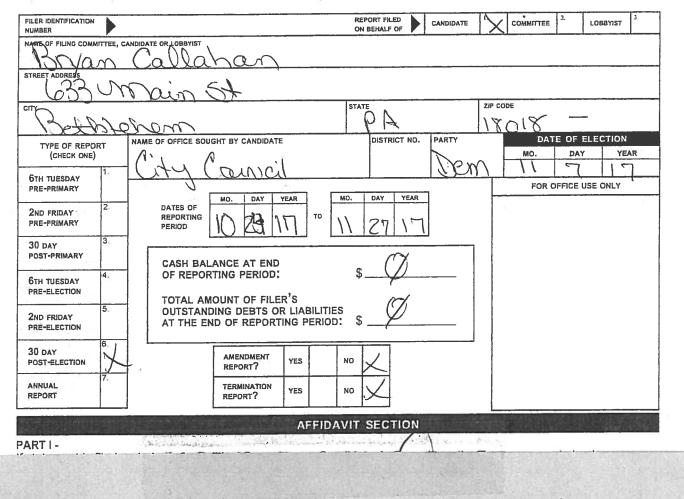
#### COMMONWEALTH OF PENNSYLVANIA CAMPAIGN FINANCE STATEMENT

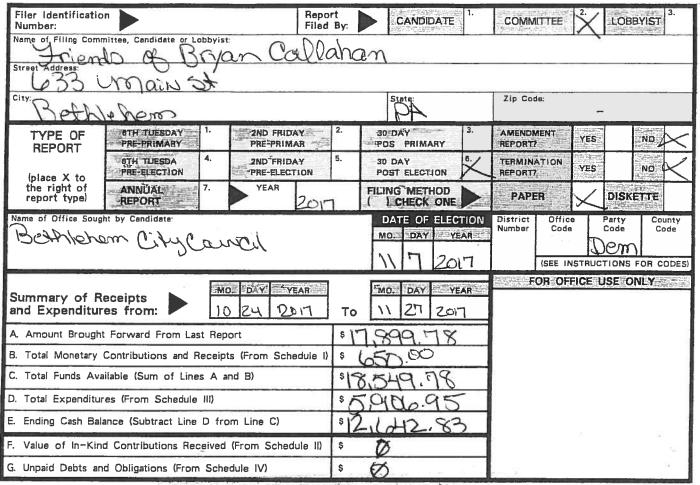
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.



Commony	vealth of Pennsylv	ania
CAMPAIGN	FINANCE	REPORT

PAGE 1 OF 12

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



AFFIDAVIT SECTION

Detailed Summary F	Page	
Name of Filing Committee or Candidate	Reporting Per	
Friends & Bryon Callahan	From ) OLZ	<u>ч</u> то <u>11/27/17</u>
9-9		
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 (	OR LESS PER CONT	RIBUTOR
TOTAL for the Reportir	ng Period (1)	\$
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A ANI	D PART B)	
Contributions Received from Political Committees (Part A)		\$ Ø
All Other Contributions (Part B)		\$ 150.00
TOTAL for the Reportir	ng Period (2)	\$ 150.00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PA	RT D)	and the Article State of th
Contributions Received from Political Committees (Part C)		\$ Ø
All Other Contributions (Part D)		\$ 500.00
TOTAL for the Reportin	ng Period (3)	\$ 500.00
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETUI	RNED CHECKS, ETC	. (FROM PART E)
TOTAL for the Reportin	g 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, Repor Cover Page, Item B.)		\$ 650.00
2.5.	97 N	

SCHEDULE I CONTRIBUTIONS AND RECEIPTS PAGE 2 OF

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PAGE	3	OF	12

#### 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.

Name of Filing Committee or Candidate			1	Reporting		1.1.
Friends & Bryan (	000	abor		From 1	oky	TO1127/17
Charles Or a Constant	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		1.111 - 111 - 11	-MO.	DAY	YEAR	
		1) 				\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	s /
Full Name of Contributing Committee			MO.	DAY	YEAR	
Malling Address			MO.	DAY	YEAR	\$
			(viQ	DAT	TEAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		Anno an	MO.	DAY	YEAR	
-						\$
Mailing Address	87843434		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_	1			\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	-		VEAD	\$
City	State	-	MD.	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	Contract of the last		MO.	DAY	YEAR	
			-			\$
Meiling Address			M0.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
/			1		100.100	\$
Full Name of Contributing Committee		3 3	MO	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	¢
City	State	Zip Code (Plus 4)		DAIL	NEAR	\$
			<u>M0.</u>	DAY	YEAR	\$
Full Name Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		1	MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	- DAY	YÉAR	\$
	OT M I		I			PAGE TOTAL
Enter Grand Total of Part A on Sched	lule i,	Detailed Summar	y Page,	Section	n 2.	\$
						Ψ

Dr:

4	17
PAGE	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.)

Name of Filing Committee or Candidate		1		Reporting	Period	
$\lambda$ · · · · · · · · · · · · · · · · · · ·	m	0		From )		TO 11/27/17
Friends & Bryan Ca	sun	<u>an</u>		Contraction of the local division of the loc		
Full Name of Contributor			1 110	DATE		AMOUNT
TOSEDON J PIPErato IT Mailing Address	t-		1 D	DAY 26	ZDI7	\$ 150.00
Maring Address			MO.	DAY	YEAR	N.
384 Country St	- L Crimer	Zip Code (Plus 4)				\$
Bettlehen	PA	18017 -	MO.	DAY	YEAR	\$
Full Name of Contributor			*MO.	DAY	YEAR	
Mailing Address				-		\$
maring Address	* 1.5	Stream Start	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		_	1			\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address		-		- DAV	YEAR	
			MO.	DAY	EAN	\$
City	State	Zip Code (Plus 4)	MD.	DAY	YEAR	
				X		\$
Full Name of Contributor			Not.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
	1.5					\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor			MO.	DAY	YEAR	and the second s
						\$
Mailing Address		/	MO.	DAY	YEAR	\$
Ċity	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Malling Address			MO.	DAY	YEAR	Ψ
					75711	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	•
Full Mana of Cashilla						\$
Full Name of Contributor			<u>MO</u> ,	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	¢
City	T.Fr. T	4. 5 1 18. 11				\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Sontributor	in and		MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	VEAD	<b>—</b>
			WO.	DAT	YEAR	\$
			A. Sharing	Contraction and		PAGE TOTAL
Enter Grand Total of Part B on Sched	lule I.	Detailed Summary		Section	2	\$150.00
			3-,			-100

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PAGE	3	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.

Name of Filing Committee or Candidate				Reporting	Period	
Friends of Brucen	Call	ahan		From	0/24	TI 15/11 OT
			and the second second second	DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	3
						\$
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	and the second second second		MD.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						]\$
City	State	Zip Code (Plus 4) -	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		/	MO.	DAY	YEAR	
27						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee		/	MO.	DAY	YEAR	\$
Mailing Address		/	мо.	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	1 George 1	41- Pada (51				\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee	an air a chun a chun air	An and Art	MD.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
	Giare		MO.	DAY	YEAR	\$
Full Name of Contributing Committee	panet for the delay		MO.	DAY	YEAR	\$
Mailing Ködress	100 C	· · · · · · · · · · · · · · · · · · ·	MO.	DAY	YEAR	\$
	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
/		tates - survey with the 100	mu.	UR1	1500	\$
					1	PAGE TOTAL
Enter Grand Total of Part C on Sch	nedule i,	Detailed Summary	Page,	Section	n 3. 丨	\$

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

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#### 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
Friends of Bryan Callaban	From 2024 To)127117
0 0	DATE AMOUNT
Full Name of Contributor King Spry Herman Freunie + Faul LLC Mailing Address	- 11 8 17 \$ 500.00
Mailing Address O One W. Arrad St	MO. DAY YEAR \$
City State Zip Code (Plus 4)	MO: DAY YEAR
Employer Name PA 18018 -	Occupation
Employer Mailing Address/Principal Place of Business	NIA Lawyers
Employer marining Addressift Alcipar Flace of Business	
Full Name of Contributor	MO. DAY YEAR \$
Mailing Address	MO. DAY YEAR \$
City State Zip Code (Plus 4)	MO. DAY YEAR
Employer Name	Occupation \$
	Occupation
Employer Mailing Address/Principal Place of Business	
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	
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	
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 Summar	y Page, Section 3.

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	7		10
PAGE	/	OF	10

#### 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.

	~ ^	<u>.</u>	Reporting	Period	
Friends & Brian C	all	ahan	From	020	4 TO 11/21/17
,					
Fuli Name					
Mailing Address					
City	1.0	71-0-2-101-4		1	
	State	Zip Code (Plus 4) 	MD. DAY	YEAR	Amount \$
Receipt Description	· ·	L	<u>.                                    </u>	1	
Full Name					
Ton Name					/
Mailing Address				/	
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
		-		1	\$
Receipt Description					
Full Name					
		/	/		
Mailing Address		/			
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount
Receipt Description			l		\$
		/			
Full Name	/	/			
Mailing Address	-			tot of D	
	/				
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	Amount \$
/	1				-2-
Receipt Description				5. C. C. C. C. L. C.	
Receipt Description Full Name					
Full Name Mailing Address					
Full Name	State	Zip Code (Plus 4) —	MO. DAY	YEAR	Amount \$
Full Name Mailing Address City	State	Zip Code (Pius 4) —	MO. DAY	YEAR	
Full Name Mailing Address City Receipt Description	State	Zip Code (Plus 4) —	MO. DAY	YEAR	
Full Name Mailing Address City Receipt Description	State	Zip Code (Plus 4) —	MO. DAY	YEAR	
Full Name Mailing Address City Receipt Description Full Name	State	Zip Code (Plus 4) —	MO. DAY	YEAR	
Full Name Mailing Address	State	Zip Code (Plus 4) — Zip Code (Plus 4)			
Full Name Mailing Address City Receipt Description Full Name Mailing Address City			MO. DAY		\$
Full Name Mailing Address City Receipt Description Full Name Mailing Address					\$ Amount
Full Name Mailing Address City Receipt Description Full Name Mailing Address City				YEAR	\$ Amount \$
Full Name Mailing Address City Receipt Description Full Name Mailing Address City	State	_ Zip Code (Plus 4) _	MQ. DAY	YEAR	\$ Amount

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# SCHEDULE II PAGE & OF 12

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

**Detailed Summary Page** Reporting Period Name of Filing Committee or Candidate From ) 4 24 ent Æ To 101 Jam 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONFRIBUTOR TOTAL for the Reporting Period \$ 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, \$ and 3; also enter on Page 1, Report Cover Page, Item F.)

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PAGE	0	OF	12

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

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Reporting	Pariod				
A A A A A A A A A A A A A A A A A A A		2 0			1 1-11				
Friendo & Brucen (	all	lahan		From _	ivey	то 11/27/17			
				DATE		AMOUNT			
Full Name of Contributor			MO.	DAY	YEAR	S			
Mailing Address			MO.	DAY	YEAR	3			
						\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$			
Description of Contribution:									
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							
	2,911-77								
Full Name of Contributor		/	MO.	DAY	YEAR	\$			
Malling Address			MO.	DAY	YEAR				
-					1	\$			
City	State	Zip Code (Plus 4)	MD.	DAY	YEAR	\$			
Description of Contribution:					1				
2		/							
Full Name of Contributor	/		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		MO.	DAY	YEAR				
			mo.	DAL	TEAN	\$			
Mailing Address		1	MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	NO	DIV	VEAD	чр 			
			<u>MO.</u>	DAY	YEAR	\$			
Description of Contribution:	<b>.</b>				1				
Full Name of Contributor			MO	DAY	VEAD				
			MO.	DAY	YEAR	\$			
Mailing Address			MO.	DAY	YEAR	\$			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR				
	Grare	-	mu.	UAT	TEAN	\$			
Description of Contribution:									
	ter to and		terner i terne site						
Enter Grand Total of Part F on Sched	ule II.	In-Kind Contribution	ons De	tailed		PAGE TOTAL			
Summary Page, Section 2.						\$			

PAGE OF OF	AGE	F 12
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#### SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED VALUE OVER \$250.00

Name of Filing Committee or Candidate			Reporting	Period			
Friends & Bruan Callahan			From	DR4	То 11 27 17		
The wine of the the the term			DATE	Concluse Steams	AMOUNT		
Full Name of Contributor		мо.		YEAR	\$		
Mailing Address		MO.	DAY	YEAR			
		MU.	DAT	TEAR	\$		
City State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	Occupation						
Employer Mailing Address/Principal Place of Business	Description of Contribution						
Full Name of Contributor		MO.	DAY	YEAR			
		- Million	DAT		8		
Mailing Address		MQ.	DAY	YEAR	\$		
City State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor		Occupat	on	1			
Employer Mailing Addreas/Principal Place of Business		Description of Contribution					
Full Name of Contributor		MO.	DAY	YEAR			
					\$		
Mailing Address		MO.	DAY	YEAR	\$		
City State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	Occupation						
Employer Mailing Address/Principal Place of Business			Description of Contribution				
Full Name of Contributor		MO.	DAY	YEAR			
/					\$		
Mailing Address		<u>MO.</u>	DAY	YEAR	\$		
City State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
Employer of Contributor	Occupation						
Employer Mailing Address/Principal Place of Business			Description of Contribution				
		14.5					
Full Name of Contributor		MO.	DAY	YEAR	\$		
Mailing Address		MO.	DAY	YEAR	\$		
City State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$		
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business		Description of Contribution					
Enter Grand Total of Part G on Schedule II, Summary Page, Section 3.	ons De	tailed		PAGE TOTAL \$			

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SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Reporting Period
Filomb of BruanCa	00-	Ann	From 10/24 TO 11/27/17
1 Juli of Diguine c	en	ALM AVI	
To Whom Paid	- Distantion		MO. DAY YEAR Amount
WHOL-AMIWEST AM-	Fm		10 26 17 \$ 1,500 2
Mailing Address 1125 Colorado St			Description of Expenditure Radio Ad'S
	State		Tradito Ros
Allentaun	IPA	18103-	
Le Print Center			MO: DAY YEAR Amount 16 28 17 \$2,838.31 Description of Expenditure
1701 UNION BIVD			Description of Expenditure
Allentown	State DA	Zip Code (Plus 4)	Printing + Postage
To Whom Paid		11 0000	MO. DAY YEAR Amount
Mcheul for PA			11 13 17 \$ 500
3163 Frond St			Donation
White hall	State	Zip Code (Plus 4)	
To Whom Paid			MD. BAYE EYEAR Amount
Celerato Dee Mailing Address			11 13 17 \$1,000.00 Description of Expenditure
2285 Schenerswille Re	<u>}</u>		Campeign Dort
Bettelehem	State	Zip Code (Plus 4)	1 0 1
To Whom Baid	10	monto	MD. DAY YEAR Amount 11 24 17 \$ 68.64
Mailing Address		d i ca	Description of Expenditure
PD BOX LLES	State	Zip Code (Plus 4)	Votebuilder
Lehigh Valley		18002 -	
To Whom Paid			MO. DAY YEAR Amount
Mailing Address			Description of Expenditure
City	State	Zip Code (Plus 4)	
	State		
To Whom Paid			MO. DAY YEAR Amount
Mailing Address			Description of Expenditure
#11	1		
City	State	Zip Code (Plus 4) 	
To Whom Paid			MD. DAY YEAR Amount
Mailing Address			Description of Expenditura
City	State	Zip Code (Plus 4)	
		enterna a rectangan tradition barrañ	PAGE TOTAL
Enter Grand Total of Expenditures on Pag	ge 1, I	Report Cover P	
-			

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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		l.	Reporting	Period	1 /1
Friends & Bryan Callah				0/24	TO ]] Z7 17
Drienau & ruryan ( alway	lam		TIONT	0101	
<u> </u>					
Name of Creditor					Outstanding Balance of Debt
Malling Address		The Secondary	In the second second	1	\$
Maring Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	-			
		State	Zip Codi	e (Plus 4)	
Description of Debt		1		/	
			/		
Name of Creditor					
			/		Outstanding Balance of Debt
Mailing Address	DATE	1 mal	L DAVE	Ivere	\$
	DEBT	Mo.	DAY	YEAR	Participation of the second second
City	INCURRED	State	Zip Code	(Plus 4)	And the second states and the
	/		210 0000	-	
Description of Debt	/				
	/				
Name of Creditor					
					Outstanding Balance of Debt
Mailing Address	INTE.	MO.	DÀY	1 Marian	\$
-	DATE DEBT	1410.	DAT	YEAR	
City	INCURRED	State	Zip Code	(Phus A)	
/	e.	June		-	
Description of Debt					·····································
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	\$
	DEBT	1410.	DAT	TEAR	Population and the second
City	INCURRED	State	Zip Code	(Pius 4)	
			-		
Description of Debt					
					1
Name of Creditor			CALCULATION OF STREET,		Outstanding Balance of Debt
					\$
Mailing Address	DATE	MO.	DAY	YEAR	a series and the series of the
	DEBT				
City		State	Zip Code	(Plus 4)	
Description of Debt				I	Personal and the second strategies and the second
Name of Creditor		T		1	Outstanding Balance of Debt
/					\$
Mailing Address	DATE	MO.	DAY	YEÀR	
/	DEBT				
City		State	Zip Code	(Plus 4)	$\frac{2}{2} \frac{1}{2} \frac{1}$
/					
Description of Debt					
/					
1/			1996 - F. Marson H.	A STATE	PAGE TOTAL
Enter Grand Total of Unpaid Debts on Page 1, Re	nort Course D		-		
arene rotar of onpaid Debts off rage I, Re	Poil Cover Pa	ige, Ite	an G.		\$
				100	Charles and a second