#### Commonwealth of Pennsylvania

**CAMPAIGN FINANCE REPORT** 



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

Filer Identification Report Filed I						CANDIDATE	1.	COMMIT	TEE	X	LOBBY	IST 3	
Name of Filing Comm	S Candidate or Lo	Post	x ya	W(	Pa	llahan							
6331	Main	6	*										
Rethly	chem					Ag		Zip Code	310	9	380	I	
TYPE OF REPORT	REPORT PRE-PRIMARY PRE-PRIMARY  6TH TUESDAY  4. 2ND FRIDAY  6TH TUESDAY  4. 2ND FRIDAY		X	30 DAY POST PRIMARY	3.	AMENDMENT REPORT?		YES	3	ОР			
(place X to			5.	30 DAY POST ELECTION	6.	TERMINATION REPORT?		YES	1	ОР			
the right of report type)	ANNUAL REPORT	7.	YEAR	20	18	FILING METHOD ( ) CHECK ONE		PAPER		又	DISKET	TE	
Name of Office Sough	t by Candidate:					MO. DAY YE	AR	District Number	Office Code	D	Party Code TIONS FO	Coun Cod	le
Summary of Receipts and Expenditures from:					То	MO. DAY YE	AR V	FO	R OFF	ICE L	ISE ON	LY	7.28
A. Amount Brought Forward From Last Report					\$ /.	2,600.98							
B. Total Monetary Contributions and Receipts (From Schedule I) \$						(T). 800							
C. Total Funds Available (Sum of Lines A and B) \$					\$ \	2.600 99	8						
D. Total Expenditures (From Schedule III)					\$	1.994.5	5						
E. Ending Cash Balance (Subtract Line D from Line C)					\$ 1	0,600. H	12						- 1
F. Value of In-Kind Contributions Received (From Schedule II) \$													
G. Unpaid Debts an	7 <b>8</b>	<b>B</b>				Marian south							

AFFIDAVIT SECTION

SCHEDULE I

PAGE 2 OF

6

# CONTRIBUTIONS AND RECEIPTS

**Detailed Summary Page** 

Name of Filing Committee or Candidate  Reporting R  From 1	erios 18 To 4 3018
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CON	ITRIBUTOR
TOTAL for the Reporting Period (1	s 💯
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
TOTAL for the Reporting Period (2	\$
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
TOTAL for the Reporting Period (3	\$
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ET	C. (FROM PART E)
TOTAL for the Reporting Period (4	\$
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.)	\$\$\phi\$.\$\$

#### SCHEDULE II

PAGE 3 OF 6

## IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

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

**Detailed Summary Page** 

Name of Filing Committee or Candidate	Committee of the State of Stat							
Name of Filing Committee or Candidate	Reporting Per	118 TO 4 30						
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	\$50.00 OR	LESS PER CONTRIBUTOR						
TOTAL for the Reporting Perio	\$							
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)								
TOTAL for the Reporting Perio	d (2)	\$						
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	OM PART G	G)						
TOTAL for the Reporting Period	d (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.)		\$						

### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Deporting Desired
	Reporting Period
Friends & Bruan Callahan	From 1118 To 4308
To Whom Paid	MQ. DAY YEAR Amount
The Morning Call Mailing Address	MO. DAY YEAR AMOUNT OI 03 2018 \$ 15.69  Description of Expenditure
Mailing Address (oth St.)	Description of Expenditure
City State Zip Code (Plus 4)	monthly subscription
Hilentown PA 18161-	7
7-14H M-14	
Land I transportation	MO. DAY YEAR Amount
Jany J transportation	OI 08 2018 \$ 624.22
1 445 KISINESS MARY. IN	Travel to Philadelphia
City.	Travel 10 41 Mace priva
Allentown PA 18709-	·
	MO. DAY YEAR Amount,
Tailagater's Puba Grill Mailing Address	01 25 201% \$ 47.58  Description of Expenditure
Mailing Address	Description of Expenditure
1313 Center St.	tinance meeting
Bethlehem PA 18018 -	
To Whom Paid	
The Morning Call	MO. DAY YEAR Amount
	O\ 30 20\8 \$ \5.9\0
101 N (0 th St.	monthly subscription
City	THATTING SOLD TON
HILENTOWN PA 1801 -	·
To Whom Paid	MO. DAY YEAR Amount
The Morning (all	02 27 2018 \$ 15.94
101 D 6th St.	Description of Expenditure
City State Zip Code (Plus 4)	Monthly subscription
Allentour PA 18101-	7
To Whom Paid	
The Morning Call	MO. DAY YEAR Amount 03 27 2018 \$ 5.90
Mailing Address	Description of Expenditure
101 N 6th St.	monthly subscription
Alentown PA 8101 -	
To Whom Paid	MO. DAY YEAR Amount
Mailing Address	Description of Expenditure
	Description of Expenditure
City State Zip Code (Plus 4)	
To Whom Paid	MO. DAY YEAR Amount
	\$
Mailing Address	Description of Expenditure
City State Zin Code (Plue A)	
State Zip Code (Plus 4)	
Enter Grand Total of Eveneditures as 5	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page	ge, Item D. \$734.5(

#### SCHEDULE III

### STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	0 M	1	F	Reporting	Period	1/2/2/20
Friends of Buyan	J COUNT	emen		From	1113	2018-41302018
		No. 10 The last of				
To Whom Paid tone Victory 3	and		мо. 3	30	YEAR	\$250.00
Ho Box 22656				on of Exp	enditura	J
Philadelshia		lodo (Plus 4)				
To Whom Paid Do			MO.	DAY	YEAR 2018	Amount S CO
Mailing Address W. D. Wow St				on of Exp		Syrian
Whitehall		ode (Plus 4)	1	Di	Low	
To Whom Paid	1		MO.	DAY	YEAR	Amount \$ 250.00
Mailing Address	maper		Descripti	on of Exp	18 enditure	\$ 250.00
TIO Wedge wood IR			. 0			NOI
Bethlehem		ode (Plus 4)				
Jo Whom Paid Valley about	ounce	0	MO.	DAY	YEAR	Amount \$ 700.00
PO Box 20226			Descripti	on of Exp	-	4 Paragram
Lehigh Valles	State Zip C	ode (Plus 4)	1	D		Olan
To Minor Paid			Mo.	DAY	YEAR	Amount
Mpmpg Address Hee to Elect	Frike	Stack	4	26 on of Expe	18	\$ 500,00
140 Box 297_			1 1	DNC		2
Dentaer	State Zip C	ode (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Descripti	on of Expe	enditure	\$
City	State Zip C	ode (Pius 4)				
Ta War Daid		-				·
To Whom Paid			MO.	DAY	YEAR	Amount \$
Mailing Address			Description	on of Expo	nditure	
City	State Zip Co	ode (Plus 4)				
To Whom Paid			MO.	DAY	YEAR	Amount
Mailing Address			Description	on of Expe	inditura	\$
City	State   Zip Co	ado (Blue A)		· · · · · · · · · · · · · · · · · · ·		
	State ZIP C	ode (Plus 4)				
						PAGE TOTAL
Enter Grand Total of Expenditures on Page	ge 1, Report	Cover Pa	ige, ite	m D.		\$1,210000

PAGE OF G

# 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	0.0		Reporting	Period	e interest	
Friends & Brunn O	albha	. 1	From	1	18 TO 4	3010
Drience of Owner C	CRUCATIO		110111		10	1 -CALLE
Name of Creditor						
Name of Greator						lance of Debt
Mailing Address	DATE				\$	
	DEBT	MO.	DAY	YEAR		
City	INCURRED	State	71- 6-4	(72) 4)		
		State	ZIP CODE	(Plus 4)		1
Description of Debt						/
Name of Creditor						
					Outstanding Ba	lance of Debt
Mailing Address	DATE	Mo.	DAY	YEAR	3	
	DEBT INCURRED	-	37.1	I GMN		
City	THOUSINED	State	Zip Code	(Plus 4)	-	
			**	-/		
Description of Debt		11				
	0					
Name of Creditor					Outstanding Ba	anno of Daha
					\$	rance of Debt
Mailing Address	DATE	MO.	DAY	YEAR	L4	
	DEBT INCURRED					
City		State	Zip Code	(Plus 4)		
			_	-		
Description of Debt						
News (Company)						
Name of Creditor					Outstanding Bal	ance of Debt
Mailing Address					\$	- 1
monning Addition	DATE	MO.	DAY	YEAR		
City	INCURRED					
		State	Zip Code	(Plus 4)		20 11 110
Description of Debt						
Name of Creditor						
					Outstanding Bala	ance of Debt
Mailing Address	DATE	MO.	DAY	VEAD	\$	
	DEBT INCURRED	10.0.	DAT	YEAR		
City	INCOMILED	State	Zip Code	(Plus 4)		
			_			
Description of Debt						
Name of Creditor					Outstanding Bala	nce of Debt
Mailing Address					\$	J. B.
mailing Address	DATE	Mo.	DAY	YEAR		
City	DEBT INCURRED					
City		State	Zip Code	Plus 4)		II.
Description of Debt						
Total County Trans.				N.	PAGE TOTAL	
				91	PAGE TOTAL	
Enter Grand Total of Unpaid Debts on Page 1, Rep	ort Cover P	age, It	em G.		\$	