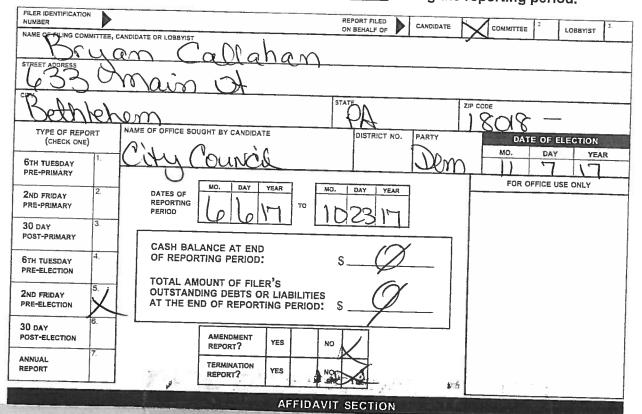
CAMPAIGN FINANCE STATEMENT

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.



	C		N FIN		sylvania E REPC)RT	PAGE	1 OF		51	4
	(NOTE: This report must						blue or black	ink.)	(00)	En FA	(GE)
Filer Identificatio			Report Filed By:		CANDIDATE	1.1	COMMITTEE	1.2	LOBE	VICT	3.
Name of Filing Comm	nittee, Candidate or Lobbyist			1		1.	23773302 EA	X	LODE	4131	
Street Address:	1 mai	fan 1	Callo	ina	$m_{}$						
City: Q LL	annain	-to			Stata: A		Zip Code:				
Deth	phere				PA		18018	-	-		
TYPE OF REPORT	8TH TUESDAY 1. PRE-PRIMARY	2ND FRIDA PRE-PRIMA		1	DAY ST PRIMARY	3.	AMENDMENT REPORT2	YES		NO	X
(place X to	8TH TUESDAY 4. PRE-ELECTION	2ND FRIDA			DAY ST ELECTION	6.	TERMINATION	YES		NO	$\overline{\nearrow}$
the right of report type)	ANNUAL 7. REPORT 7.	> YEAR	2017	FILIN	G METHOD CHECK ONE		PAPER	12	DISKE	TTE	\sim
Name of Office Sough	auncil				72 DAY Y	EAR D(7 EAR	District Offi Number Cod		Party Code TIONS F	Co OR CO	-
	Forward From Last Repo				2320						
	Contributions and Receipts			74	150.0	ð					
C. Total Funds Avai	ilable (Sum of Lines A an	dB)	\$2	2 1	142.2	8					
	es (From Schedule III)		\$	5.9	542.5	0					
	nce (Subtract Line D from		\$1	1.8	599.7	8					
	Contributions Received		e II) Ş	C	0	-					
G. Unpaid Debts and	Obligations (From Sched	ule (V)	and S	Q	ð						

AFFIDAVIT SECTION

SCHEDULE I



CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Reporting Period 10/17 TO 10/23/17 Bryan Callahan Friendr From (

1.	UNITEMIZED CONTRIBUTIO	NS AND RECEIPTS - \$50.00 OR LESS PER	R CONT	RIBUT	TOR	
		TOTAL for the Reporting Period	(1)	\$	(Th	

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ 250
All Other Contributions (Part B)	\$1900
TOTAL for the Reporting Period	(2) \$2,250.00

1
\$7,50000
\$2 000
(3) \$5 500 00

4. OTHER RECEIPTS - REFUNDS,	INTEREST	EARNED,	RETURNED	CHECKS,	ETC.	(FRO	M PART	E)
	TOTAL	for the R	eporting Per	iod	(4)	\$ (Ó	

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.)	\$7,7500

DSE8-502 (7-99)

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PAGE 3 OF DE

PART A PAGE _____O

\$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.

Name of Filing Committee or Candidate	0.0	F	Reporting	Period	A .
Friends of Byron Callal	lun		From (5/40	017 To 10/23/2017
Full Name of Contributing Committee	-		DATE		AMOUNT
Mailing Address of Bob Donchen		мо. 10	DAY	VEAR QUIT	\$ 200.00
377 Devonshipe Dr.		MQ.	DAY	YEAR	\$
State Z	ip Code (Plus 4)	MO.	DAY	YEAR	<u>Ψ</u>
Full Name of Contributing Committee	17 -				\$
Mailing Address M. Morganelli PAC		MO.	20	PEAR 2017	\$ 150.00
835 Borndate Rd.		MO.	DAY	YEAR	- \$
City Rethlehom Stall 15	P Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributing Committee	10/-				\$
Mailing Address		MO.	DAY	YEAR	\$
	-	MO.	DAY	YEAR	\$
City State Zi	p Code (Plus 4)	MQ.	DAY	YEAR	Ф — — — — — — — — — — — — — — — — — — —
Full Name of Contributing Committee	-				\$
	F	MO.	DAY	YEAR	\$
Mailing Address		MQ.	DAY	YEAR	
City State Zip	Code (Plus 4)	MO.	DAY	VEAD	\$
			Pal	YEAR	\$
Full Name of Contributing Committee	-	MO.	DAY	YEAR	\$
Mailing Address		MO.	DAY	YEAR	φ
City State Zip	Code (Plus 4)				\$
	-	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MQ.	DAY	YEAR	
Mailing Address		MO.	DAY	YEAR	\$
City State Zip				- san	\$
	Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		MO.	DAY	YEAR	
Mailing Address		MO.	DAY	VEND	\$
City		mu.	DAY	YEAR	\$
State Zip	Code (Plus 4)	MO.	DAY	YEAR	
ull Name of Contributing Committee		MO.	DAY	YEAR	\$
Mailing Address					\$
City Control of Contro	Γ	MO.	DAY	YEAR	\$
State Zip I	Code (Plus 4)	ио.	DAY	YEAR	
					\$ PAGE TOTAL
nter Grand Total of Part A on Schedule I, Detail	ed Summary P	age, S	ection	2.	
EP EP2 /7 ool					\$ 350.00

PAGE 4 OF 5

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			g Period	
Friends of Byllon Callahan				2017 To 6123/2017
Full Name of Contributor	1 140	DATI	and the second second	AMOUNT
Full Name of Contributor JOSEPH D-AMORSIG Mailing Address	MO. 9	27	2817	\$ 150.00
315 South New Street	MO.	DAY	YEAR	\$
Bethlehem PA 18015 -	MO.	DAY	YEAR	\$
Full Name of Contributor LAMOS PBISZEWSKI Elizabeth Byzewski Mailing Address	MD.	DAY 12	YEAR	
16 UMARISHI AVE	MO.	DAY	YEAR	400.00
Chatham State Zip Code (Plus 4)	MO.	DAY	YEAR	
Full Name of Contributor MODOMMOO ARIF FOZIL Mailing Address	<u>мо.</u>	DAY	YEAR	the second s
3333 Reprimpt Dr	MO.	12 DAY	2017 YEAR	\$ 200.00
Eitheren PA 18017 - 1861	MO.	DAY	YEAR	
Full Name of Contributor GERT MODON	MO.	DAY	YEAR	\$
Mailing Address	10 MO.	12 DAY	ROT YEAR	\$ 00.00
City 0 10 111101 'OT . State 2ip Code (Pius 4)	MO.			\$
Full Name of Contributor		DAY	YEAR	\$
Meiling Address Petrucci	MO.	DAY	QUI7	\$ 250.00
city ASISTICAL ROUTE 173 STE 2015	MQ.	DAY	YEAR	\$
	MO.	DAY	YEAR	\$
Full Name of Contributor	TO.	DAY	YEAR	
Mailing Address 1941 Chancellar St.	MO.	12 DAY	2017 YEAR	\$ 260.00
City Heleviorn PH 18056 -	MQ.	DAY	YEAR	\$
Full Name of Contrigutor PM20	MO.	DAY	VEAD	\$
Mailing Address	10	12	2017	\$ 00.00
Citho Malane Dr. Stara Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor	MO	DAY	YEAR	\$
Branchon Benner	мо. 16	DAY	YEAR 2017	\$ 230.00
2005 CHY live Bd Suile 206	MO,	DAY	YEAR	\$
Bethletom PA 1807 -	MO.	DAY	YEAR	
				\$ PAGE TOTAL
Enter Grand Total of Part B on Schedule I, Detailed Summary	Page, S	ection	2.	\$ 1,600.00

PAGE 5 OF 4

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	the survey of the second s	111000 1	Reportin)
Friends of Byran Callo	cham		From	6/6/2	510	To 10/23/2017
Full Name of Contributor			DATE	and the second s		AMOUNT
Mailing Address	0 1 160	мо. 16 мо.	DAY 12 DAY	YEAR 2017 YEAR	\$	250.00
City CITY LIPE Bagd	JUIR DO	MO.	DAY		\$	
Full Name of Contributor	18017 -	MO.		YEAR	\$	
Mailing Address (1) 21		TO MO.	DAY	YEAR 207 YEAR	\$	100.00
City Dolabara	Zip Code (Plus 4)	Mo.			\$	
Full Name of Contributor	18018 -		DAY	YEAR	\$	
Mailing Address	- 11- 11	MO.	DAY	YEAR	\$	
City	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributor	-	<u>MO.</u>	DAY	YEAR	\$	
Mailing Address		MO.	DAY	YEAR	\$	
City State	Zip Code (Plus 4)		DAY	YEAR	\$	
Full Name of Contributor	_	MQ.	DAY	YEAR	\$	
Meiling Address		MO.	DAY	YEAR	\$	
City State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Full Name of Contributor		<u>M0.</u>	DAY	YEAR	\$	
Mailing Address		MO.	DAY	YEAR	\$	
City State	Tio Code The	MO.	DAY	YEAR	\$	
Full Name of Contributor	Zip Code (Plus 4) —	MQ.	DAY	YEAR	\$	
Mailing Address		MO.	DAY	YEAR	\$	
		MQ.	DAY	YEAR	\$	
ull Name of Contributor	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$	
Aailing Address	ŀ	MO.	DAY	YEAR	\$	
ity		MO.	DAY	YEAR	\$	
State	Žip Code (Plus 4) 	MO.	DAY	YEAR	\$	
inter Grand Total of Part B on Schedule I. Det	tailed Current			Sector Se		TOTAL \$350.00

\$ MODE COU

PAGE 6 OF 4

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.

Name of Filing Committee or Candidate	\wedge	201101	h_{Λ}	R	eporting From		~17	To 10/23/6	200
LINGDON OTO	Y L	ana	DI						1017
Full Name of Contributing Committee	op (MO.	DAY	YEAR	0	AMOUNT	The local division of
Mailing Address	UT (arp. PE(10 MO.	DAY	2017 YEAR	\$,000.00	_
71 Fieldrest Ave 2nd	FI	Juile	184			1 MP OIL	\$		
city Edison	State N.) O8837	(Pius 4)	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee POINTCOL	Ac	tion Cami	ittee	MO.	DAY	VEAR SOI7	\$ (500.00	
Mailing Address M. L. KING	H	WY Y		MO.	DAY	YEAR	\$		
City	M	20706	(Plus 4)	MO.	DAY	YEAR	\$		_
Full-Nome of Contributing Committee Operation	0	in hoor	S Local	Mo.	DAY	YEAR 2017	\$ 1	000 00	_
Mailing Address	Í.i	re loc	<u> </u>	MO.	DAY	YEAR	\$	000,000	-
City 1376 VIrginia Ut.	Stope PA	Zip Code	(Plus 4)	MO.	DAY	YEAR			-
FOLF WORNING	100T	1 1034	-3267		DAY	VELO	\$		
U				MO.	DAY	YEAR	\$		
Mailing Address			1.	MQ.	DAY	YEAR	\$		
City	State	Zip Code	(Plus 4)	MQ.	DAY	YEAR	\$		
Full Name of Contributing Committee	M 2 2 2			MO.	DAY	YEAR	\$	and the second	
Mailing Address				MO.	DAY	YEAR	\$		
City	State	Zip Code	(Plus 4)	MQ.	DAY	YEAR	\$		-
Full Name of Contributing Committee	1		_	- MO.	DAY	YEAR	φ	and the second second second	
-				- WiQ.	DAI	ILAN	\$		
Mailing Address				<u>MO.</u>	DAY	YEAR	\$		
City	State	Zip Code	(Plus 4) 	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee				MO.	DAY	YEAR	\$		
Mailing Address				_MO.	DAY	YEAR	\$		-
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	\$		
Full Name of Contributing Committee		<u>.</u>		MO.	DAY	YEAR	-		-
Mailing Address		-		MO.	DAY	YEAR	\$		
City	State	Zip Code I	Plus 4				\$		
		Lip odde	-	MO	DAY	YEAR	\$		
						8	PAGE		
Enter Grand Total of Part C on Sched	lule I	, Detailed S	Summary	Page,	Section	3.	\$ 0	2,500.00	

PART D ALL OTHER CONTRIB	P	AGE 7 OF 14
OVER \$250.00 Use this Part to itemize all other contributions	with an aggregate v	alue of
over \$250.00 in the reportin (Exclude contributions from political commi	g period. ttees reported in Par	t C.)
Name of Filing Committee or Candidate	Reporting Period	
Friends of Bryan Conartur	From 6/6AC	И7 то 10/23/2017
Full Alame of Contributor /	DATE MO. DAY LYEAR	AMOUNT
Daniel hrasnich	10 16 2017 MO. DAY YEAR	\$ 500.00
10 Box 9280		\$
City State Zip Code (Plus 4) PA 18018 -	MO. DAY YEAR	\$
Employer Name	Occupation	
Employer Mailing Address/Principal Place of Business		
Full Name of Gostributor Davitono	MO. DAY YEAR	de l
Mark Pepitone Mailing Address	Y 27 2017 MO. DAY YEAR	\$ 1,000.00
Mailing Address Scherens SVILLE ROL 2385 Scherens SVILLE ROL CIM Notabours (June 1990) (June 1990) (June 1990)		\$
CIBETALEDA	MO. DAY YEAR	\$
Employer Name - Self - EMO GVCOL	Self-Emplo	VPD
Employer Mailing Address/Principal Place of Business	1001 1F mpro	ywi
Full Name of Opntributor	MO. DAY YEAR	
BIOUNNAL + DEVITO L.L.P Mailing Address	10 G 2017 MO. DAY YEAR	\$ 600.00
City 38 West market State Zip Code (Plus 4)		\$
Bethlehem PALEOIS -	MO. DAY YEAR	\$
STOWARD & DEVITE LL.P	Cocupation Office	2
Employer Making Address/Principal Place of Business	<u> </u>	<u> </u>
Full Name of Contributor BENNER	MO. DAY YEAR	\$ 1,000.00
Mailing Address CHY LINE Rd. Jule 106	MO. DAY YEAR	\$
City Betho to no to PA 1807 -	MO. DAY YEAR	\$
Employer Name	Occupation	\$
Employee Mailing Address/Principal Place of Business	Lawyer	
Employer Mailing Address/Principal Place of Business ROL BEANDADA	PA	
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		
Enter Grand Total of Part D on Schedule I, Detailed Summary	Page, Section 3.	PAGE TOTAL \$2000.00

SCHEDULE II PAGE 6 OF 15

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 Period From 6/6/2017 To 10/23/2017 Friex 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 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, \$ nd 3; also enter on Page 1, Report Cover Page, Item F.)

PAGE OF

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate		0 11 100 0	F	Reporting	Period		
Friends of Burgr		Callonar		From	<u>67 67</u> 3	<u>(13</u> T	. IVA31207
				DATE			AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$	AMOUNT
Mailing Address				0.1	VELD		
			MO.	DAY	YEAR	\$	/
City	State	Zip Code (Plus 4) 	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupati	on			/
Employer Mailing Address/Principal Place of Business			Descript	ion of Con	tribution	/	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	FEAR	\$	
Employer of Contributor			Occupati	on			
Employer Mailing Address/Principal Place of Business			Descripti	n of Con	tribution		
Full Name of Contributor			Mo.	DAY	YEAR	\$	
Mailing Address	TR MANAGE	/	мо.	DAY	YEAR	\$	
City	State	Zip Code (PKis 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupati	on			
Employer Mailing Address/Principal Place of Business		/	Descripti	on of Cont	ribution		
Full Name of Contributor	/		MO.	DAY	YEAR	\$	
Meiling Address			MO.	DAY	YEAR	\$	
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupatio	on		23 <u>1</u> -2	
Employer Mailing Address/Principal Flace of Business			Descripti	on of Cont	ribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupatio	n			
Employer Mailing Address/Principal Place of Business			Descriptio	on of Conti	ribution		
Enter Grand Total of Part G on Schedu Summary Page, Section 3.	ile II,	In-Kind Contribu	tions De	tailed		PAGE T	OTAL

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SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	~		1	Reporting	Period	
Name of Filing Committee or Candidate FIRNOS OF BUTON	(all	ana		From	3/6/20	UT7 To 16/23/2017
LING OF STUT	COU					18 (1000)
And the second				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	- \$
Mailing Address			MO.	DAY	YEAR	· · · · · · · · · · · · · · · · · · ·
				DAT	TEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						18
maning Address			MO.	DAY	YEAR	f s
City	State	Zip Code (Plus 4)				*
	State		MO.	DAY	YEAR	s
Description of Contribution:		1		L	X	
				/		
Full Name of Contributor			MO.	1/DAY	YEAR	1
				1	1	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		- /				\$
Description of Contribution:						
Full Name of Contributor			-	ALC: NOT		
			MO.	DAY	YEAR	\$
Mailing Address				DAV	- VE AR	
-			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
	1/	-		- DAI	1 SAN	\$
Description of Contribution:	1		-			
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address						\$
Maring Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	1			Þ
	Stele		MO.	DAY	YEAR	\$
Description of Contribution						Ψ
						1
Full Name of Contributor			MO.	DAY	YEAR	
			- MICK	WAT.	TEAD	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Description of Contribution:						
F						
Enter Grand Total of Part F on Sche	dule II	In-Kind Contribut		tailed		PAGE TOTAL
Summary Page, Section 2.	and H		IOUS De	raneo		\$
						-

SCHEDULE III

PAGE 11 OF 134

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate		
Friends & Brya	n Callahan	From 6 6 17 To 102317
To Whom Paid	an dean Alaska bes - Alaska a damar -	NO DAY WERE AMOUNT
Mailing Appres		MO. DAY YEAR Amount CO T IT \$ \$1.94 Description of Expenditure
Center St		Description of Expenditure
Bolhlehom	State Zip Code (Plus 4)	Campaign Meeting
To Wing Adamss Mailing Adamss City City	5 Dres	MO. DAY YEAR Amount CO 14 17 \$ 32.96 Description of Expenditure
the board		Meeting W Treasurer
To Whom Paid	State Zip Code (Plus 4)	Jerne crite gas masarel
Mailing Address		MO. DAY YEAR Amount
Mailing Address		MO. DAY YEAR Amount O 20 17 \$15.96 Description of Expenditure
City A	State Zip Code (Plus 4)	JubBaription
Mendeur	- 191	
To Wham Paid Mailing Address for Janon	A Malino	MO. DAY YEAR Amount 20 1 \$250.00 Description of Expenditure
Mailing Address Qive		Descripcion of Expenditure
4110 Schaman Blvd	State Zip Code (Plus 4)	Jonation
Bethlehem	RA 18020-	
To Whom Paid COCOLCELLAD Mailing Address		MO. DAY YEAR Amount DO
		Description of Expenditure
2327 Handrey Ave	State Zip Code (Plus 4)	menhorship
Debertomon 1 To Whom Paid	PA-18003 -	Y
Mailing Address		MO. DAY YEAR Amount
Meiling Address		Description of Expenditure
CitK AA	State Zip Code (Plus 4)	aubacription
City Allertrun	PA -	
Mailing Address		MD. DAY YEAR Amount
Mailing Address D'		Description of Expenditure
390 Pine Grop tr.	State Zip Code (Plus 4)	Campaign Computer
Bethlerk	PA Ras-	
Whom Paid		MO. DAY YEAR Amount
Mailing Address		Description of Expenditura
	State Zip Code (Plus 4)	Subscriptioez
Plentown	PA 12005-	
ntor Grand Tatal of T		PAGE TOTAL
Enter Grand Total of Expenditures on Pa	ge 1, Report Cover Pa	se, Item D. \$2,408.82

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Benerius D.
Biriends & Bryan Callan	From 6/6/17 To 10/23/17
To Whom Paid Mailing Address	MO. DAY YEAR Amount 916 912 12 13 \$15.96 Description of Expenditure
City State Zip Code (Plus 4)	Scharding
Allentour PA Bo5-	
EVite INC Mailing Address	MD. DAY YEAR Amount 9 25 17 \$ 20.00
City LEDO Wilshire Blyd	Description of Expenditure
Hollybond CA -	Fees for INDite
Mailing Address Abree & Monabel Rechuli	MO. DAY YEAR Amount DO
1507 Conton St Ste 2002	Description of Expenditure
	Kesearch + Legal
To Whom Paid	MO. DAY YEAR Amount 91 26 17 \$ 250
(Dronton Aire	Description of Expenditure
City Bethlehem State Zip Code (Plus 4) Te Whom Paid	Boostor Sponsor
Marellucci 5 Pizza	MD. DAY YEAR Amount
1419 Easton A.P.	P 28 17 \$274.54 Description of Expenditure NE Middle 9th ml
Bethlehen A 1875	Concerte concept
To Whom Paid	MO. DAY YEAR Amount
Mailling Address	Description of Expenditure
City State Zip Code (Plus 4)	Donaston
Topythen provide that I bold 7	MO. DAY YEAR Amount
Menting Address Diago that I -	Description of Expenditure
City DL Lol Code (Plus 4)	Composer Work
Belhehem State Zip Code (Pius 4) Te Whom Paid Day Head A	MO. DAY YEAR Amount
Mailing Address Rentelently	MO. DAY YEAR Amount Description of Experiditura
Allendrun) BIVA	Palm Cardo
Enter Grand Total of Expenditures on Page 1, Report Cover Pa	ge, Item D. \$,557.30

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
Friends & Bryan Callahan	From (e) (6) 17 To 10 23/17
To Whom Paid CONCILIO - UNIDOS Mailing Address	MO. DAY YEAR Amount OO
141 East Hundra Park Ave	Description of Expenditure
Philadd Phia DA (Pius 4)	Dorbotion
Mailing Address	MO. DAY YEAR Amount
City IL _ City State Zip Code (Pius 4)	Description of Expenditure
Allentaria State Zip Code (Pius 4) To Whom Paid	
Mailing Address Catadounqua Rd City Bethlehem MI 18015-	MO. DAY YEAR Amount 10 12 17 \$ 410.510 Description of Expenditure 2000 Balloom
Mailing Address ZIT Broanbay City State Zip Code (Plus 4)	MO. DAY YEAR Amount 10 18 17 \$ 634.14 Description of Expenditure EVENT FOOD + BRD
Te Whom Paid Mailing Address IOI D. (ALS) City Allendouon City City City City City City City City City City City City Code City Code Cod	MO. DAY YEAR Armount D 10 17 \$ 5.96 Description of Expenditure SubScr Ption
To Whom Paid Mailing Address	MO. DAY YEAR Amount
City State Zip Code (Plus 4)	Description of Expenditure
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	MO. DAY YEAR Amount S Description of Expenditure
City State Zip Code (Plus 4)	
Fo Whom Paid	MO. DAY YEAR Amount
Aailing Address	MO. DAY YEAR Amount S Description of Expenditura
State Zip Code (Plus 4)	
inter Grand Total of Expenditures on Page 1, Report Cover Pag	ge, Item D.

	SCHEDULE IV		PAGE 14 OF 14
S ⁻	TATEMENT OF UNPAID	DEBTS	
Use this S	ection to Itemize all unpaid debts a outstanding at the end of the re	and obligation	ns
Name of Filing Committee or Candidate		Reporting Period	
Stiends of K	yan Callahan	From C B	17_ 10/23/17
Name of Creditor			Outstanding Balance of Debt
Mailing Address	DATE M	O. DAY YEAF	\$
Číty	INCURRED	e Zip Code (Plus 4	
Description of Debt			/
Name of Creditor		/	Outstanding Balance of Debt
Mailing Address	DATE MI	D. DAY YEAR	
City	INCURRED	Zip Code (Plus 4)	
Description of Debt	/	-	
lame of Creditor	/		
			Outstanding Balance of Debt.
Mailing Address	DATE MC	DAY YEAR	
Dity	INCURRED	Zip Code (Plus 4)	
Description of Debt		-	
ame of Creditor			
ailing Address			Outstanding Balance of Debt
	DATE MO DEBT INCURRED	DAY YEAR	
ity	State	Zip Code (Plus 4)	
escription of Debt		1	
ame of Creditor			
ailing Address	DATE 1		Outstanding Balance of Debt \$
ity	DATE MO. DEBT INCURRED	DAY YEAR	
	State	Zip Code (Plus 4)	
ascription of Debt			
me of Creditor			Outstanding Balance of Debt
ailing Address	DATE		\$
ty /	DATE MO. DEBT INCURRED	DAY YEAR	
	State	Zip Code (Plus 4)	
scription of Debt			
			PAGE TOTAL
nter Grand Total of Unpaid Debt	s on Page 1, Report Cover Page,	ltem G.	PAGE TOTAL \$
	3 ·	-	

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