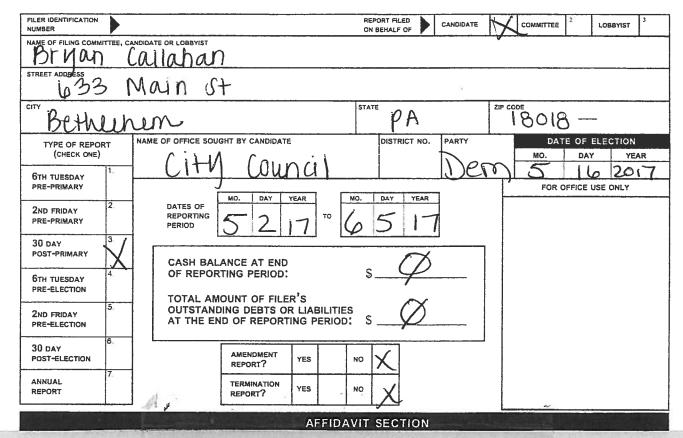
### **CAMPAIGN FINANCE STATEMENT**

## 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.



Commonwealth of Pennsylvania CAMPAIGN FINANCE REPORT

PAGE 1 OF 12

| (NOTE: | This report | must be | clear a | and leg | gible. It | may be | typed or | printed | in blue  | ог | black | ink.) |
|--------|-------------|---------|---------|---------|-----------|--------|----------|---------|----------|----|-------|-------|
|        | • -         |         |         |         | 3.0.0     |        | typed of | princea | III DIGE |    | DIACK | HIK.  |

|                            |  | -  | Report<br>Filed By:  |  | CANDIDA  | TE 1.  | COMM  | ITTEE   | X  | LOB  | BYIST  | 3.  |  |
|----------------------------|--|--|--|--|--|--|---|---|--|--|--|---|--|
| of Br                      | yar  | calla  | han  |  |  |  |   |   |  |  |  |   |  |
| lehem                      |  |  |  |  | State: PA  |  | 1000  |   |  | - 2005<br>-  |  |   |  |
| 6TH TUESDAY<br>PRE-PRIMARY | 1.   |  |  | 10 C   |  | ЗX   |   |   | YES  |  | NO   | X   |  |
| BTH TUESDAY                | 4.   |  |  |  |  | 6.   | 1.  |   | YES  |  | NO   | X   |  |
| ANNUAL<br>REPORT           | 7.   | YEAR   |  |  |  |  | PAPI  | 8   | X  | DISK   | ETTE   | ,   |  |
| Counc                      | ii.  |  |  | м  | 0. DAY   | YEAR   | District<br>Number  | Code  |  | Code<br>em   | C  | unty<br>ode<br>ODES)  |  |
| eipts<br>s from:           |  |  |  |  |  | YEAR<br>2017   | F   | OR OF   | FICE I   | ise o  | NLY  |   |  |
| orward From La             | st Rep   | ort  | ş  | 17,  | 358.   | 79   |   |   |  |  |  |   |  |
| ontributions and I         | Receipt  | s (From Sche   | duie I) \$   | Ø  |  |  |   |   |  |  |  |   |  |
| ble (Sum of Line           | es A a   | nd B)  | \$   | 17,  | 358.7  | 9  |   |   |  |  |  |   |  |
| From Schedule              | • 111)   |  | \$   |  |  |  |   |   |  |  |  |   |  |
| ce (Subtract Line          | D fro  | m Line C)  | \$   | 1.1  |  |  |   |   |  |  |  |   |  |
| Contributions Re           | ceived   | (From Schedu   | ulē, II) \$  | Ø  | •  |  |   |   |  |  |  |   |  |
|                            | OF Bri<br>Ma<br>Ma<br>ICNEM<br>BTH TUESDAY<br>PRE-PRIMARY<br>BTH TUESDAY<br>PRE-ELECTION<br>ANNUAL<br>REPORT<br>by Candidate:<br>COUNC<br>eipts<br>from:<br>orward From La<br>ntributions and f<br>ble (Sum of Line<br>(From Schedule<br>ce (Subtract Line | OF Bryan<br>Main<br>Main<br>ICNEM<br>BTH TUESDAY<br>PRE-PRIMARY<br>BTH TUESDAY<br>PRE-ELECTION<br>ANNUAL<br>REPOBT<br>Dy Candidate:<br>COUNCID<br>eipts<br>from:<br>COUNCID<br>eipts<br>from:<br>Council<br>convard From Last Rep<br>Intributions and Receipt<br>ble (Sum of Lines A a<br>(From Schedule III)<br>ce (Subtract Line D fro | MAIN JA<br>MAIN JA<br>MAIN JA<br>MAIN JA<br>MAIN JA<br>MAIN JA<br>MRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-ELECTION<br>ANNUAL<br>REPORT<br>TO YEAR<br>MO. DAY YE<br>S Z Z<br>Orward From Last Report<br>Intributions and Receipts (From Sche<br>ble (Sum of Lines A and B)<br>(From Schedule III)<br>Se (Subtract Line D from Line C) | Filed By:<br>ee, Candidate or Lobbyist:<br>OF BRYAN CAllahan<br>MAIN St<br>MAIN St<br>PRE-PRIMARY<br>PRE-PRIMARY<br>BTH TUESDAY<br>PRE-PRIMARY<br>BTH TUESDAY<br>PRE-ELECTION<br>ANNUAL<br>REPORT<br>by Candidate:<br>COUNCIL<br>eipts<br>from: D DAY YEAR<br>5 2 2017<br>To<br>orward From Last Report<br>mtributions and Receipts (From Schedule I)<br>(From Schedule III)<br>te (Subtract Line D from Line C)<br>State Subtract Line D from Line C)<br>Filed By:<br>PRICE By:<br>PRICE BY:<br>PRE-BLECTION<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-PRIMARY<br>PRE-ELECTION<br>State State Sta | Filed By:         Filed By:         OF Bryan Callahan         Main Callahan         PRE-PRIMARY         PRE-ELECTION         ANNUAL         7.       YEAR         FILM         Mo. Day YEAR         Mo. Day YEAR         Got colspan="2">Mo. Day YEAR         Got colspan="2">Mo. Day YEAR         Got colspan="2">Mo. Day YEAR         Got colspan="2"C | Filed By: CANDIDA<br>ee, Candidate or Lobbyist:<br>OF BRYAN CALLANAN<br>MAIN GF<br>ILNEM<br>BTH TUESDAY<br>PRE-PRIMARY<br>BTH TUESDAY<br>PRE-PRIMARY<br>BTH TUESDAY<br>PRE-PRIMARY<br>BTH TUESDAY<br>PRE-ELECTION<br>ANNUAL<br>REPORT<br>COUNCIL<br>MO. DAY<br>S. 30 DAY<br>POST PRIMARY<br>PRE-ELECTION<br>ANNUAL<br>REPORT<br>COUNCIL<br>MO. DAY<br>S. 30 DAY<br>POST ELECTION<br>POST ELECTION<br>POST ELECTION<br>POST ELECTION<br>POST ELECTION<br>POST ELECTION<br>DATE OF EL<br>MO. DAY<br>S. 10<br>DATE OF EL<br>MO. DAY<br>S. 11, 358.<br>INTIBUTIONS and Receipts (From Schedule I)<br>S. 1, USUB - 5<br>COUNCIL<br>(From Schedule III)<br>S. 1, USUB - 5<br>S. 15, 692. | Filed By: CANDIDATE<br>ee, Candidate or Lobbyist:<br>OF BRYAN CALLANAN<br>MAIN St<br>PA<br>State: PA<br>State: Oblay<br>State: PA<br>State: PA<br>Sta | Filed By: CANDIDATE COMM<br>Filed By: CANDIDATE COMM<br>of Bryan Callanan<br>Main Gt<br>Check on Gt<br>State: $PA$<br>State: $PA$<br>St | Filed By:CANDIDATECOMMITTEEof Bryan CallahanMain StMain StOf Bryan CallahanMain StState: $PA$ Zip Code:<br>18018State: $PA$ Zip Code:<br>18018Of Bryan CallahanMain StState: $PA$ Zip Code:<br>18018Of Bryan CallahanState: $PA$ Zip Code:<br>18018Of Bryan CallahanState: $PA$ Zip Code:<br>18018ODAY<br>PRE-PRIMARYState: $PA$ Zip Code:<br>18008ODAY<br>PRE-PRIMARYState: $PA$ Zip Code:<br>18008ODAY<br>PRE-PRIMARYState: $PA$ DAY<br>PRE-PRIMARYState: $PA$ ODY Condidate:<br>COUNCIIDATE OF ELECTION<br>DistrictDistrict Colspan="2">Officient Colspan="2">Colspan="2">Colspan="2">Colspan="2">State: $PA$ MO. DAY YEARFOR | Filed By:       CANDIDATE       COMMITTEE       X         of Bryan Callahan         Main Callahan         Main Callahan         Main Callahan         State: PA       Zip Code:<br>18018         The Bryan Callahan         State: PA       Zip Code:<br>18018         State: PA       Zip Code:<br>18018         The PA       Zip Code:<br>18018         State: PA       Zip Code:<br>18018         PRE-PRIMARY       PA         PRE-PRIMARY       PA         PRE-PRIMARY       PA         PRE-PRIMARY       PA         PRE-PRIMARY       PA         PRE-PRIMARY       PAPER         PRE-PRIMARY       AMENDAY       PA         PRE-PRIMARY       PA       PAPER         PAPER       PAPER         Mo. Day YEAR       FOR OFFICE I         OT 2 ZOTT       To       De S 2 OT | Filed By:       CANDIDATE       COMMITTEE       LOB         of Bryan Callanan         Main Callanan         Main Callanan         Main Callanan         State:       PA       Zip Code:         Image: PA       Zip Code:       18018 -         State:       PA       Zip Code:       18018 -         State:       PA       Zip Code:       18018 -         State:       PA       Zip Code:       To Code:       To Tentimany       X       AMENDMENT       YES         AME-ELECTION       PAPE.ELECTION       PAPER       PILING METHOD         PAPER       PILING METHOD         PAPER       POST ELECTION       PAPER         PAPER       Code       Party         Code       Party         Code       Party         Code <th colspa<="" td=""><td>Filed By:       CANDIDATE       COMMITTEE       LOBBYIST         OF Bryan Callanan         Main Callanan         Main State       CANDIDATE       COMMITTEE       LOBBYIST         OF Bryan Callanan         Main State       Code         Image: State       PA       Zip Code         Image: State       PA       AMENDMENT       YES       NO         State       PAPER       Zip Code         Image: State       PA       Zip Code         State       PA       PA         Mare presentance       PAPER       Paper       Disketter         DATE OF Electonon       Sintrict</td></th> | <td>Filed By:       CANDIDATE       COMMITTEE       LOBBYIST         OF Bryan Callanan         Main Callanan         Main State       CANDIDATE       COMMITTEE       LOBBYIST         OF Bryan Callanan         Main State       Code         Image: State       PA       Zip Code         Image: State       PA       AMENDMENT       YES       NO         State       PAPER       Zip Code         Image: State       PA       Zip Code         State       PA       PA         Mare presentance       PAPER       Paper       Disketter         DATE OF Electonon       Sintrict</td> | Filed By:       CANDIDATE       COMMITTEE       LOBBYIST         OF Bryan Callanan         Main Callanan         Main State       CANDIDATE       COMMITTEE       LOBBYIST         OF Bryan Callanan         Main State       Code         Image: State       PA       Zip Code         Image: State       PA       AMENDMENT       YES       NO         State       PAPER       Zip Code         Image: State       PA       Zip Code         State       PA       PA         Mare presentance       PAPER       Paper       Disketter         DATE OF Electonon       Sintrict |

2

### SCHEDULE I CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

| Name of Filing Committee or Candidate | Reporting Period     |
|---------------------------------------|----------------------|
| Friends of Bruan Ca                   |                      |
| FILCION OF BINWILLA                   | From 012/20 To 01012 |

 I. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR

 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)     | \$<br>Ø |
| All Other Contributions (Part B)                              | \$<br>Ø |
| TOTAL for the Reporting Period (2)                            | \$<br>Ø |

| 3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)   | <br>and the second second |
|---|---------------------------|
| Contributions Received from Political Committees (Part C) | \$<br>Ø                   |
| All Other Contributions (Part D)                          | \$<br>Ø                   |
| TOTAL for the Reporting Period (3)                        | \$<br>Ø                   |

| 4. | OTHER RECE | EIPTS | -   | REFUNDS, | INTEREST | EA  | RNED, | RETURNED      | CHECKS, | ETC. | (FROM | PART                  | E) |
|----|------------|-------|-----|----------|----------|-----|-------|---------------|---------|------|-------|-----------------------|----|
|    |            |       | -45 |          | TOTAL    | for | the R | leporting Per | iod     | (4)  | \$ (  | Ø                     |    |
|    |            |       |     |          |          |     |       |               |         |      |       | and the second second |    |

| <b>TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING</b><br><b>THIS REPORTING PERIOD</b> (Add and enter amount totals from<br>Boxes 1. 2, 3 and 4; also enter this amount on Page 1. Report<br>Cover Page, Item B.) | \$ ( | $\phi$ |
|--|------|--------|
|  |      | /      |

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#### 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.

|                                   |  | han  |            | DATE                  |      |            |
|-----------------------------------|--|--|------------|-----------------------|------|------------|
| Name of Contributing Committee    |  |  | MO.        | DATE                  | YEAR | AMOUNT     |
| <u>\</u>                          |  |  |            |                       |      | \$         |
| ailing Address                    |  |  | MO.        | DAY                   | YEAR | \$         |
|                                   | State  | Zip Code (Plus 4)  | MO.        | DAY                   | YEAR | \$         |
| Il Name of Contributing Committee |  |  | MO.        | DAY                   | YEAR |            |
| \                                 |  |  |            |                       | TEAN | \$         |
| ailing Address                    |  |  | MO.        | DAY                   | YEAR | \$         |
| ty                                | State  | Zip Code (Plus 4)  | MO.        | DAY                   | YEAR | \$         |
| Il Name of Contributing Committee |  | and the second | MO.        | DAY                   | YEAR |            |
| ailing Address                    |  |  |            |                       |      | \$         |
| -<br>ty                           |  |  | <u>MO.</u> | DAY                   | YEAR | \$         |
| (y                                | State  | Zip Code (Plus 4)  | MO.        | DAY                   | YEAR | \$         |
| Il Name of Contributing Committee |  |  | MO.        | DAY                   | YEAR |            |
| ailing Address                    |  | <u>\</u>   |            | DAY                   |      | \$         |
| у                                 |  | $\mathbf{i}$   | <u>MO.</u> | DAY                   | YEAR | \$         |
| Ŷ                                 | State  | Zip Code (Plus 4)  | MO.        | DAY                   | YEAR | \$         |
| I Name of Contributing Committee  |  | <u> </u>   | MO.        | DAY                   | YEAR |            |
| iling Address                     |  |  |            |                       |      | \$         |
|                                   |  |  | MO.        | DAY                   | YEAR | \$         |
| y                                 | State  | Zip Code (Plus 4)  | MO.        | DAY                   | YEAR | ¢          |
| I Name of Contributing Committee  |  |  |            |                       |      | \$         |
| ling Address                      | the second s |  | MB.        | DAY                   | YEAR | \$         |
|                                   |  |  | MO.        | DAY                   | YEAR | \$         |
|                                   | State  | Zip Code (Plus 4)  | MO.        | DAX                   | YEAR |            |
| Name of Contributing Committee    |  |  |            |                       |      | \$         |
|                                   |  |  | MO.        | DAY                   | NEAR | \$         |
| ling Address                      |  |  | MO.        | DAY                   | YEAR |            |
| ,                                 | State  | Zip Code (Plus 4)  | MO.        | DAY                   | YEAR | \$         |
| Name of Contributing Committee    |  | _  |            |                       | 1570 | \$         |
|                                   |  |  | MO.        | DAY                   | YEAR | \$         |
| ling Address                      |  | -  | MO.        | DAY                   | YEAR |            |
|                                   | State  | Zip Code (Plus 4)  | MO.        | DAY                   | VEAD | \$         |
|                                   |  |  |            | UAT                   | YEAR | \$         |
|                                   |  | Detailed Summar  |            | and the second second |      | PAGE TOTAL |

| PAGE 4 | OF | 12 |
|--------|----|----|
|        |    |    |

## 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.)

| Friends of Bryan Ca   | ulahan  |   | From _  | Period<br>5/2/2  | 017 To 615/2017  |
|---|---|---|---|--|--|
|   |   |   | DATE  |  | AMOUNT   |
| Full Name of Contributor  |   | MO.   | DAY   | YEAR   | \$   |
| Mailing Address   |   | MO.   | DAY   | YEAR   | \$   |
| City State  | Zip Code (Plus 4)   | MO.   | DAY   | YEAR   |  |
| Full Name of Contributor  |   | MO.   | DAY   | L VEAG   | \$   |
| Mailing Address   |   |   |   | YEAR   | \$   |
|   |   | MO.   | DAY   | YEAR   | \$   |
| City State  | Zip Code (Plus 4)   | MO.   | DAY   | YEAR   | \$   |
| Full Name of Contributor  |   | MO.   | DAY   | YEAR   |  |
| Mailing Address   |   |   |   |  | ]\$  |
|   |   | MO.   | DAY   | YEAR   | \$   |
| State   | Zip Code (Plus 4)<br>-  | MO.   | DAY   | YEAR   | \$   |
| Full Name of Contributor  |   | MO.   | DAY   | YEAR .   | \$   |
| Mailing Address   |   | MO.   | DAY   | YEAR   |  |
| City State  | Zip Code (Plus 4)   |   |   |  | \$   |
| State   | -   | MO.   | DAY   | YEAR   | \$   |
| Full Name of Contributor  |   | MO.   | DAY   | YEAR   | <b>^</b>   |
|   |   |   |   |  | \$   |
| Mailing Address   |   | MO.   | DAY   | YEAR   |  |
| Play  | Zio Code (Plue A)   |   |   | YEAR   | \$   |
| City State  | Zip Code (Plus 4)   | MO.<br>MO.                                    | DAY   | YEAR   | \$   |
| City State  | Zip Code (Plus 4)   |   |   |  | \$   |
| City State  | Zip Code (Plus 4)   | MO.   | DAY   | YEAR   | \$<br>\$   |
| City State<br>Full Name of Contributor<br>Mailing Address   |   | M0.<br>M0.<br>M0.                             | DAY<br>DAY<br>DAY   | YEAR   | \$   |
| City State Full Name of Contributor Mailing Address City State  |   | MO.   | DAY   | YEAR   | \$<br>\$   |
| City State Full Name of Contributor Mailing Address City State  |   | M0.<br>M0.<br>M0.                             | DAY<br>DAY<br>DAY<br>DAY                                    | YEAR<br>YEAR<br>YEAR<br>YEAR                                 | \$<br>\$<br>\$<br>\$   |
| City State<br>Full Name of Contributor<br>Mailing Address<br>City State<br>Full Name of Contributor   |   | MO  | DAY<br>DAY<br>DAY<br>DAY                                    | YEAR<br>YEAR<br>YEAR<br>YEAR                                 | \$<br>\$<br>\$   |
| City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City  | Zip Code (Plus 4)   | MO.<br>MO.<br>MO.                             | DAY<br>DAY<br>DAY<br>DAY                                    | YEAR<br>YEAR<br>YEAR<br>YEAR                                 | \$<br>\$<br>\$<br>\$   |
| City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State  |   | MO  | DAY<br>DAY<br>DAY<br>DAY                                    | YEAR<br>YEAR<br>YEAR<br>YEAR                                 | \$<br>\$<br>\$<br>\$<br>\$   |
| City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City  | Zip Code (Plus 4)<br>   | MO.<br>MO.<br>MO.<br>MO.                      | DAY<br>DAY<br>DAY<br>DAY<br>DAY<br>DAY                      | YEAR<br>YEAR<br>YEAR<br>YEAR<br>YEAR                         | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$   |
| City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State Full Name of Contributor   | Zip Code (Plus 4)<br>   | MO.<br>MO.<br>MO.<br>MO.<br>MO.               | DAY<br>DAY<br>DAY<br>DAY<br>DAY<br>DAY<br>DAY               | YEAR<br>YEAR<br>YEAR<br>YEAR<br>YEAR<br>YEAR                 | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$   |
| City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State Full Name of Contributor | Zip Code (Plus 4)<br>   | MO.<br>MO.<br>MO.<br>MO.<br>MO.<br>MO.        | DAY<br>DAY<br>DAY<br>DAY<br>DAY<br>DAY<br>DAY<br>DAY        | YEAR<br>YEAR<br>YEAR<br>YEAR<br>YEAR<br>YEAR<br>YEAR         | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$   |
| City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State  | Zip Code (Plus 4)<br>   | MO.<br>MO.<br>MO.<br>MO.<br>MO.<br>MO.        | DAY<br>DAY<br>DAY<br>DAY<br>DAY<br>DAY<br>DAY               | YEAR<br>YEAR<br>YEAR<br>YEAR<br>YEAR<br>YEAR                 | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ |
| City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State Full Name of Contributor Mailing Address City State Full Name of Contributor | Zip Code (Plus 4)<br><br>Zip Code (Plus 4)<br><br>Zip Code (Plus 4)<br> | MO.<br>MO.<br>MO.<br>MO.<br>MO.<br>MO.<br>MO. | DAY<br>DAY<br>DAY<br>DAY<br>DAY<br>DAY<br>DAY<br>DAY<br>DAY | YEAR<br>YEAR<br>YEAR<br>YEAR<br>YEAR<br>YEAR<br>YEAR<br>YEAR | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ |

PAGE 5 OF 12

#### 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 Br                      |          |                        |            |             |      | 2017. 6151201 |
|------------------------------------|----------|------------------------|------------|-------------|------|---------------|
| ull Name of Contributing Committee |          |                        | MO.        | DATE<br>DAY | YEAR | AMOUNT        |
|                                    |          |                        | ino.       | DAT         | TEAN | \$            |
| Vailing Address                    |          |                        | MO.        | DAY         | YEAR | \$            |
| Sity                               | State    | Zip Code (Plus 4)<br>- | MO.        | DAY         | YEAR | \$            |
| ull Name of Contributing Committee |          |                        | MO.        | DAY         | YEAR | \$            |
| Mailing Address                    |          |                        | MO.        | DAY         | YEAR | \$            |
| Sity                               | State    | Zip Code (Plus 4)      | MO.        | DAY         | YEAR | \$            |
| ull Name of Contributing Committee |          |                        | MO.        | DAY         | YEAR |               |
| Aailing Address                    | <u> </u> | 12                     |            |             |      | \$            |
| lity                               |          |                        | MO.        | DAY         | YEAR | \$            |
|                                    | State    | Zip Code (Plus 4)<br>  | MO.        | DAY         | YEAR | \$            |
| ull Name of Contributing Committee |          |                        | MO.        | DAY         | YEAR | \$            |
| ailing Address                     |          | <u> </u>               | MO.        | DAY         | YEAR | \$            |
| ity                                | State    | Lip Code (Plus 4)      | MO.        | DAY         | YEAR | \$            |
| II Name of Contributing Committee  |          |                        | MO.        | DAY         | YEAR |               |
| ailing Address                     |          |                        |            |             |      | \$            |
| ty                                 | State    |                        | <u>MO.</u> | DAY         | YEAR | \$            |
|                                    | Siate    | Zip Code (Plus 4)      | Mo.        | DAY         | YEAR | \$            |
| I Name of Contributing Committee   |          |                        | MÒ         | DAY         | YEAR | ¢             |
| iling Address                      |          |                        | MO.        | DAY         | YEAR | \$            |
| ty                                 | State    | Zip Code (Plus 4)      | MO.        | DAY         | YEAR | \$            |
| I Name of Contributing Committee   |          | -                      |            |             |      | \$            |
| iling Address                      |          |                        | MO.        | DAY         | YEAR | \$            |
| - 5 25                             |          |                        | MO.        | DAY         | YEAR | \$            |
| У                                  | State    | Zip Code (Plus 4)      | MO.        | DAY         | YEAR | \$            |
| I Name of Contributing Committee   |          |                        | MO.        | DAY         | YEAR |               |
| iling Address                      |          |                        | MO.        | DAY         | YEAR | \$            |
| ,                                  | State    | Žip Code (Plus 4)      | MO.        | DAY         | YEAR | \$            |
|                                    |          |                        |            |             |      | \$            |
|                                    |          |                        |            |             | 61   | PAGE TOTAL    |

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| PAGE | 6 | OF | 1 | 2 |
|------|---|----|---|---|
| PAGE | 6 | OF |   | 4 |

## 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 F | art t | (.) |
|------------------------|----------------|------------|----------|------|-------|-----|
|                        |                |            |          |      |       |     |

| Name of Filing Committee or Candidate<br>Friends of Bryan | Callahan                  | Reporting Period<br>From 512 | 120170 61512017  |
|---|---------------------------|------------------------------|--|
|   |                           | DATE                         | AMOUNT   |
| 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 Busines       | \$5                       |                              |  |
| 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 Busines       | 55                        |                              | and the second |
| Full Name of Contributor                                  | )                         | MO. DAY YEAR                 | -   ¢  |
| Mailing Address   |                           | MO. DAY YEAR                 | \$   |
|   | $\langle \rangle$         |                              | \$   |
| City  | State Zip Code (Plus 4)   | MO. DAY YEAR                 | \$   |
| Employer Name   |                           | Occupation                   | <u> </u>   |
| Employer Mailing Address/Principal Place of Busines       | 55                        | l                            |  |
|   | 3N                        | $\mathbf{X}$                 |  |
| Full Name of Contributor                                  |                           | MQ. DAY YEAR                 | - \$   |
| Mailing Address   |                           | MO. DAY YEAR                 |  |
| City  | State Zip Code (Plus 4)   | MO. DAN YEAR                 | \$   |
|   | -                         | MO. DAN YEAR                 | \$   |
| Employer Name   |                           | Occupation                   |  |
| Employer Mailing Address/Principal Place of Business      | S                         | <u> </u>                     | X  |
| Full Name of Contributor                                  |                           |                              | $\mathbf{h}$   |
|   |                           | MO. DAY YEAR                 | \$   |
| Mailing Address   |                           | MO. DAY YEAR                 | \$   |
| City  | State Zip Code (Plus 4)   | MO. DAY YEAR                 | <u> </u>   |
| Employer Name   |                           |                              | 1\$  |
|   |                           | Occupation                   |  |
| Employer Mailing Address/Principal Place of Business      | 5                         |                              |  |
|   |                           |                              |  |
| Enter Grand Total of Part D on Sche                       | edule I, Detailed Summary | Page, Section 3.             | PAGE TOTAL   |
| SEB-502 (7-99)  |                           |                              | <u>₹ ()</u>  |

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|--------|------|---|---|
| PAGE I | I OF |   |   |

### 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.

| Name of Filing Committee or Candida | to            |                   | Rep            | orting Per    | ind            |  |
|-------------------------------------|---------------|-------------------|----------------|---------------|----------------|--|
| training committee of candida       | ruan (        | ilahan            |                | MI            | 212017         | ··· 61512017   |
| Friends of B                        | mul l         | Manut             | Fr             | rom <u>97</u> | 01 2014        | 0_0.07201  |
|                                     |               |                   |                |               |                |  |
| Vull Name                           |               |                   |                |               |                |  |
| \                                   |               |                   |                |               |                |  |
| Mailing Address                     |               |                   |                |               |                |  |
| City                                | State         | Zip Code (Plus 4) | MO.            | DAY           | Amoun          | it   |
|                                     | State         | -                 | MO.            |               | \$             |  |
| Receipt Description                 |               |                   |                | l             | l'and a second |  |
| necelpt bescription                 | *             |                   |                |               |                |  |
| Full Name                           |               |                   |                |               |                |  |
|                                     |               |                   |                |               |                |  |
| Mailing Address                     |               |                   |                |               |                |  |
|                                     |               |                   |                |               |                |  |
| City                                | State         | Zip Code (Plus 4) | MO.            | DAY Y         | EAR Amour      | ĸ  |
| Respiret Departmenter               |               |                   |                |               | ¥              |  |
| Receipt Description                 | $\mathbf{i}$  |                   |                |               |                |  |
| Full Name                           |               |                   | e skola i sana | Second Second |                | uideen(禮明), Source and Source  |
|                                     |               |                   |                |               |                |  |
| Mailing Address                     | /             |                   |                |               |                |  |
|                                     | ````          | $\mathbf{i}$      |                |               |                | the state of the second st |
| City                                | State         | Zie Code (Plus 4) | MO.            | DAY Y         | EAR Amour      | it   |
|                                     |               |                   |                |               | \$             |  |
| Receipt Description                 |               | $\backslash$      |                |               |                |  |
| Full Name                           |               |                   |                |               |                |  |
| run Name                            |               |                   |                |               |                |  |
| Mailing Address                     |               |                   | <u></u>        |               |                |  |
| -                                   |               |                   | $\mathbf{i}$   |               |                |  |
| City                                | State         | Zip Code (Plus 4) | MQ.            | DAY           | EAR Amour      | ht .   |
|                                     |               | -                 |                |               | \$             |  |
| Receipt Description                 |               |                   | 1              | 1             |                |  |
|                                     |               |                   |                | <u> </u>      |                |  |
| Full Name                           |               |                   |                |               |                |  |
| Mailing Address                     |               |                   |                |               |                |  |
|                                     |               |                   |                |               |                |  |
| City                                | State         | Zip Code (Plus 4) | MO.            | DAY           | EAR            | h  |
|                                     |               | -                 |                |               | N.             |  |
| Receipt Description                 |               |                   |                |               | 1              |  |
|                                     |               |                   |                |               |                |  |
| Full Name                           |               |                   |                |               |                | $\backslash$   |
|                                     |               |                   |                |               |                |  |
| Mailing Address                     |               |                   |                |               |                | $\mathbf{X}$   |
| City                                | State         | Zip Code (Plus 4) | MO.            | DAY           | EAR Amou       | ht   |
|                                     |               |                   |                |               | \$             | $\backslash$   |
| Receipt Description                 |               |                   |                |               |                |  |
|                                     |               |                   |                |               |                |  |
|                                     |               |                   |                |               |                |  |
|                                     |               |                   |                |               | PAGE           | TOTAL  |
| Enter Grand Total of Part E         | on Schodule L | Detailed Summer   | N Dogo S       | Section       |                | TOTAL  |

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# SCHEDULE II PAGE 6 OF 12

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

**Detailed Summary Page** 

| Name of Filing Committee | or C | andidate |          | Reporting Period         |
|--------------------------|------|----------|----------|--------------------------|
| Friends                  | Of   | Bryan    | Callahan | From 512/201] To 6/5/201 |

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 (FROM PART F)

TOTAL for the Reporting Period

(2)\$

| 3, | IN-KIND | CONTRIBUTION | RECEIVED | - VALUE | E OVER \$2 | 50.00 (FRO  | M PART | G)  |   |  |  |
|----|---------|--------------|----------|---------|------------|-------------|--------|-----|---|--|--|
|    |         |              | тс       | TAL for | the Repor  | ting Period | (3     | )\$ | Ø |  |  |

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.) \$ Ø

| PAGE | 9 | OF | 12 |
|------|---|----|----|
|      |   |    |    |

### SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Candidate                        |          | 4                    | R          | eporting | Period  |                                       |
|--|----------|----------------------|------------|----------|---------|---------------------------------------|
| Friends of Bryar   | ) (      | allahan              |            | From     | 512/2   | 017 то 6/5/2017                       |
| TTTUTUE OF DIFFEE  |          |                      |            |          |         |                                       |
| Full Name of Contributor                                     |          |                      | MO.        | DATE     | YEAR    | AMOUNT                                |
| Pur Name of Contributor                                      |          |                      |            | DAI      | - ILAIL | \$                                    |
| Mailing Address  |          |                      | MO.        | DAY      | YEAR    | \$                                    |
|  | 1 6      | The Order (Diver A)  |            |          |         |                                       |
| City   | State    | Zip Code (Plus 4)    | <u>MO.</u> | DAY      | YEAR    | \$                                    |
| Description of Contribution:                                 | 1 1      |                      |            |          |         |                                       |
|  |          |                      |            |          |         |                                       |
| Full Name of Contributor                                     |          |                      | MO.        | DAY      | YEAR    | \$                                    |
| Mailing Address  |          |                      | MO.        | DAY      | YEAR    |                                       |
|  |          |                      |            |          | 12711   | \$                                    |
| City   | State    | Zip Code (Plus 4)    | MQ.        | DAY      | YEAR    | \$                                    |
|  |          | -                    | l.         |          |         | 4                                     |
| Description of Contribution:                                 |          |                      |            |          |         |                                       |
| Full Name of Contributor                                     | <u> </u> |                      | MO.        | DAY      | YEAR    |                                       |
|  |          |                      |            |          |         | \$                                    |
| Mailing Address  |          |                      | MO.        | DAY      | YEAR    | \$                                    |
| City   | State    | Zin Code (Plus 4)    | MO.        | DAY      | YEAR    | · · · · · · · · · · · · · · · · · · · |
|  |          | -                    |            |          |         | \$                                    |
| Description of Contribution:                                 |          |                      |            |          | l       | I                                     |
|  |          |                      |            |          | _       |                                       |
| Full Name of Contributor                                     |          |                      | MO.        | DAY      | YEAR    | \$                                    |
| Mailing Address  |          | <del>`</del>         | MO.        | DAY      | YEAR    |                                       |
|  |          |                      |            |          |         | \$                                    |
| City   | State    | Zip Code (Plus 4)    | MO         | DAY      | YEAR    | \$                                    |
| Description of Contribution                                  |          | -                    |            |          | I       | <b>*</b>                              |
| Description of Contribution                                  |          |                      |            |          |         |                                       |
| Full Name of Contributor                                     |          |                      | MO.        | DAY      | YEAR    |                                       |
|  |          |                      |            |          |         | \$                                    |
| Mailing Address  |          |                      | MO.        | DAY      | YEAR    | s                                     |
| City   | State    | Zip Code (Plus 4)    | MO.        | DAY      | YEAR    | · · · · · · · · · · · · · · · · · · · |
|  |          |                      |            |          |         | S.                                    |
| Description of Contribution:                                 | I        |                      |            |          |         |                                       |
|  |          |                      | _          |          |         |                                       |
| Full Name of Contributor                                     |          |                      | MO.        | DAY      | YEAR    | \$                                    |
| Mailing Address  |          |                      | MO.        | DAY      | YEAR    |                                       |
|  |          |                      |            |          |         | \$                                    |
| City   | State    | Zip Code (Plus 4)    | MO.        | DAY      | YEAR    | \$                                    |
| Description of Contribution:                                 |          | -                    | <u> </u>   |          |         | <u>↓</u>                              |
| Seat prior of contributions.                                 |          |                      |            |          |         | $\setminus$                           |
|  |          |                      |            |          |         | PAGE TOTAL                            |
| Enter Grand Total of Part F on Sche Summary Page, Section 2. | dule II, | , In-Kind Contributi | ons De     | tailed   |         | \$ 2                                  |
| Summary rage, Section 2.                                     |          |                      |            |          |         | l ▼ XJ                                |

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### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

| Name of Filing Committee or Candidate                     | ~        |                        | R         | eporting       |           |                                       |
|---|----------|------------------------|-----------|----------------|-----------|---------------------------------------|
| Name of Filing Committee or Candidate<br>Friends Of Bryan | Ca       | llahan                 |           | From C         | 12/20     | DIT TO 61512017                       |
|   |          |                        |           | DATE           |           | AMOUNT                                |
| Full Name of Contributor                                  |          |                        | MO.       | DAY            | YEAR      | \$                                    |
| Mailing Address   |          |                        | MO.       | DAY            | YEAR      | •                                     |
|   |          |                        |           |                |           | \$                                    |
| City  | State    | Zip Code (Plus 4)      | MO.       | DAY            | YEAR      | \$                                    |
| Employer of Contributor                                   | <u> </u> |                        | Occupatio | on             |           |                                       |
|   |          |                        |           |                |           |                                       |
| Employer Mailing Address Principal Place of Business      |          |                        | Descripti | on of Con      | tribution |                                       |
| Full Name of Contributor                                  |          |                        | MO.       | DAY            | YEAR      | \$                                    |
| Mailing Address   |          |                        | MO.       | DAY            | YEAR      | \$                                    |
|   |          |                        |           |                |           | <b>Þ</b>                              |
| City  | State    | Zip Code (Plus 4)      | MO.       | DAY            | YEAR      | \$                                    |
| Employer of Contributor                                   |          |                        | Occupati  | on             |           |                                       |
| Sectors Meiling Address/Bringing) Discs of Business       |          |                        | Descripti | ion of Con     | tribution |                                       |
| Employer Mailing Address/Principal Place of Business      |          | $\backslash$           | UCDUNPT.  |                |           |                                       |
| Full Name of Contributor                                  |          |                        | MO.       | DAY            | YEAR      | \$                                    |
| Mailing Address   |          | <u> </u>               | MO.       | DAY            | YEAR      | ¢                                     |
|   |          |                        |           |                |           | \$                                    |
| City  | State    | Zip Code (Plus 4)      | MO.       | DAY            | YEAR      | \$                                    |
| Employer of Contributor                                   | J        |                        | Occupati  | on             |           |                                       |
| Employer Mailing Address/Principal Place of Business      |          |                        | Destrinti | ion of Con     | tribution |                                       |
|   |          |                        |           |                |           |                                       |
| Full Name of Contributor                                  |          |                        | MO.       | DAY            | YEAR      | \$                                    |
| Mailing Address   |          |                        | MO.       | DAY            | YEAR      | \$                                    |
| Menning Address   |          |                        |           | PAT            | 1 CMIP    | \$                                    |
| City  | State    | Zip Code (Plus 4)      | MO.       | DAY            | YEAR      | \$                                    |
| Employer of Contributor                                   |          |                        | Occupati  | 0 <del>1</del> |           |                                       |
|   |          |                        |           |                |           | $\backslash$                          |
| Employer Mailing Address/Principal Place of Business      |          |                        | Descripti | ion of Con     | tribution |                                       |
| Full Name of Contributor                                  |          |                        | MO.       | DAY            | YEAR      | \$                                    |
| Mailing Address   |          |                        | MO.       | DAY            | YEAR      |                                       |
|   |          |                        |           |                |           | \$                                    |
| City  | State    | Zip Code (Plus 4)<br>- | MO.       | DAY            | YEAR      | \$                                    |
| Employer of Contributor                                   | 4        | L                      | Occupati  | on             |           | · · · · · · · · · · · · · · · · · · · |
| Employer Mailing Address/Principal Place of Business      |          |                        | Descript  | ion of Con     | tribution | /                                     |
|   |          |                        |           |                |           |                                       |
| Enter Grand Total of Part G on Sche                       | dule II  | I In-Kind Contribu     | itione D  | atailad        |           |                                       |
| Summary Page, Section 3.                                  |          |                        |           | eraned         |           | s Ø                                   |

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

### SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate                 | Reporting Period                                   |
|---|--|
| Friends of Bryan Callahar                             | From 5/2/2017 to 6/5/2017                          |
|   |  |
| Apollo Grill  | MO. DAY YEAR Amount<br><b>5</b> 16 2017 \$156.63   |
| Mailing 85 W Broad St                                 | Description of Expenditure<br>ELECTION NIGHT       |
| City Bethlehem PA 18018                               | (Plus 4) refreshments                              |
| Lehigh Vallen Labor Council                           | MO. DAY YEAR Amount<br><b>1</b> 4 30 2017 \$ 50.00 |
| P.O. BOX 20226  | Description of Expenditure<br>dinner ticket        |
| City Lehigh Vallen PA 18002                           | _  |
| LV Print Center                                       | MO. DAY YEAR Amount<br>5 5 2017 \$ 1004 88         |
| Mailing Address Union Blvd                            | Description of Expenditure<br>DRINT MALTA SIGNS    |
| City AINENTOWN PA 18109                               | -  |
| To Whom Faid<br>CPLUSTE DEC                           | MO. DAY YEAR Amount<br>5 5 2017 \$ 100.00          |
| Mailing Address<br>647 W Union St                     | Description of Expenditure<br>CONSULTING           |
| City Whitehall State Zip Code<br>PA 18052             |  |
| Freedom High School Football                          | MO. DAY YEAR Amount<br>5 20 2017 \$ 355.00         |
| Mailing Address<br>3149 Chester Ave                   | Description of Expenditure<br>AOLF HOLP SPONSOR    |
| Bethlehim PA 18020                                    |  |
| To Whom Paid  | MO. DAY YEAR Amount                                |
| Mailing Address                                       | Description of Expenditure                         |
| City State Zip Code                                   | (Pius 4)<br>—                                      |
| To Whom Paid  | MD. DAY YEAR Amount                                |
| Mailing Address                                       | Description of Expenditure                         |
| City State Zip Code                                   | (Plus 4)<br>—                                      |
| To Whom Paid  | MO. DAY YE R Amount                                |
| Mailing Address                                       | Description of Expenditure                         |
| City State Zip Code                                   | - (Plus 4)   |
|   | PAGE TOTAL   |
| Enter Grand Total of Expenditures on Page 1, Report ( | Cover Page, Item D. \$1,666.51                     |

| PAGE | i | 2 | OF | 12 |  |
|------|---|---|----|----|--|
|      |   |   |    |    |  |

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### 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.

| Name of Filing Committee or Candidate<br>Friends Of Bryan Co   | Mahan  | 1                            | Reporting<br>From                       | 5/2/2                                | 2017 To 61512017   |
|--|--|------------------------------|---|--------------------------------------|--|
|  |  |                              |   |                                      |  |
| Name of Creditor   |  |                              |   |                                      | Outstanding Balance of De  |
| $\backslash$   |  |                              |   |                                      | \$   |
| Mailing Address  | DATE   | MO.                          | DAY                                     | YEAR                                 | The second second second   |
|  | DEBT<br>INCURRED   |                              |   |                                      | and the second second  |
| City   |  | State                        | Zip Code                                | (Plus 4)                             |  |
| Description of Date  |  |                              | -                                       |                                      |  |
| Description of Deb   |  |                              |   |                                      |  |
| Name of Creditor   |  |                              |   | COL COLOR                            | Outstanding Balance of Del   |
| Multing Address  | 1  | 1                            |   |                                      | \$   |
| Mailing Address  | DATE<br>DEBT   | MO.                          | DAY                                     | YEAR                                 |  |
| City   | INCURRED   | State                        | Zip Code                                |                                      |  |
|  |  | June                         |   |                                      |  |
| Description of Debt  |  | <u> </u>                     |   |                                      |  |
|  |  |                              |   |                                      |  |
| Name of Creditor   |  |                              | N Kraida                                |                                      | Outstanding Balance of De  |
| $\backslash$   |  |                              |   |                                      | S  |
| Mailing Address  | DATE   | MO.                          | DAY                                     | YEAR                                 |  |
|  | DEBT<br>INCURRED   |                              |   |                                      | 이 가슴에 있을까요.  |
| City   |  | State                        | Zip Code                                | (Plus 4)                             | 1 년 - 영문법이라.   |
| Description of Data  | <u> </u>   |                              | -                                       |                                      |  |
| Description of Debt  | $\mathbf{i}$   |                              |   |                                      |  |
|  |  |                              |   |                                      |  |
| Name of Creditor   | ,  |                              |   |                                      | Outstanding Balance of Del   |
| Name of Creditor   |  |                              |   |                                      | Outstanding Balance of De  |
| Name of Creditor<br>Mailing Address  | DATE   | MO.                          | DAY                                     | YEAR                                 |  |
| Mailing Address  | DATE<br>DEBT<br>INCURRED   |                              |   |                                      |  |
|  | DEBT   | MO.<br>State                 | DAY<br>Zip Code                         |                                      |  |
| Mailing Address<br>City  | DEBT   |                              |   |                                      |  |
| Mailing Address  | DEBT   |                              |   |                                      |  |
| Mailing Address<br>City  | DEBT   |                              |   |                                      | \$   |
| Mailing Address<br>City<br>Description of Debt   | DEBT   |                              |   |                                      | \$<br>Outstanding Balance of Deb                                     |
| Mailing Address<br>City<br>Description of Debt   | DEBT   |                              |   |                                      | \$   |
| Mailing Address<br>City<br>Description of Debt<br>Name of Creditor<br>Mailing Address  |  | State                        | Zip Code                                | (Plus 4)                             | \$<br>Outstanding Balance of Deb                                     |
| Mailing Address<br>City<br>Description of Debt<br>Name of Creditor   | DEBT<br>INCURRED<br>DATE<br>DEBT   | State                        | Zip Code                                | (Plus 4)                             | \$<br>Outstanding Balance of Deb                                     |
| Mailing Address<br>City<br>Description of Debt<br>Name of Creditor<br>Mailing Address<br>City  | DEBT<br>INCURRED<br>DATE<br>DEBT   | MO.                          | Zip Code                                | (Plus 4)                             | \$<br>Outstanding Balance of Deb                                     |
| Mailing Address<br>City<br>Description of Debt<br>Name of Creditor<br>Mailing Address  | DEBT<br>INCURRED<br>DATE<br>DEBT   | MO.                          | Zip Code<br>                            | (Plus 4)                             | \$<br>Outstanding Balance of Deb                                     |
| Mailing Address<br>City<br>Description of Debt<br>Name of Creditor<br>Mailing Address<br>City  | DEBT<br>INCURRED<br>DATE<br>DEBT   | MO.                          | Zip Code<br>                            | (Plus 4)                             | \$<br>Outstanding Balance of Det<br>\$                               |
| Mailing Address<br>City<br>Description of Debt<br>Name of Creditor<br>Mailing Address<br>City<br>Description of Debt   | DEBT<br>INCURRED<br>DATE<br>DEBT   | MO.                          | Zip Code<br>                            | (Plus 4)                             | S<br>Outstanding Balance of Det<br>S<br>Outstanding Balance of Det   |
| Mailing Address<br>City<br>Description of Debt<br>Name of Creditor<br>Mailing Address<br>City<br>Description of Debt   | DEBT<br>INCURRED<br>DATE<br>DEBT<br>INCURRED<br>DATE                     | MO.                          | Zip Code<br>                            | (Plus 4)                             | \$<br>Outstanding Balance of Det<br>\$                               |
| Mailing Address<br>City<br>Description of Debt<br>Name of Creditor<br>Mailing Address<br>City<br>Description of Debt   | DEBT<br>INCURRED<br>DATE<br>DEBT<br>INCURRED<br>DATE<br>DEBT             | MO.<br>State                 | Zip Code<br>                            | (Pius 4)                             | S<br>Outstanding Balance of Det<br>S<br>Outstanding Balance of Det   |
| Mailing Address<br>City<br>Description of Debt<br>Name of Creditor<br>Mailing Address<br>City<br>Description of Debt   | DEBT<br>INCURRED<br>DATE<br>DEBT<br>INCURRED<br>DATE                     | MO.<br>State                 | Zip Code<br>                            | (Plus 4)<br>YEAR<br>(Plus 4)<br>YEAR | S<br>Outstanding Balance of Det<br>S<br>Outstanding Balance of Det   |
| Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City  | DEBT<br>INCURRED<br>DATE<br>DEBT<br>INCURRED<br>DATE<br>DEBT             | MO.<br>MO.                   | Zip Code<br>                            | (Plus 4)<br>YEAR<br>(Plus 4)<br>YEAR | S<br>Outstanding Balance of Det<br>S<br>Outstanding Balance of Det   |
| Mailing Address<br>City<br>Description of Debt<br>Name of Creditor<br>Mailing Address<br>City<br>Description of Debt<br>Name of Creditor<br>Mailing Address                                | DEBT<br>INCURRED<br>DATE<br>DEBT<br>INCURRED<br>DATE<br>DEBT             | MO.<br>MO.                   | Zip Code<br>                            | (Plus 4)<br>YEAR<br>(Plus 4)<br>YEAR | S<br>Outstanding Balance of Det<br>S<br>Outstanding Balance of Det   |
| Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City  | DEBT<br>INCURRED<br>DATE<br>DEBT<br>INCURRED<br>DATE<br>DEBT             | MO.<br>MO.                   | Zip Code<br>                            | (Plus 4)<br>YEAR<br>(Plus 4)<br>YEAR | S<br>Outstanding Balance of Det<br>S<br>Outstanding Balance of Det   |
| Mailing Address<br>City<br>Description of Debt<br>Name of Creditor<br>Mailing Address<br>City<br>Description of Debt<br>Name of Creditor<br>Mailing Address<br>City<br>Description of Debt | DEBT<br>INCURRED<br>DATE<br>DEBT<br>INCURRED<br>DATE<br>DEBT<br>INCURRED | MO.<br>State<br>MO.<br>State | Zip Code<br>DAY<br>Zip Code<br>Zip Code | (Plus 4)<br>YEAR<br>(Plus 4)<br>YEAR | S<br>Outstanding Balance of Det<br>S<br>Outstanding Balance of Det   |
| Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City  | DEBT<br>INCURRED<br>DATE<br>DEBT<br>INCURRED<br>DATE<br>DEBT<br>INCURRED | MO.<br>State<br>MO.<br>State | Zip Code<br>DAY<br>Zip Code<br>Zip Code | (Plus 4)<br>YEAR<br>(Plus 4)<br>YEAR | \$<br>Outstanding Balance of Det<br>\$<br>Outstanding Balance of Det |