#### COMMONWEALTH OF PENNSYLVANIA

### CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER					REPORT FIL ON BEHALF		CANDIDATE	X	COMMITTEE	2	LOBBYIST	Ľ
NAME OF FILING COM	MITTEE, CA	NDIDATE OR LOBBYIST	shan	-								
STREET ADDRESS	5	Mair	St.	•		ľ		,				
Beth	ret	arn			PA			7 8	3018	_	_	-
TYPE OF REPO (CHECK ONE)		NAME OF OFFICE SOU	SHT BY CANDIDATE	:/	DISTR	ICT NO.	PARTY	`	MO.	DAY	ELECTION YE	AR
6TH TUESDAY PRE-PRIMARY		Cu31	MO. DAY	(EAR	MO. DAY	YEAR	7	1	FOR O		USE ONLY	
2ND FRIDAY PRE-PRIMARY	X	DATES OF REPORTING PERIOD	111	7 70	51	17						
30 DAY POST-PRIMARY	13		ANCE AT END		. (	7)						
6TH TUESDAY PRE-ELECTION	4.		TING PERIOD: DUNT OF FILEI	R'S	\$	F/-				9		
2ND FRIDAY PRE-ELECTION	5	OUTSTAND	ING DEBTS OF D OF REPORT	R LIABILIT		<u>U</u>						
30 DAY POST-ELECTION	6.		AMENDMENT REPORT?	YES	ND X							
ANNUAL REPORT	7.		TERMINATION REPORT?	YES	NO X	_						
				AFFII	DAVIT SEC	rion			n y vede de en la companya			
ARTI-	33.00	1.43	1.00	141.55	TO THE PARTY OF		F1 - 22 -					

the Transurer must sign here

CAMPAIGN FINANCE REPORT

PAGE 1 OF 1 COVER PAGE)

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

Filer Identification Number:		. Rep File	ort d By:	CANDIDATE 1.	COMMITTEE	LOBBYIST 3.		
Name of Filing Comm	ds of Dr Main S	yan C	alle	ehan				
cityBethle	ehem			Stock 1	18018			
TYPE OF REPORT	8TH*TUESDAY 1.	2ND FRIDAY PRE-PRIMARY	X	30 DAY 3. POST PRIMARY	AMENDMENT REPORT?	YES NO X		
(place X to	PRE-ELECTION 4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY 6. POST ELECTION	TERMINATION REPORT?	YESNO		
the right of report type)	ANNUAL 7. REPORT	YEAR		FILING METHOD ( ) CHECK ONE	PAPER	DISKETTE		
Name of Office Sough	t by Candidate:			MO. DAY YEAR  5 16 2017		e Code Code  NSTRUCTIONS FOR CODES)		
Summary of Re and Expenditure	eceipts of the second of the s	DAY YEAR	То	MO. DAY YEAR 5 1 201	FOR OF	FICE USE ONLY		
A. Amount Brought	Forward From Last Repo	ort	\$	18,145,94	7			
B. Total Monetary (	Contributions and Receipts	s (From Schedule	1) \$	850.00				
C. Total Funds Avai	ilable (Sum of Lines A ar	nd B)	\$	\$ 18,992.97				
D. Total Expenditur	es (From Schedule III)		\$	\$ 1,634.18				
E. Ending Cash Bala	ance (Subtract Line D fro	m Line C)	\$ 1	7.358.79				
F. Value of In-Kind	d Contributions Received	(From Schedule II	) \$	Ø		94		
G. Unpaid Debts and	d Obligations-(From Sche	dule IV)	\$	Ø				

PAGE 2 OF 12

#### SCHEDULE I

### CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate  Reporting Per  From 1—	-1-17 To 5-1-17
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50,00 OR LESS PER CON	TRIBUTOR
TOTAL for the Reporting Period (1)	\$ Ø
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ Ø
All Other Contributions (Part B)	\$350.00
TOTAL for the Reporting Period (2)	\$350.00
·	
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ Ø
All Other Contributions (Part D)	\$500.00
TOTAL for the Reporting Period (3)	\$500.00
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ET	C. (FROM PART E)
TOTAL for the Reporting Period (4)	\$ Ø
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.)	\$850.00

#### PART B

### **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	- 592	Λο ι	F	eporting		
Friends & Br	van C	r Clahary		From ]	-)-('	7-1-17
				DATE	A SECTION AND ADDRESS OF THE PARTY OF THE PA	AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$250.00
Mailing Address			3 Mo.	DAY	2017 YEAR	1.200.00
1325 Clay 54			mio.	DAI	T LEAR	\$
Bry N. J.	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Dethlehem	PA	18018 -	THE PARTY NAMED IN		1000	\$
Full Name of Contributor			MO.	2H	YEAR	\$ 100.00
Mailing Address Zebrnusk	1		MO.	DAY	VEAR	1 100 - 0
23 Dewsterry Ave	28					1 \$
CITY NO. 1	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Detrebum	IM	18017 -	THE REPORT OF THE PARTY.			\$
Full Name of Contributor			MO.	DAY	YEAR	\$ /
Mailing Address			MO.	DAY	YEAR	-
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
a section of the second section of	Technique III		140	DAY	VEAR	7
Full Name of Contributor			MO.	DAT	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	1 State	Zip Code (Plus 4)		_/		4
·	State	Zip Code (Flus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	Service and the service and th	ota (Elizara en estador a en Unido en Estador Estador en Estador e	мб.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	D D
merring Address			10/0.	DAI	T LCAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
				4016		\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢.
	Carried San War			DAY	VE A S	\$
Full Name of Contributor	4		MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	Φ.
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	ALCO ACCORD		MO.	DAY	YEAR	
Pair Name of Contributor			1,410.	DA.	TEAN	\$
Mailing Midress			MO.	DAY	YEAR	\$
	1 64-4-1	Zip Code (Plus 4)			· · ·	Ψ
City	State	Zip Code (Fills 4)	MO.	DAY	YEAR	\$
en proposition for the first and analysis of the first specific and appropriate and deleterated and the specific	CHILLIAN DE ANDE		policinos	TA SPANIE TO	3-2-10/25/	PAGE TOTAL
Enter Grand Total of Part B on So	chadula I	Detailed Summer	v Page (	Section	,	\$250.00
THE GIANG LOCAL OF LAIL DOUGH	chedule I,	petaneu Juninal	y raye, i	SECTION	14.	

#### 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.

Friends of Bry	$\supset$			DATE		AMOUNT
ul! Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR -	\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	\$
		_	MO.	DAY	YEAR	
ull Name of Contributing Committee			W.C.		127.51	\$
Mailing Address	7	e Bos	MO.	DAY	YEAR	8
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
ull Name of Contributing Committee			MO.	DAY	YEAR	\$
Dailing Address	-		MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
ull Name of Contributing Committee	September 1		<b>y</b> /0.	DAY	YEAR	
ailing Address	<del>-</del>		MO.	DAY	YEAR	\$
						\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Ill Name of Contributing Committee	10 100 16 20 - 1 h		Mo.	DAY	YEAR	\$
ailing Address			MO.	DAY	YEAR	\$
ity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Il Name of Contributing Committee	-/		MO.	DAY	YEAR	\$
ailing Address	-/-		MO.	DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Il Name of Contributing Committee			MO.	DAY	YEAR	\$
siling Address			MO.	DAY	YEAR	\$
ty	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
			МО.	DAY	YEAR	\$
Name of Contributing Committee						\$
siling Address			MO.	DAY	YEAR	\$
ty /	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
The second secon	montos plantici de la contra		er Charles plant de la comme	1 - 2 - 3 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4		PAGE TOTAL

### PART D

# ALL OTHER CONTRIBUTIONS

OVER \$250.00

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

Name of Filing Committee or Candidate	Reporting Period	
M - 1 or Ro . Callahan	From 1-1-17 To 5-1-1	7
tronds of brigan carranan	DATE AMOUNT	C/10-115-
Full Name of Contributor	MO. DAY YEAR & STACE DO	Letter Vis
Dennis Benner	3' 20 207 \$ 500.00	
Mailing Address	MO. DAY YEAR \$	
2005 City line Rd State Zip Code (Plus 4)	MO. DAY YEAR	
Hetheron 14/18017-	\$	
Employer Name SOF explosion Attorney	Atorney	
Employer Mailing Address/Principal Place of Business	7	
Full Name of Contributor	MO. DAY YEAR \$	-
Tull Hallie of Gold Buton		_
Mailing Address	MO. DAY YEAR \$	
City State Zip Code (Plus 4)	MO, DAY YEAR	
	S Occupation	
Employer Name		
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	MO. DAY YEAR	Constitution by
	\$	
Mailing Address	MO. DAY YEAR \$	
City State Zip Code (Plus 4)	MO. DAY YEAR \$	
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		W = 47.500 to
Full Name of Contributor	MO. DAY YEAR \$	
Mailing Address	MO. DAY YEAR \$	
City State Zip Code (Plus 4)	MO: DAY YEAR \$	
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
Employer Watting Address/Principal Pace of Dusiness		
Full Name of Contributor	MO. DAY YEAR	STATE OF THE PARTY
	\$	
Mailing Address	MO. DAY YEAR \$	
City State Zip Code (Plus 4)	MO. DAY YEAR \$	
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
	PAGE TOTAL COM	III SEPTEMBER
Enter Grand Total of Part D on Schedule I, Detailed Summary	Page, Section 3. \$500	2
DSEB-502 (7-99)	The second secon	holy to no

# 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.

Name of Filing Committee or Candidate	0.00.1	Reporting Period	7 705-1-17
Diends of Bryan	n (allaham	From 1 1	102
Full Name			ween't delicated with the seed File high
Wailing Address			
Walling Address			
City	State Zip Code (Plus 4)	MO. DAY YEAR	Amount \$
Receipt Description			
Fuli Name		ALC MINES IN THE RESIDENCE	
			/
Mailing Address			
City	State Zip Code (Plus 4)	MO. DAY YEAR	Amount \$
Receipt Description			The Control of the Co
Full Name			
Mailing Address		5.5	
City	State Zip Code (Nu 4)	MO. DAY YEAR	Amount \$
Receipt Description		<u> </u>	
Full Name			
Tall Hame			
Mailing Address			I Amalia
	State Zip Code (Plus 4)	MO. DAY YEAR	Amount \$
Mailing Address		MO. DAY YEAR	(A)
Mailing Address City		MO. DAY YEAR	(A)
Mailing Address  City  Receipt Description		MO. DAY YEAR	(A)
Mailing Address  City  Receipt Description  Full Name  Mailing Address			\$
Mailing Address  City  Receipt Description  Full Name		MO. DAY YEAR	(A)
Mailing Address  City  Receipt Description  Full Name  Mailing Address			\$ Amount
Mailing Address  City  Receipt Description  Full Name  Mailing Address  City			\$ Amount
Mailing Address  City  Receipt Description  Full Name  Mailing Address  City  Receipt Description			\$ Amount
Mailing Address  City  Receipt Description  Full Name  Mailing Address  City  Receipt Description  Full Name			\$ Amount \$
Mailing Address  City  Receipt Description  Full Name  Mailing Address  City  Receipt Description  Full Name  Mailing Address  City	State Zip Code (Plus 4)	MO. DAY YEAR	\$ Amount \$
Mailing Address  City  Receipt Description  Full Name  Mailing Address  City  Receipt Description  Full Name  Mailing Address	State Zip Code (Plus 4)	MO. DAY YEAR	\$ Amount \$
Mailing Address  City  Receipt Description  Full Name  Mailing Address  City  Receipt Description  Full Name  Mailing Address  City	State Zip Code (Plus 4)  State Zip Code (Plus 4)	MO. DAY YEAR	\$ Amount

#### 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  Reporting P  From	1-17 to 5-1-17
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR	LESS PER CONTRIBUTOR
TOTAL for the Reporting Period (1	\$
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FRO	M PART F)
TOTAL for the Reporting Period (2	\$
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART	G)
TOTAL for the Reporting Period (3)	\$
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.)	\$ 0.00

#### SCHEDULE II PART F

### IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	THE PERSON NAMED IN		F	Reporting	Period	The state of the s
Frems of Brus	mC	allahan				7 To J-1-17
U		Street Control of the		DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$ /
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution				1	4	/
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Description of Contribution			Γ,			\$
Season priorition of South Season			_/_			
Full Name of Contributor		/	MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:					l	
	100		Mo.	DAY	YEAR	And the second second second
Full Name of Contributor		/	W.O.	DAT	TEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution		<u> </u>			1	
Full Name of Contributor	and the	AND DESCRIPTION OF THE PARTY OF	MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor	- 1 1 1 ME		MO.	DAY	YEAR	\$
Mailing Address		1000	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Description of Contribution:		-				\$
			VIII CO		-4.2	
Enter Grand Total of Part F on Sched	lule II,	In-Kind Contributi	ons De	tailed		PAGE TOTAL
Summary Page, Section 2.						*/)

#### SCHEDULE II-PART G

### IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	tes de l'entre		F	Reporting		
Friends of Bryan	0	Mahan		From _	1-1-1	7 10 5-1-17
Comment of Digital	100	OUGINICATI	THE PARTY OF THE P	DATE	· · · · · · · · · · · · · · · · · · ·	AMOUNT
Full Name of Contributor	10000		MO.	CHARLES A SECURE OF STREET	YEAR	\$
AA-IV Address			MO.	DAY	YEAR	
Mailing Address			III.O.			\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor			Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Cor	ntribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor	L		Occupati	on		
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	
Full Name of Contributor			MO.	DAY	YEAR	\$
			100	DAY	VEAR	Ψ
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		1	Occupati	on		
Employer Mailing Address/Principal Place of Business	/		Descripti	on of Con	tribution	
Full Name of Contributor	/	THE REAL PROPERTY OF THE	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR .	\$
Employer of Contributor			Occupati	on	-	
Employer Mailing Address/Principal Place of Business		***************************************	Descripti	on of Can	tribution	
Full Name of Contributor	of to United States	a vonder 20 State	MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer of Contributor		***************************************	Occupation	on		
Employer Mailing Address/Principal Place of Business			Descripti	on of Cont	tribution	
	10 TO THE REAL PROPERTY.		fair was at 1th 400 to	respirit Permute	e - material a contra	PAGE TOTAL
Enter Grand Total of Part G on Scheo Summary Page, Section 3.	dule II,	In-Kind Contribu	tions De	etailed		\$().(00)

### SCHEDULE III

# STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period   From 1 -1-17   To 5-1-17
Friends of Bryan Callahan	77011
To Whom Paid	MO. DAY YEAR Amount
The morning Call	Description of Expenditure
Mailing Address	Substitation
City State Zip Code (Plus 4)	
Allentaun PA18107 -	MO. DAY YEAR Amount \$15.96
The morning Call Mailing Address	Description of Expenditure
	Subscription
Allentown PA 18102 -	
Celado Da Advantano PEP.	MO. DAY YEAR Amount \$ 150
Mailing Address 2285 Schooners Ole Pd # 207 City State Zip Code (Plus 4)	Campaign Sto
City State Zip Code (Plus 4)  Bethlisher PA 18017 -	Cocompany of orce
To Whom Paid	MO. DAY YEAR AMOUNT 9:00
She unaring Call	Description of Expenditure
	Subscription
Chy State Zip Code (Plus 4) PA 18102- To Whom Paid	
The Brick	MO. DAY YEAR Amount \$175.69
Mailing Address	Campaign Mooting
State Zip Code (Plus 4) 8018	Sample St.
To Whom Paid	MO. DAY YEAR AMOUNT 9 68
CVS Mai macy	Description of Expenditure
Mailing Address	Parade Candy
Bethlehern Pa 18017 -	0
To Whom Paid	3 15 17 \$ 29.40
Mailing Address	Description of Expenditure
City State   Zip Code (Plus 4)	Stamps
Bellehem PA 18018	
Triends of Michael Recabiuti	MO. DAY YEAR Amount \$500.00
Walling Address Clora Acad	Description of Expenditure  Donali W
Bethlehen State Zip Code (Plus 4)	
Enter Grand Total of Expenditures on Page 1, Report Cover Page	age, Item D. PAGE TOTAL

### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		N N	R	eporting	Period	17 705-1-17
Friends of Bryan	al	lauhan		From [		1 10 3
0 (1	A LACTOR		-	211	1 25.5	Amount
To Whom Paid  To Whom Paid			MO.	BAY 31	YEAR 1'7	\$ 15.96
Marling Address				on of Exp	enditure PALC	
City	State	Zip Code (Plus 4)	1 Oa	13561	trong	n
Allentaun	104	18407-				
Joseph of Bapillo Bon	000	0	MO.	DAY	YEAR	\$ 200.00
	LXX		1	on of Exp		
428 Grandliew Blvd	State	Zip Code (Plus 4)	1-0	DNag	HOY	1
Bellehen	PA	18018-				
Bryan Callahan			MO.	DAY	YEAR	\$435.57
Mailing Address				on of Exp		al about 100 in
633 man Dt	State	Zip Code (Plus 4)	1 400	16 W	Repay	eimbirsinanto
Bethlehum	PA	18018-	Camp			ment, Pertition tees ex Al
Dis Merl W			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)	-			
		_	La Contraction (see			
To Whom Paid			MD.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)	-			
¥ 11 ======		_				
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Descripti	on of Exp	enditure	
City	State	Zip Code (Plus 4)				
City			1			
		·				
To Whom Paid			MO.	DAY	YEAR	Amount
To Whom Paid  Mailing Address				DAY on of Expe		Amount \$
Mailing Address						6 C C C C C C C C C C C C C C C C C C C
	State	Zip Code (Plus 4)				6 C C C C C C C C C C C C C C C C C C C
Mailing Address						\$ Amount
Mailing Address City			Description Description	on of Expe	enditure YE \R	\$
Mailing Address  City  To Whom Paid  Malling Address	State	Zip Code (Plus 4)	Description Description	on of Expe	enditure YE \R	\$ Amount
Mailing Address  City  To Whom Paid			Description Description	on of Expe	enditure YE \R	\$ Amount
Mailing Address  City  To Whom Paid  Malling Address	State	Zip Code (Plus 4)	Description Description	on of Expe	enditure YE \R	\$ Amount