CAMPAIGN FINANCE REPORT

PAGE 1 OF /2 (COVER PAGE)

(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:	CANDIDATE	1.	COMM	ITTEÉ	2.	TOBBA)	3. S T		
Name of Filing Comm	nittee, Candidate or Lob	byist:	tecido		<u>4 — — </u>	<u> </u>		i*J	<u> </u>	H10, 10.01		
Street Address:	202 Some									***		
City: .	sdale	73 0 2 000,	<u> </u>	State: Pa Zip Code: 19446 -								
TYPE OF REPORT	STH TUESDAY	2NO FRIDAY		36 DAY POST PAIMARY	3.	AMENDA		YES.	×	io /		
(place X to	8TH TUESDAY PRE-ELECTION	4. 2ND FRIDAY	Sept. 2.4				TERMINATION REPORT?		N			
the right of report type)	ANNUAL 7	YEAR 2015		FILING METHOD		PAPE	1	\checkmark	DISKET	Œ		
Name of Office Sough	nt by Candidate:			DATE OF ELEC	TION	District	Office		arty	County		
Montgomer	ry County Pr	othonotai	y	MO. DAY Y	EAR	Number	OTA		Code QEP	46		
						900 .				R CODES)		
Summary of Roand Expenditure	eceipts es from:	MO. DAY YEA		MO, DAY Y	AR 5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ormon:	16E ,U	SE ONL	Verland 1		
A. Amount Brought	Forward From Last	Report	ş	4,502,59	3				150			
B. Total Monetary	Contributions and Re	ceipts (From Sched	ule I) \$	/00.00								
C. Total Funds Ava	ilable (Sum of Lines	A and B)	\$									
D. Total Expenditur	es (From Schedule I	11)	\$	\$ 4,000,00								
E. Ending Cash Bala	ance (Subtract Line [O from Line C)	\$	\$ 602.59								
F. Value of In-Kine	d Contributions Rece	eived (From Schedul	e (I) \$	\$ N/A								
G. Unpaid Debts an	d Obligations (From	Schedule IV)	\$.	\$ 4,486,42								
		AF	FIDAVIT SE	CTION								
	a Committee repor	rt, treasurer sign he	re. If this	is a Candidate rep								
I swear (or affirm) the correct and complete.	at this report, including	the attached schedule	es, on paper o	r computer diskette, a	re to th	e best of	ту кпоч	vledge	and belie	if true,		
Sworn to and subscri		•										
1	Janua	20 /	6	Sign		Person Su	hmittlen	90000				
TAN	TH CL PENNSY WANT	\$16 C	J	Edwar	d	DIAS	10	кероп		ı		
Jill A. Buc Whitbain Two	dney, Notary Spatiature Montgomery County	11 3477	7	215		rinted Nam	e	سر و	<i>^</i>			
My Commissio	<u>'</u>	Area Code	_		96 - ytime Te		3 / e Number	·				
PART II - If this is	a report of a Can	didate's Authorized	Committee	v candidate shall si	in here		14.24 (13.12)	91.54.				
	it to the best of my kn						s of the	Act of	f June 3,	1937		
Sworn to and subscri	ibed before me this	_		2 4	-	1/	1	_				
day of	Vanu	Cli 20 1	(c)	100	12	m		<u>) </u>				
The same	4 Bud	C U	ļ	1,11,12(5)	Signatu 7./	ire of Can	didate VH I	- <	~ 1)			
	TH OF PENNSYLVANIA	11 (20)	<u> </u>	w 12 5 10	Pr	inted Nam	<i>V[]</i> le	14	311)	<u>~</u>		
	ney, Notar y Bu blic t	AY YR.	/)	Area Code		Da	ytime Te	lephon	e Number			
	Expires June 11, 2017											

SCHEDULE I

PAGE 2 OF / 2

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period
Friends of Bill Whiteside	From 11-24-15 To 12-31-15

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OF	LESS PER CONTRI	BUTOR
TOTAL for the Reporting	Period (1)	\$ - C -

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	/// / vi my ()	
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)	The state of the s
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, E	тс	. (FI	ROM PART E
TOTAL for the Reporting Period (4)	4)	\$	100.00

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from	\$	100.00
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	,	7 00 , 00

Reporting Period

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.

Friends of Bill Wi		From <u>/</u>	1-24-1	15 To 12-31-15			
Full Name of Contributing Committee					DATE		AMOUNT
The tested of contributing committee				MO.	DAY	YEAR	\$
Mailing Address			·	MÖ.	DAY"	YEAR	s
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	*
	_1		-] s
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	(P)us A)		5	Charles advisors	4
				MO.	DAY	YEAR	\$
Full Name of Contributing Committee		<u> </u>		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	L			MO.	DAY	YEAR	4
					- DA (IEAN	\$
Mailing Address		,		MO.	DAY	YEAR	\$
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	
							\$
Full Name of Contributing Committee				MO.	DAY	YEAR	<u></u>
Mailing Address	18 APARA						\$
-				MO.	DAY	YEAR	\$
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	*
Full Name of Contributing Committee				∴MO.	DAY	YEAR	\$
<u> </u>					DA1	1EAR.	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code	(Plus 4)	MO.	DAY	YEAR	_
							\$
Enter Grand Total of Part A on Sche	dule !	Deteiled	Summary	Page	Section	, ,]	PAGE TOTAL
The second of the public secon		,	warinisai y	। ਕਖ਼ਵ,	JEUHO	11 2 .	\$ - 0 -
SEB-502 (2-99)							

Name of Filing Committee or Candidate

PART B **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	Reporting Period
	l '
Friends of Bill Whiteside	From 11-24-15 To 12-31-15
The state of the s	

				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	·		MO	DAY	YEAR	
•			- MO	UAT	TEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
						\$
Full Name of Contributor			MO.	DAY	YEAR	
						\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State.	Zip Code (Plus 4)			***************************************	4
<i>-</i> ,	3(4(4)	Zip Code (Flus 4)	MO	DAY	YEAR	\$
Full Name of Contributor			ood M O X	0.432		*
Full Hams of Contributor			MID.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	Mo.	DAY	YEAR	
		_				\$
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address						*
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
		_			CAR	\$
Full Name of Contributor			MO	DAY	YEAR	
					77 117	\$
Mailing Address			MO.	DAY	YEAR	\$
City						9
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributor						3
TON Hame of Controctor			MO.	UAI	YEAR	\$
Meiling Address			MQ.	DAY	YEAR	_
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
						\$
Full Name of Contributor			MQ.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	*
			1010.	UAI	IEAA	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributor			MO.	DAY	YEAR	A
Mailing Address						\$
morning Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	1 10	- DAV	VEAR	*
			MO.	DAY	YEAR	\$
						PAGE TOTAL
Enter Crond Total of Daniel	3 am Caba-4-1- 1	Datailes D	_			
Enter Grand Total of Part I	on Schedule I,	Detailed Summary	/ Page, :	Section	2.	\$ - 0 -

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					Period	_		
Friends of Bill	Whitesi	de_		From _	1-24-1	5 To /2-3/-/5		
				DATE		AMOUNT		
Full Name of Contributing Committee			MO.	DAY	YEAR	\$		
Mailing Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	мо	DAY	YEAR	\$		
Full Name of Contributing Committee			MO.	DAY	YEAR			
Mailing Address	W					\$		
maning Address			MO.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4) —	MC.	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	<u> </u>		MO.	DAY	YEAR			
Mailing Address			MO.	DAY	YEAR	\$		
			3,00.		TEAR	\$		
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	s		
Mailing Address			MO	DAY	YEAR	-7		
City						\$		
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			мо.	DAY	YEAR :	\$		
Mailing Address			мо.	DAY	YEAR	\$		
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$		
				<u></u>	1	PAGE TOTAL		
Enter Grand Total of Part C on	Schedule I,	Detailed Summar	y Page,	Section	n 3.	\$ - \(\to \) -		

OSEB-502 (7-99)

ALL OTHER CONTRIBUTIONS

PAGE 6 OF 12

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 Bill W.	hil	eside	Ī	From	11-24-1	15 To 12-31-15
		·		DATE	-	AMOUNT
Full Name of Contributor			MO.		YEAR	\$
Mailing Address			MO:	DAY	YEAR	
						1 \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Employer Name			Occupat	ion		3
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			Mo.	I nav	VE 45	
rain value of Commoder	MIO.	DAY	YEAR	\$		
Mailing Address	(MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	. MO.	DAY	YEAR	
·				V.3.1	, sean	\$
Employer Name		Occupati	ion	<u></u>		
Employer Mailing Address/Principal Place of Business						
Full Name of Contributor			∭ МО.	DAY	YEAR	_
Mailing Address			150			\$
maining Addiess			MO:	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
E				<u> </u>		\$
Employer Name			Occupati	on		
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			Occupati	on .		
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	
		-		<u> </u>		\$
Employer Name			Occupati	on		
Employer Mailing Address/Principal Place of Business	· · · · · · · · · · · · · · · · · · ·		. !			
		0.0.0				
Enter Grand Total of Part D on School	Jule i.	Detailed Summar	y Page.	Section	n 3.	PAGE TOTAL

DSEB-502 (7-99)

Reporting Period

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.

Friends of Bill Wi	hite	side	- 1	From _/		To 12-31-15
Full Name		d (1)				
Trappe Republic Mailing Address					··········	
130 W. Main Str	eet	- 5 te. 144	1-34	16		
Receipt Description Check from 10-	State	Zip Code (Plus 4) 19426 -	мо.	DAY	YEAR	\$ /00-00
Receipt Description Check from 10.	07-2	2015 Never Ca	shed	1	•	
Full Name					770	
Mailing Address		annum en				
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	1					
Full Name						
Mailing Address		· · · · · · · · · · · · · · · · · · ·				
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	1					
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	i					
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	<u> </u>					
						PAGE TOTAL
Enter Grand Total of Part E on Sched	iule i,	Detailed Summary	Page,	Section	1 4.	\$ /00.00

Name of Filing Committee or Candidate

SCHEDULE II

PAGE 8 OF 12

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 Friends of Bill Whiteside	Reporting Peri		To /2	-31-15
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF S	\$50.00 OR L	ESS P	ER CONT	RIBUTOR
TOTAL for the Reporting Period	d (1)	\$	- 0	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50 00 (EPA)	LDAPT		TOTAL CONTROL OF THE PERSON
TOTAL for the Reporting Period			- 0 -	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G	Company of the control of the contro		Britis Carlos Ca
TOTAL for the Reporting Period	d (3)	\$ -	- 0 -	The Annual Control of the Control of
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.)		s _	- 0 -	_

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Friends of Bill Wh	les	ide		Reporting From		/S To /2-3/-/5
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	
Mailing Address			MO.	DAY	YEAR	
City	State	Zîp Code (Plus 4)	1			\$
, 	3.0.0		MO.	PAY	YEAR	- \$
Description of Contribution:				<u> </u>	J	· · · · · · · · · · · · · · · · · · ·
Full Name of Contributor			MO.	DAY	RABY	
Mailing Address						\$
Mailing Address			MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:			_L		L	3
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address	· · · · · · · · · · · · · · · · · · ·		MO.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
	State		MO.	DAY	YEAR	\$
Description of Contribution:		<u> </u>			<u> </u>	<u></u>
Full Name of Contributor			MO.	DAY	YEAR	
Matte					, , , , , ,	\$
Mailing Address			MQ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Description of Contribution:		-				<u> </u>
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			Mo.	DAY	YEAR	
City	State	Zip Code (Plus 4)				\$
•	State		MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			_ MD.	DAY	YEAR	
Mailing Address		, <u>, , , , , , , , , , , , , , , , , , </u>				\$
Mailing Address			. МО.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:				<u>L</u>		
Enter Grand Total of Part F on Sche	dule II	, In-Kind Contribut	tions De	tailed		PAGE TOTAL
Summary Page, Section 2.						\$ - 0 -

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

	• ~	TEOL OTEN \$250.	00				
Name of Filing Committee or Candidate				Reporting	Period		
Friends of Bill Whit	esic	de			15 To 12-31-15		
				DATE		AMOUNT	
Full Name of Contributor			MO.		YEAR	\$	
Mailing Address			MO.	DAY	YEAR		
						\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Оссира	tion	<u>*************************************</u>		
Employer Mailing Address/Principal Place of Business			Descrip	otion of Con	tribution	· • • • • • • • • • • • • • • • • • • •	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupa	tion	<u> </u>		
Employer Mailing Address/Principal Place of Business	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Descrip	otion of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Malling Address		7707111111	MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupation				
Employer Mailing Address/Principal Place of Business	L		Descrip	tion of Con	tribution		
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer of Contributor			Occupat	tion	<u> </u>		
Employer Mailing Address/Principal Place of Business	***************************************	**************************************	Descrip	tion of Con	tribution		
Full Name of Contributor			MQ.	DAY	YEAR	\$	
Mailing Address			MO.	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR		

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL

\$ - \rightarrow -

Description of Contribution

Employer of Contributor

Employer Mailing Address/Principal Place of Business

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			Į F	Reporting	Period			
Friends of Bill Whitesia	le		From <u>//-24-/5</u> To <u>/2-31-/5</u>					
,								
To Whom Paid Hallowell and Branst	ett	e <i>r</i>	мо. 12	05	YEAR 2015	Amount \$ 4,000.00		
88 Plymouth Circle				12 05 2015 \$ 4,000.00 Description of Expenditure Consultant Fee				
Hershey Hershey	State	Zip Code (Plus 4) /7033 —						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address		hd 9 4 dd - 18 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Descript	ion of Exp	enditure			
City	State	Zip Code (Plus 4) —						
To Whom Paid			Moz	DAY	YEAR	Amount \$		
Mailing Address			Descript	ion of Exp	enditure	•		
City	State	Zip Code (Plus 4) —						
To Whom Paid			/ MO	DAY	YEAR	Amount \$		
Mailing Address			Descript	ion of Exp	enditure			
City	State	Zip Code (Plus 4)						
To Whom Paid			MO.	DAY	YEAR	Amount \$		
Mailing Address			Descript	ion of Exp	enditure			
City	State	Zip Code (Plus 4)			***************************************			
To Whom Paid			мо.	DAY	YEAR	Amount \$		
Mailing Address			Description of Expenditure					
City	State	Zip Code (Plus 4)						
To Whom Paid	1		MO	DAY	YEAR	Amount \$		
Mailing Address			Descript	ion of Exp	L enditure			
City	State	Zip Code (Plus 4)						
To Whom Paid	!	<u> </u>	MO.	DAY	YEAR	Amount \$		
Mailing Address			Descript	ion of Exp	enditure	<u> </u>		
City	State	Zip Code (Plus 4)						
	I		1			PAGE TOTAL		
Enter Grand Total of Expenditures on Pa	ge 1,	Report Cover P	age, It	em D.		\$ 4,000.00		

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	
Friends of Bill Whiteside			From _	11-24-1	5 To 12-31-15
Name of Creditor					Outstanding Balance of Debt
W. Winston Whiteside, 111 Mailing Address	DATE	T State of the Sta	S. J.	* sar (87,1192)	\$ 2,000.00
217 Le Fferson Ave	DEBT INCURRED	0.3		2015	
Horsham	MODRILO	State	Zip Code	(Plus 4)	
		Pal	19044-	-	
Description of Debt Loan to Campaign			- 3		
Name of Creditor Hallowell and Branste	tter				Outstanding Balance of Debt \$ 2,486.42
Mailing Address 88 Plymouth direle	DATE DEBT INCURRED	: MO.:	DAY	YEAR	
Hers hey		State	Zip Code /7033		
Description of Debt Consulting Fees		1 1			
Name of Creditor					Outstanding Balance of Deb
<u></u>		** / ** · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		\$
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Cutstanding Balance of Debi
Name of Creditor Mailing Address	DATE DEBT	mo.	DAV	YEAR	<u> </u>
	DATE DEBT INCURRED				<u> </u>
Malling Address	DEBT	State	Zip Code		<u> </u>
Malling Address	DEBT				<u> </u>
Malling Address City	DEBT				\$ Outstanding Balance of Debi
Melling Address City Description of Debt Name of Creditor	DEBY INCURRED	State	Zip Code	(Plus 4)	\$
Melling Address City Description of Debt	DEBT		Zip Code		\$ Outstanding Balance of Debi
Melling Address City Description of Debt Name of Creditor	DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debi
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debi
Melling Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	State	Zip Code	(Plus 4)	S Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State	Zip Code	(Plus 4)	Outstanding Balance of Debt
Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DEBY INCURRED DATE DEBT INCURRED DATE	State	Zip Code	(Plus 4)	S Outstanding Balance of Debt
Melling Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBY INCURRED DATE DEBT INCURRED	State MO.	Zip Code	YEAR	Outstanding Balance of Debt
Melling Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DEBY INCURRED DATE DEBY INCURRED	State MO.	Zip Code	YEAR	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
Melling Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBY INCURRED DATE DEBY INCURRED	State MO.	Zip Code	YEAR	Outstanding Balance of Debt
Melling Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City	DEBY INCURRED DATE DEBY INCURRED	State MO.	Zip Code	YEAR	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$
Melling Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City	DEBY INCURRED DATE DEBY INCURRED	State MO.	Zip Code	YEAR	Outstanding Balance of Debt \$ Outstanding Balance of Debt \$