	HEHEM	State P4	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	ributing	· · · · · · · ·		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 Identificatio	n Number.				
Full Name of Co	ontributor	V 11 12		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntribütor			Date [MM/DD/YYYY]	\$
House #	Street Address	/		Pate [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip.code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor		(THE PERSONNAL TOP )	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	5



#### 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 Numbe	r.				
Full Name of Contributing Committee	e			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	e			Date [MM/00/YYYY]	\$
House #	Street Address		/	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	2	/	/	Date [MI//DD/YYYY]	\$
House #	Street Address	/	<i></i>	Date/MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House # S	itreet Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$
House # S	treet Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	ē.			Date [MM/DD/YYYY]	\$
House#	treet 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	Ident	ification	Num	ber:

	and the second second				
Full Name of Contribu	itor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	State of the state of the				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		State	Lip code	Date fiamal/DD/1111]	- 2
Employer Name				Occupation	
			1		
Employer Mailing Add Principal Place of Busi	ness				
Full Name of Contribu	tor	/	/	Date [MM/DD/YYYY]	\$
		/			
House #	Street Address	/		Date [MM/DD/YYYY]	\$
City	L A	State	Zie Code		
	/	State	Sip coue	Date [MM/DD/YYYY]	\$
Employer Name			the set in the	Occupation	5
and the states				Coupation	
Employer Mailing Add Principal Place of Busi			/		
Full Name of Contribu	tor	105		Date [MM/DD/YYYY]	\$
C. C. Martines	X				
House #	Street Address			Date [MM/DD/YYYY]	\$
					*
C'hu					
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				and the second second	100
Employer Name	an in the second			Occupation	
Employer Mailing Add					
Principal Place of Busin Full Name of Contribut	and all and a second			D Inc. Inc. bened	
run Name of Contribu	LOF			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	A State of the state of the				
City	CONTRACTOR AND	State	Zip Code	Date [MM/DD/YYYY]	\$
2					
Employer Name				Occupation	a Taga
Employer Mailing Add Principal Place of Busin					
	1633	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	entre		

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# PART E Other Receipts

**REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.** 

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


Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
<b>Receipt Description</b>		CALCULATION IN	and the second con-	1 1022
Füll Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		/		
Full Name	12.4	1		1
House #	Street Address	/	/	
Citÿ		State	Zip Code	Date MM/DD/YYYY] \$
Receipt Description		/	THE RECEIPTION	
Full Name		/		/
House #	Street Address	/		
City	X	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		Tooline and the	/	1000
Full Name 2			/	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		(CONTRACTOR OF A	211 Barristania an	1992
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
<b>Receipt Description</b>				Leonal .

#### SCHEDULE II

### **IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED**

## USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
raci locatinoscion number.	
A second second residue of the second s	

1. UNITEMIZED IN-KIND CONTR	IBUTIONS RECEIVED=VALU	JE OF \$50.00 OR LESS P	ER CONTRIBUTOR	and the second
TOTAL for the reporting period	(1)	\$	Ø	
2. IN-KIND CONTRIBUTIONS REC	CEIVED-VALUE OF \$50.01	TO \$250.00 (FROM PAR	ur)	
TOTAL for the reporting period	(2)	\$	Ð	
3. IN-KIND CONTRIBUTION RECI	EIVED-VALUE OVER \$250.	00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$	D	
TOTAL VALUE OF IN-KIND CONTRIBUTIO PERIOD (Add and enter amount totals f on Page 1, Report Cover Page, Item F)		1 . 1	$\bigcirc$	

## 40F14

#### SCHEDULE II PART F In-Kind Contributions Received VALUE OF \$50.01 TO \$250

Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addres	55		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution	and a second			-Saba
Full Name of Contributor		/	Date [MM/DD/YYYY]	\$
House # Street Addres	ss		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 Addres	is		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 Addres	55		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 Addres	s		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	Identificatio	n Number:
4.183	양양 영향 가슴 말라	

Full Name of Co	Intributor			Date [MM/DD/YYYY]	\$
					1444 1444
House #	Street Address			Date [MM/DD/YYYY]	
and the second s	Street Audress			Date [MIM/DD/1111]	\$
City		State	Zip Code	Date [MM/DD/YYY]	\$
and a state of the		Ser chere	Although and a second		
Employer Name				Occupation	
Employer Mailin Place of Busines	ng Address / Principal ss		and the second sec	Description of Contribution	
Full Name of Co	ntributor	40	a second se	Date [MM/DD/YYYY]	\$
and the second second	- Barradael	1	/		
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		1/		Occupation	133
Employer Mailir Place of Busines	ng Address / Principal	/	/	Description	
Flace of Busines	· /	8		of Contribution	
Full Name of Co.	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
	Succession of the second second	$\searrow$			
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Careford -		10.00			
Employer Name	- Mallendaria (M. )	0		Occupation	
Employer Mailin	ig Address / Principal	Re Re		Description	
Place of Busines	S			of Contribution	
Full Name of Co	ntributor	201 W 102		Date [MM/DD/YYYY]	\$
Constant Solita San	Service Services		85		1. A.
House #	Street Address			Date [MM/DD/YYYY]	
a gana an	SUCCEAUDIESS			Date [WWW/DD/TTT]	\$
City	0.7	State	Zip Code	Date [MM/DD/YYYY]	\$
Sec.					
Employer Name	article (Carlos and States		1965s195252	Occupation	158
Employer Mailin	g Address / Principal	29 29		Description	
Place of Busines				of Contribution	

SCHEDULE III
Statement of Expenditures

To Whom Paid						Date [MM/DD/YYYY] \$	
	SHAMMY SHENE					01/02/2015 9.00	
House #							Description of Expenditure
3925 STEEL AUGUESS NAZARETH RIKE							
City			State	20	Zip	10010	Cooling
		LEHEM		PA	Code	18018	CAR WASH
To Whom Pa	aid		$\sim$				Date [MM/DD/YYYY] \$
	2	MORNIN	GG	ALL ON	LINE		01/02/2015 15.96
House #	(2)	Street Address					Description of Expenditure
	0)		1	GTH ST		1	
City	( C-> "	TOWN	State	PA	Zip Code	18101	DAVIER DOCCO
		ICICN			Code	10101	ONLINE ACCESS
To Whom Pa	aid	TOULO					Date [MM/DD/YYYY] \$
		TOPHAT	FOI	emach	JEAR	-	01/29/2015 88.31
House #	909	Street Address	000	ARTHUN	2 Ph		Description of Expenditure
City	$\sim$		State	MEIHUI	Zip	1	
$\omega$	HIT	EHALL	Julie	PA	Code	18052	TUXEDO RENTAL
To Whom Pa			1			1100000	Date [MM/DD/YYY] \$
		MORNIN	$\sim C$			C	02/23/2015 15.96
House #		Street Address	6	MUC 1	0410		Description of Expenditure
	10	Street Address	U. (	5777 5-	T		Description of Experiance
City		·····	State		Zip	1.0.	
H	181	NOWN		PA	Code	18101	ONITIVE POCESS
To Whom Pa	aid						Date [MM/DD/YYYY] \$
14		THE MOR	INTI	UG CAI	i		03/11/2015 100.17
House #		Street Address					Description of Expenditure
	01		$\mathcal{O}_{-}$	6TH 51			
City	1000	-7.	State	PA	Zip	12101	Signature
		TOWN		IA	Code	18101	SUBSCRIPTION
To Whom Pa	aid	00					Date [MM/DD/YYYY] \$
	200	MORNIN	5 4	ALL ON	JUTA	E	03/23/2015 15.96
House #	$\sim$	Street Address	<u>\</u>	(TH C	-		Description of Expenditure
City	1			GTH S	I = 1	T	
AI	1181	STOWN	State	PA	Zip Code	18101	ONLINE ACCESS
To Whom Pa		0100-10				10101	Date [MM/DD/YYYY] \$
		Manuela			1-1-0	-	
MORNING CALL ONLINE					04/20/2015 15,96 Description of Expenditure		
House # 101 Street Address N. GTH ST					Description of Expenditure		
City	<u> </u>	<u> </u>	State	0.	Zip		
ALLENTOWN PA code (810)				ONLENE ACCESS			
To Whom Paid					Date [MM/DD/YYYY] \$		
THE MORNING CALL					05/05/2015 39.63		
House # Street Address					Description of Expenditure		
101 STEEL AUGUESS N. GTH ST							
City Oi	10.		State	ρA	Zip	19101	SURSEREZTEN
	121	STOWN		L H	Code	18/01	SUBSCRIPTION



# SCHEDULE III Statement of Expenditures

To Whom Paid Date [MM/DD/YYYY] \$							
TO WHOM Paid	MORNING CALL ONLINE						
House #	Street Address			05/18/2015 15.96 Description of Expenditure			
10(	N. 6TH ST			beschption of Expenditure			
City AISN	CRUGTC	State	PA	Zip Code	18101	ONLINE ACCESS	
To Whom Paid				Date [MM/DD/YYY] \$			
2 - 1 <sup>04</sup> -	BASD					06/12/2015 50.00	
House #	Street Address	<u></u>				Description of Expenditure	
3149	(		TER R	<u> </u>			
City BETH	LEHEM	State	PA	Zip Code	18020	DONAHER RETTREMENT	
To Whom Paid	1				· · · ·	Date [MM/DD/YYYY] \$	
	MORNIN	6 CP	re ON	The	-	06/16/2015 15.96	
House #	Street Address	N.	GTH S	ŝτ.		Description of Expenditure	
City	NTOWN	State	PA	Zip Code	18101	ONLINE ARCESS	
To Whom Paid	NILLA		1 1 1	CODE	19101	Date [MM/DD/YYYY] \$	
	THE GOO		1100			06 30 2015 85,00	
House #	Street Address				•	Description of Expenditure	
146		E.B	road s	51			
City Reil	HEHEM	State	D <b>o</b>	Zip	19010	2	
	MEN	1.0	Aq	Code	18018	DUES	
To Whom Paid				1	10018	Date [MM/DD/YYYY] \$	
To Whom Paid		RNI		1	10018		
To Whom Paid	THE MC		NG CF	HL	10018	Date [MM/DD/YYYY] \$	
To Whom Paid House #	THE MC	M,		HL		Date [MM/DD/YYYY]     \$       07/07/2015     39.75       Description of Expenditure	
To Whom Paid House # City	THE MC	N.	NG CF	ALL T	18101	Date [MM/DD/YYYY] \$ 07/07/2015 39.75 Description of Expenditure SUBSCREPTION	
To Whom Paid House #	THE MC Street Address	N, State	NG CF 6TH S PA	Zip Code	18101	Date [MM/DD/YYYY] \$ 07/07/2015 39.75 Description of Expenditure SUBSCRIPTION Date [MM/DD/YYYY] \$	
To Whom Paid House # City To Whom Paid	Street Address Street Address NTOWN MORNIN	N, State	NG CF 6TH S PA	Zip Code	18101	Date [MM/DD/YYYY] \$ 07/07/2015 39.75 Description of Expenditure SUBSCRIPTION Date [MM/DD/YYYY] \$ 07/14/2015 15.96	
To Whom Paid House # 101 City All El To Whom Paid House # 101	THE MC Street Address	N, State 6 CP N.	NG CF 6TH S PA	Zip Code	18101	Date [MM/DD/YYYY] \$ 07/07/2015 39.75 Description of Expenditure SUBSCRIPTION Date [MM/DD/YYYY] \$	
To Whom Paid House # 101 City A11E To Whom Paid House # 161	THE MC Street Address DTOWN MORNIN Street Address	N, State	DG CF GTH S PA UL ON	I Zip Code	18101	Date [MM/DD/YYYY]       \$         07/07/2015       39.75         Description of Expenditure         SUBSCRIPTION         Date [MM/DD/YYYY]         \$         15,96         Description of Expenditure	
To Whom Paid House # 101 City A11E To Whom Paid House # 161 City	THE MC Street Address DTOWN MORNIN Street Address Street Address	M, State G CP N. State	DG CF GTH S PA L ON GTH ST PA	Zip Code Zip Zip Code	18101	Date [MM/DD/YYYY] \$ 07/07/2015 39.75 Description of Expenditure SUBSCRIPTION Date [MM/DD/YYYY] \$ 07/14/2015 15.96	
To Whom Paid House # 101 City P11E To Whom Paid House # 161 City P11E	THE MC Street Address DTOWN MORNIN Street Address Street Address	M, State G CP N. State	DG CF GTH S PA L ON GTH ST PA	Zip Code Zip Zip Code	18101	Date [MIM/DD/YYYY]       \$         O7/07/2015       39.75         Description of Expenditure         SUBSCRIPTION         Date [MIM/DD/YYYY]         \$         O7/14/2015         IS,96         Description of Expenditure         ONLINE ACCESS         Date [MIM/DD/YYYY]	
To Whom Paid House # 101 City All & To Whom Paid House # 101 City All & To Whom Paid House # 101 House # 101 Hous	THE MC Street Address DTOWN MORNIN Street Address STONN ELECT E	M State 6 CP N. State	DG CF GTH S PA U ON GTH ST PA GIOP	Zip Code Zip Zip Code	18101	Date [MM/DD/YYYY] \$ 07/07/2015 39.75 Description of Expenditure SUBSCREPTION Date [MM/DD/YYYY] \$ 07/14/2015 15.96 Description of Expenditure ONLINE ACCESS	
To Whom Paid House # 101 City All En To Whom Paid House # 101 City All En To Whom Paid House # 3492 City 0	THE MC Street Address MORPIN Street Address STON ELECT E Street Address	M State 6 CP N. State	DG CF GTH S PA UL ON GTH ST PA GTOF OR PD	Zip Code Zip Code Zip Code	18101	Date [MM/DD/YYYY]       \$         07/07/2015       39.75         Description of Expenditure         SUBSCRIPTION         Date [MM/DD/YYY]       \$         07/14/2015       15.96         Description of Expenditure         ONLINE ACCESS         Date [MM/DD/YYY]       \$         07/14/2015       15.96         Description of Expenditure         0NLINE ACCESS         Date [MM/DD/YYY]       \$         07/23/2015       100.00         Description of Expenditure	
To Whom Paid House # 101 City AIE To Whom Paid House # 101 City AIE To Whom Paid House # 3492 City BETHL	THE MC Street Address DTOWN MORNIN Street Address STONN ELECT E	M, State M. State MAN	DG CF GTH S PA U ON GTH ST PA GIOP	Zip Code Zip Code	18101	Date [MIM/DD/YYYY]       \$         07/07/2015       39.75         Description of Expenditure         SUBSCRIPTION         Date [MIM/DD/YYYY]       \$         07/14/2015       15,96         Description of Expenditure         ONLINE ACCESS         Date [MIM/DD/YYYY]         \$         07/14/2015         15,96         Description of Expenditure         ONLINE ACCESS         Date [MIM/DD/YYYY]         \$         07/23/2015       100,00         Description of Expenditure         CONTRIBUTION	
To Whom Paid House # 101 City All En To Whom Paid House # 101 City All En To Whom Paid House # 3492 City 0	THE MC Street Address NOWN MORNIN Street Address Street Address Street Address Street Address	M, State M. State MAN State	DA GTH S PA L ON GTH ST PA CTOP OR PD PA	Zip Code Zip Code Zip Code Zip Code	18101	Date [MIM/DD/YYYY]       \$         O7/07/2015       39.75         Description of Expenditure         SUBSCRIPTION         Date [MIM/DD/YYYY]       \$         07/14/2015       15.96         Description of Expenditure         ONLINE ACCESS         Date [MIM/DD/YYYY]         \$         100.00         Description of Expenditure         CONLINE ACCESS         Date [MIM/DD/YYYY]         \$         100.00         Description of Expenditure         CONTRIBUTION         Date [MIM/DD/YYYY]	
To Whom Paid House # 101 City Allen To Whom Paid House # 101 City Allen To Whom Paid House # 3490 City BETHL To Whom Paid House # 3490 City BETHL	THE MC Street Address MORPIN Street Address STON ELECT E Street Address	MAN State MAN State State	DE CE GTH S PA U ON GTH ST PA CETOF OR RD PA LON	Zip Code Zip Code Zip Code Zip Code	18101	Date [MIM/DD/YYYY]       \$         O7/07/2015       39.75         Description of Expenditure         SUBSCRIPTION         Date [MM/DD/YYYY]         \$         IS.96         Description of Expenditure         O7/14/2015         IS.96         Description of Expenditure         ONLINE ACCESS         Date [MM/DD/YYYY]         \$         OND Description of Expenditure	
To Whom Paid House # 101 City All En To Whom Paid House # 101 City All En To Whom Paid House # 3492 City BETHL To Whom Paid House # 101 City L	THE MC Street Address DTOWN MORNIA Street Address Street Address Street Address Street Address MORNIA	M, State M. State MAN State	DE CE GTH S PA U ON GTH ST PA CETOF OR RD PA LON	Zip Code Zip Code Zip Code Zip Code	18101	Date [MIM/DD/YYYY]       \$         07/07/2015       39.75         Description of Expenditure         SUBSCRIPTION         Date [MM/DD/YYYY]       \$         07/14/2015       15.96         Description of Expenditure         ONLINE ACCESS         Date [MM/DD/YYYY]       \$         07/23/2015       100.00         Description of Expenditure         CONLINE ACCESS         Date [MM/DD/YYYY]         07/23/2015       100.00         Description of Expenditure         CONTRIBUTION         Date [MM/DD/YYY]       \$         08/11/2015       15.96	

SCHEDULE III
Statement of Expenditures

12.18							·	
To Wh	om Paid						Date [MM/DD/YYYY]	
		BILH	OY	<u>.</u>			08/20/2015	100,00
House	# 390						Description of Expenditu	re
City	BETH	ILEHEM	State	PA	Zip Code	18017	WEBSITE MA	INTERPRICE
To Wh	om Paid	MOD. ST.	5 C			с	Date [MM/DD/YYYY] \$ 10/06/2015	
House	# 10(	Street Address N. 6TH ST				Description of Expenditur		
City		row	State	PA	Zip Code	18101	ONLINEACC	<u></u> 855
To Wh	om Paid						Date [MM/DD/YYYY]	
House	#	Street Address					Description of Expenditure	e
City		<u> </u>	State		Zip Code	-		
To Wh	om Paid			l		1	Date [MM/DD/YYYY] \$	
House	#	Street Address					Description of Expenditure	2
City	l		State		Zip Code			
To Wh	om Paid				1.	4	Date [MM/DD/YYYY] \$	
House	#	Street Address					Description of Expenditure	3
City		I	State	<u>, , , , , , , , , , , , , , , , , , , </u>	Zip Code			
To Whe	om Paid						Date [MM/DD/YYYY] \$	
House	#	Street Address					Description of Expenditure	2
City	- <b>I</b>		State		Zip Code			<u></u>
To Whe	om Paid						Date [MM/DD/YYYY] \$	
House	#	Street Address		······			Description of Expenditure	
City		•,I	State		Zip Code			
To Who	om 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 1	Number:			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	bt			
Name of Creditor			1	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	bt		/	
Name of Creditor	1			Outstanding Balance of Debt
House #	Street Address		DATE DEBT/INCURRED [MM/DD/YYYY]	\$
City		State	Z/p Code	- 2
Description of Del	bt		Loue	
Name of Creditor	X		/	Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Del	ot			The second se
Name of Creditor	Street relation			Outstanding Balance of Debt
House #	Street Address	- Charles And	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Det	ot	( and ( ) and ( )		URBO
Name of Creditor				Oütstanding Balance of Debt
'House #	Street Address	Sec. Provide	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Deb	st			