

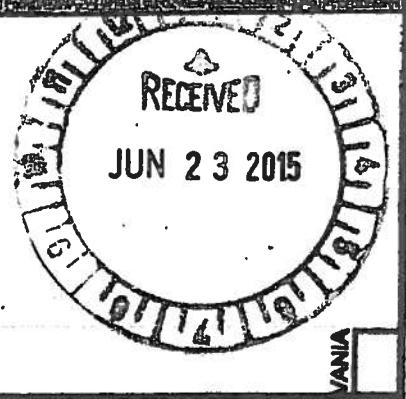
CAMPAIGN FINANCE REPORT

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

Filer Identification Number:	Report Filed By:	1.	2.	3.
Name of Filing Committee, Candidate or Lobbyist: <i>Friends of Matthew McKernan</i>				
Street Address: <i>1969 Easton Avenue</i>				
City: <i>Bethlehem</i>		State: <i>PA</i>	Zip Code: <i>18017 -</i>	
TYPE OF REPORT (place X to the right of report type)	1.	2.	3.	4.
	4.	5.	6.	7.
	YEAR <i>2015</i>			

Name of Office Sought by Candidate:	DATE OF ELECTION	District Number	Office Code	Party Code	County Code
<i>Bethlehem City Council</i>	<i>5/19/2015</i>			<i>DEM</i>	<i>48/39</i>
(SEE INSTRUCTIONS FOR CODES)					

Summary of Receipts and Expenditures from:	<i>5/20/2015</i>	To	<i>11/3/2015</i>
A. Amount Brought Forward From Last Report	\$ <i>0</i>		
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ <i>1,200.00</i>		
C. Total Funds Available (Sum of Lines A and B)	\$ <i>1,200.00</i>		
D. Total Expenditures (From Schedule III)	\$ <i>0</i>		
E. Ending Cash Balance (Subtract Line D from Line C)	\$ <i>0</i>		
F. Value of In-Kind Contributions Received (From Schedule II)	\$ <i>0</i>		
G. Unpaid Debts and Obligations (From Schedule IV)	\$ <i>0</i>		



AFFIDAVIT SECTION

I swear for official that this report, including the attached schedules, is a true and correct statement of my knowledge and belief...

Notarial Seal

Notary Public, Notary Public

My Commission Expires March 29, 2016

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <i>Friends of Matthew McKernan</i>	Reporting Period From <u>5/20/15</u> To <u>11/3/15</u>
---	---

1. CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ <u>300.00</u>

2. CONTRIBUTIONS - \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>400.00</u>
All Other Contributions (Part B)	\$ <u>500.00</u>
TOTAL for the Reporting Period	(2) \$ <u>1,200.00</u>

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

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)	
TOTAL for the Reporting Period	(4) \$ <u>1200.00</u>

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.)	\$ <u>1,200.00</u>
--	--------------------

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 Friends of Matthew McKernan	Reporting Period From 5/20/2015 To 11/3/2015
---	---

Full Name of Contributing Committee	DATE	AMOUNT
Friends of Bob Doncher	5 6 15	\$ 150.00
Mailing Address 377 Devonshire Drive		\$
City Bethlehem	State PA	Zip Code (Plus 4) 18017 -
		\$
Friends of Michael Recchiuti	5 8 15	\$ 250.00
Mailing Address PO Box 202		\$
City Bethlehem	State PA	Zip Code (Plus 4) 18016 -
		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$
Full Name of Contributing Committee		\$
Mailing Address		\$
City	State	Zip Code (Plus 4)
		\$

Enter Grand Total of Part A on Schedule 1, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 400.00

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			
				From _____		To _____	
				DATE			AMOUNT
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				MO	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	\$
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				MO	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	\$
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				MO	DAY	YEAR	\$
Mailing Address				MO	DAY	YEAR	\$
City		State	Zip Code (Plus 4)	MO	DAY	YEAR	\$
PAGE TOTAL							\$

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

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 From _____ To _____
---------------------------------------	---

	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 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		
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
\$

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 Candidate	Reporting Period From _____ To _____
---------------------------------------	---

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

Full Name

Mailing Address

City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount
		-				\$

Receipt Description

PAGE TOTAL	\$
------------	----

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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	Reporting Period From _____ To _____
---------------------------------------	---

UNREIMBURSED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTION	
TOTAL for the Reporting Period	(1) \$

IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 TO \$250.00 FROM PART F	
TOTAL for the Reporting Period	(2) \$

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.)	\$
---	----

**SCHEDULE II
PART F**

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

			DATE			AMOUNT
Full Name of Contributor			MONTH	DAY	YEAR	\$
Mailing Address			MONTH	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MONTH	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MONTH	DAY	YEAR	\$
Mailing Address			MONTH	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MONTH	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MONTH	DAY	YEAR	\$
Mailing Address			MONTH	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MONTH	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MONTH	DAY	YEAR	\$
Mailing Address			MONTH	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MONTH	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MONTH	DAY	YEAR	\$
Mailing Address			MONTH	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MONTH	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MONTH	DAY	YEAR	\$
Mailing Address			MONTH	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MONTH	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MONTH	DAY	YEAR	\$
Mailing Address			MONTH	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MONTH	DAY	YEAR	\$
Description of Contribution:						

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL \$

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

Name of Filing Committee or Candidate	Reporting Period From _____ To _____
---------------------------------------	---

				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				Occupation	
Employer Mailing Address/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				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				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				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, In-Kind Contributions Detailed Summary Page, Section 3.	PAGE TOTAL \$
---	------------------

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		Reporting Period From _____ To _____	
---------------------------------------	--	---	--

Name of Creditor			Outstanding Balance of Debt \$						
Mailing Address	DATE DEBT INCURRED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">MO</td> <td style="width: 25%; padding: 2px;">DAY</td> <td style="width: 25%; padding: 2px;">YEAR</td> </tr> <tr> <td style="width: 25%; padding: 2px;">State</td> <td colspan="2" style="padding: 2px;">Zip Code (Plus 4)</td> </tr> </table>	MO	DAY	YEAR	State	Zip Code (Plus 4)		
MO	DAY	YEAR							
State	Zip Code (Plus 4)								
City									
Description of Debt									

Name of Creditor			Outstanding Balance of Debt \$						
Mailing Address	DATE DEBT INCURRED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">MO</td> <td style="width: 25%; padding: 2px;">DAY</td> <td style="width: 25%; padding: 2px;">YEAR</td> </tr> <tr> <td style="width: 25%; padding: 2px;">State</td> <td colspan="2" style="padding: 2px;">Zip Code (Plus 4)</td> </tr> </table>	MO	DAY	YEAR	State	Zip Code (Plus 4)		
MO	DAY	YEAR							
State	Zip Code (Plus 4)								
City									
Description of Debt									

Name of Creditor			Outstanding Balance of Debt \$						
Mailing Address	DATE DEBT INCURRED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">MO</td> <td style="width: 25%; padding: 2px;">DAY</td> <td style="width: 25%; padding: 2px;">YEAR</td> </tr> <tr> <td style="width: 25%; padding: 2px;">State</td> <td colspan="2" style="padding: 2px;">Zip Code (Plus 4)</td> </tr> </table>	MO	DAY	YEAR	State	Zip Code (Plus 4)		
MO	DAY	YEAR							
State	Zip Code (Plus 4)								
City									
Description of Debt									

Name of Creditor			Outstanding Balance of Debt \$						
Mailing Address	DATE DEBT INCURRED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">MO</td> <td style="width: 25%; padding: 2px;">DAY</td> <td style="width: 25%; padding: 2px;">YEAR</td> </tr> <tr> <td style="width: 25%; padding: 2px;">State</td> <td colspan="2" style="padding: 2px;">Zip Code (Plus 4)</td> </tr> </table>	MO	DAY	YEAR	State	Zip Code (Plus 4)		
MO	DAY	YEAR							
State	Zip Code (Plus 4)								
City									
Description of Debt									

Name of Creditor			Outstanding Balance of Debt \$						
Mailing Address	DATE DEBT INCURRED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">MO</td> <td style="width: 25%; padding: 2px;">DAY</td> <td style="width: 25%; padding: 2px;">YEAR</td> </tr> <tr> <td style="width: 25%; padding: 2px;">State</td> <td colspan="2" style="padding: 2px;">Zip Code (Plus 4)</td> </tr> </table>	MO	DAY	YEAR	State	Zip Code (Plus 4)		
MO	DAY	YEAR							
State	Zip Code (Plus 4)								
City									
Description of Debt									

Name of Creditor			Outstanding Balance of Debt \$						
Mailing Address	DATE DEBT INCURRED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">MO</td> <td style="width: 25%; padding: 2px;">DAY</td> <td style="width: 25%; padding: 2px;">YEAR</td> </tr> <tr> <td style="width: 25%; padding: 2px;">State</td> <td colspan="2" style="padding: 2px;">Zip Code (Plus 4)</td> </tr> </table>	MO	DAY	YEAR	State	Zip Code (Plus 4)		
MO	DAY	YEAR							
State	Zip Code (Plus 4)								
City									
Description of Debt									

Name of Creditor			Outstanding Balance of Debt \$						
Mailing Address	DATE DEBT INCURRED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">MO</td> <td style="width: 25%; padding: 2px;">DAY</td> <td style="width: 25%; padding: 2px;">YEAR</td> </tr> <tr> <td style="width: 25%; padding: 2px;">State</td> <td colspan="2" style="padding: 2px;">Zip Code (Plus 4)</td> </tr> </table>	MO	DAY	YEAR	State	Zip Code (Plus 4)		
MO	DAY	YEAR							
State	Zip Code (Plus 4)								
City									
Description of Debt									

Name of Creditor			Outstanding Balance of Debt \$						
Mailing Address	DATE DEBT INCURRED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;">MO</td> <td style="width: 25%; padding: 2px;">DAY</td> <td style="width: 25%; padding: 2px;">YEAR</td> </tr> <tr> <td style="width: 25%; padding: 2px;">State</td> <td colspan="2" style="padding: 2px;">Zip Code (Plus 4)</td> </tr> </table>	MO	DAY	YEAR	State	Zip Code (Plus 4)		
MO	DAY	YEAR							
State	Zip Code (Plus 4)								
City									
Description of Debt									

PAGE TOTAL			\$
------------	--	--	----

Enter Grand Total of Unpaid Debts on Page 1, Report Cover Page, Item G.

CAMPAIGN FINANCE REPORT

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

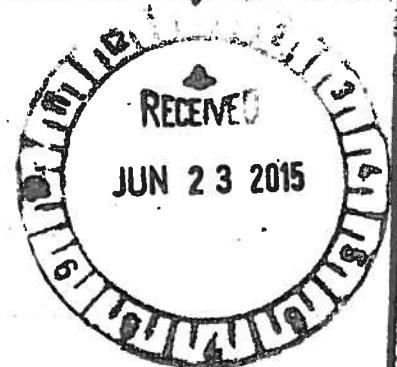
Filer Identification Number:	Report Filed By:	1.	2.	3.
Name of Filing Committee, Candidate or Lobbyist <i>Matthew J. McKernan</i>				
Street Address: <i>1969 Easton Avenue</i>				
City: <i>Bethlehem</i>		State: <i>PA</i>	Zip Code: <i>18017</i>	
TYPE OF REPORT (place X to the right of report type)	1.	2.	3.	4.
	4.	5.	6.	7.
	YEAR <i>2015</i>			

Name of Office Sought by Candidate: <i>Bethlehem City Council</i>	DATE OF ELECTION <i>5/19/2015</i>	District Number	Office Code	Party Code <i>DEM</i>	County Code <i>48/39</i>
(SEE INSTRUCTIONS FOR CODES)					

Summary of Receipts and Expenditures from:

5/20/2015 To *11/3/2015*

A. Amount Brought Forward From Last Report	\$ - 5,309
B. Total Monetary Contributions and Receipts (From Schedule I)	\$ 0
C. Total Funds Available (Sum of Lines A and B)	\$ - 5309.
D. Total Expenditures (From Schedule II)	\$ 2,157.78
E. Ending Cash Balance (Subtract Line D from Line C)	\$ - 7,466.78
F. Value of In-Kind Contributions Received (From Schedule II)	\$ 0
G. Unpaid Debts and Obligations (From Schedule IV)	\$ 0



AFFIDAVIT SECTION

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, No. 320) as amended.

Sworn to and subscribed before me this

_____ day of _____ 20_____

Signature

My commission expires

MO. DAY YR.

Signature of Candidate

Printed Name

Area Code

Daytime Telephone Number

Ann. Reg. Public
Bethlehem, Northampton County
My Comm. Expires March 29, 2016

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate Matthew J. McKernan	Reporting Period From 5/20/15 To 11/3/2005
---	---

1. CONTRIBUTIONS OF \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period	(1) \$ 0

2. CONTRIBUTIONS \$50.01 TO \$250.00 FROM PART A AND PART B	
Contributions Received from Political Committees (Part A)	\$ 0
All Other Contributions (Part B)	\$ 0
TOTAL for the Reporting Period	(2) \$ 0

3. CONTRIBUTIONS OVER \$250.00 FROM PART C AND PART D	
Contributions Received from Political Committees (Part C)	\$ 0
All Other Contributions (Part D)	\$ 0
TOTAL for the Reporting Period	(3) \$ 0

4. OTHER RECEIPTS, REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. FROM PART B	
TOTAL for the Reporting Period	(4) \$ 0

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.)	\$ 0
--	-------------

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <u>Matthew J. McKernan</u>	Reporting Period From <u>5/20/15</u> To <u>11/3/15</u>
---	---

To Whom Paid <u>Lehigh Valley Print Center</u>	MO <u>5</u>	DAY <u>13</u>	YEAR <u>15</u>	Amount <u>\$ 2,157.78</u>
Mailing Address <u>306 Broadhead Avenue</u>	Description of Expenditure <u>Printing</u>			
City <u>Bethlehem</u>	State <u>PA</u>	Zip Code (Plus 4) <u>18015 -1653</u>		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

To Whom Paid	MO	DAY	YEAR	Amount \$
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.

PAGE TOTAL \$
