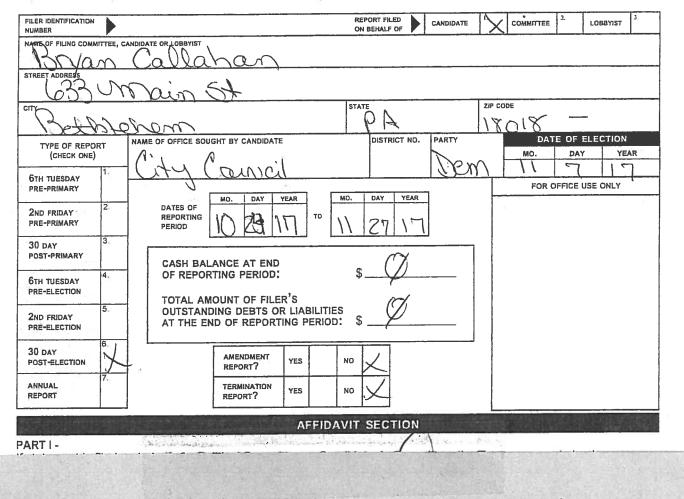
COMMONWEALTH OF PENNSYLVANIA CAMPAIGN FINANCE STATEMENT

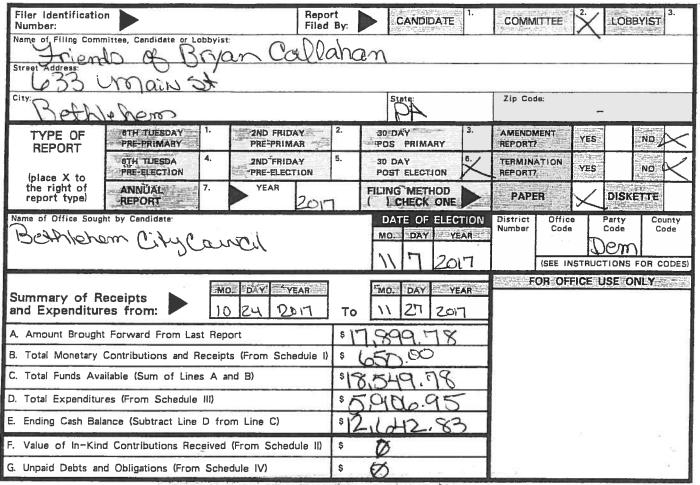
File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.



| 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 | |
| | | |
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| | | |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS PAGE 2 OF

and the second se

15

DSEB-502 (7-99)

| 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 |

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| 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 | |
|---|------------|-------------------|-------------|--|--------|--|
| λ · · · · · · · · · · · · · · · · · · · | 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 | — |
| | | | 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 |

DSE8-502 (7-99)

| 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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| PAGE | 6 | OF | 12 |
|------|---|----|----|
| | | | |

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. |

DSEB-502 (7-99)

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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 |

DSEB-502 (7-99)

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.)

| | 9 | | 15 |
|------|---|----|----|
| 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: | . | | | | 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 |
|------------|-----|------|
|------------|-----|------|

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 \$ | | | |

DSEB-502 (7-99)

1 ST

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