PAGE 1 OF /2 (COVER PAGE)

CAMPAIGN FINANCE REPORT

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

Number: Filed			Report Filed By:		CANDID	ATE 1.	соми	ITTEE	2.	LOBB	YIST 3.	
Name of Filing Comm	ittee, Candidate or Lobbyi Friends of	st. B. 11 1.14	tou de	,							······································	
Street Address:				<u> </u>								
n:	202 Somerset Court											
city: Lans	sdale				State:	a	2 ip Coc		_			
TYPE OF REPORT	8TH TUESDAY 1.	2ND FRIDA PRE-PRIMA	11 1 2 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DAY IST PRIMAR	3. IV	AMENDA REPORT	257 7 Wal-	YES		NO	
place X to	eTH-TUESDAY 4.	2ND FRIDA PRE-ELECTI	aine and a	. .	DAY ST ELECTIO	6. ON	TERMIN REPORT		YES		NO (
the right of report type)	ANNUAL 7 REPORT 1	20/5		FIL()	NG METH	OD ONE	PAPI	P	/	DISKE	FÆ	
Name of Office Sough	nt by Candidate:			2.000		ELECTION	District Number	Office		Party Code	Count	
Montgomer	y County Pro	thonota	ry	/ /	0. DAY	2015	_	OTH	4 <i>f</i>	REP	46	,
							region of salid	OR OF		TIONS F		
Summary of Re	eceipts 🛌		AR	M		YEAR		UN UE	NE U	ISE UN	LZ.	Purd.
and Expenditur	es from:	1 24 20.	/5 To	1/2	2 31	2015						
A. Amount Brought	Forward From Last Ro	eport	ş	4,	502.	59				1 - 2		
B. Total Monetary	Contributions and Rece	ipts (From Sche	dule i) \$		100.	00						
	ilable (Sum of Lines A	and B)	\$	\$ 4,602.59								
D. Total Expenditur	es (From Schedule III)		\$	\$ 4,000.00								
E. Ending Cash Bala	ance (Subtract Line D 1	rom Line C)	\$	4	602 3	59						
F. Value of In-Kind	d Contributions Receive	ed (From Schedu	ile II) \$	\$ N/A							ı	
G. Unpaid Debts an	d Obligations (From Sc	hedule IV)	\$	\$ 4,486.42								
		Δ	FFIDAVIT S	ECTIO	m							
PART I - If this is	a Committee report,					report, ca	ndidate s	ign her	е			
I swear (or affirm) the correct and complete.	at this report, including th	e attached schedul	les, on paper	or com	puter diske	tte, are to t	he best of	my kno	wledge	and bel	ief true	,
Sworn to and subscri	ibed before me this											
day of	Janua	M. 20	16		£	10-						
	THE PENNSYLVANIA	7(1				Signature of			Repor	t		-
Jill A. Bud	Intarial Seal / Communication of the communication	2	_ }		EOW	ard F	DIA: Printed Nar					- 1
My commission Two	Montgomery County	<u> 801</u>	1		2/5	• 		96-				_
	ANIA ASSOCIATION OF NOTARIES	Y YR.			Area Code		Da	sytime T	elephor	ne Numb	er	
	s a report of a Candid									ALEXTY	- Vertian	
IF.L. 1333, NO. 320) 85		ledge and belief t	his political c	ommit	tee has not	violated an	y provigio	ns of the	Act o	f June 3	3, 1937	12 1 1 21
Sworn to and subscr	ibed before me this		1/5		1	11.1	7/_	_A	-			
day of	1 article	20_			-p	Sime	ens	didate	<u>ノ</u>			_ [
- All	H BUCK	My .	}		WIUS	TON		VH	115	5/1)_{_{	
COMMONWEALT My commission exhibit	TH OF PENNSYLVANIA Lanial Seal 2	1 Jan	17			P	rinted Nen	ne				_
Jill A. Budi	ney, Notarm Bublic DA	Y YR.	')		Area Code		Da	ytime T	elephon	e Numb	er	
My Commission	Expires June 11, 2017 HA ASSOCIATION OF NOTARIES											

SSCCIATION OF NOTARIES

Department of State

Bureau of Commissions, Elections and Legislation

210 North Office Building

Harrisburg, PA 17120-0029

(717) 787-5280

SCHEDULE I

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

UNITEMIZED	CONTRIBUTIONS	AND RECEIPTS -	\$50.00 OR LESS P	ER CONT	RIBU	TOR		
		TOTAL for the	e Reporting Period	(1)	\$	_	O-	

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	\$ - O -

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	Andrew State Communication of the Communication of
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	. (FR	OM PART E
TOTAL for the Reporting Period (4)	\$	100.00

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD (Add and enter amount totals from	\$ /00.00
Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)	, 50, 66

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 Wh	From 11-24-15 To 12-31-15					
				DATE		AMOUNT
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	*
					ve ve	\$
Full Name of Contributing Committee			мо	DAY	YEAR	\$
Mailing Address			MÖ.	DAY	YEAR	· · · · · · · · · · · · · · · · · · ·
		3				\$
City	State	Zip Code (Pius 4)	MO	DAY	YEAR	\$
Full Name of Contributing Committee	1		MO.	DAY	YEAR	*
Full legille of Countributing Committee			1110		1	\$
Mailing Address	•		MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	2 2 2 10 10		. 482.07.12.11.11	
City	2000	Z(p code (r)bs 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			мо.	DAY	YEAR	
						\$
Mailing Address			MO:	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	1		VEAB.	Ψ
	0.0.0	-	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MÖ.	DAY	YEAR	<u> </u>
		_				\$
Full Name of Contributing Committee			MÖ	DAY	YEAR	¢
Mailing Address						\$
Mething Address			· MO	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		no de la companya de	MO	- 10AV	YEAR	Ψ
•			MO.	DAY	TEAN	\$
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	\$
		_	<u> </u>	L		PAGE TOTAL
Enter Grand Total of Part A on School	tule I.	Detailed Summa	ry Page.	Sectio	n 2.	_
			,			\$ - 0 -

Name of Filing Committee or Candidate

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
Friends of Bill Whiteside	From <u>/1-24-15</u> To <u>/2-31-15</u>

			DATE		AMOUNT
Full Name of Contributor			MO: EEDAY	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	\$
		_			\$
Full Name of Contributor			MO. DAY	YEAR	\$
Mailing Address		(nt	MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MQ. DAY	YEAR	
		_			\$
Full Name of Contributor				YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Full Name of Contributor	1		MO: DAY	YEAR	
Mailing Address			MO. DAY	YEAR	\$
	1 **				\$
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	
		_			\$
Full Name of Contributor			MO, DAY	YEAR	\$
Mailing Address			MO. DAY	YEAR	\$
Ċity	State	Zip Code (Plus 4)	MO. DAY	YEAR	\$
Full Name of Contributor	<u> </u>		MO. DAY	YEAR	
Mailing Address			MO. DAY	YEAR	\$
City	State	Zip Code (Plus 4)			\$
City	Jiate	Zip Cade (Flus 4)	MO. DAY	YEAR	\$
					PAGE TOTAL
Enter Grand Total of Part B on Sch	hedule I,	Detailed Summa	ry Page, Secti	on 2.	\$ - O -

\$ **- O -**

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 Bill WI	hitesi	de				5 To 12-31-15
			<u></u>	DATE		AMOUNT
Full Name of Contributing Committee			MO.		YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	VEAR	*
		_	MO.	UAI	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	A+-
		_				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MÓ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	мо.	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			мо	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	NeO.	DAY	VEND	Ψ
`			MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO	DAY	YEAR	\$
Mailing Address		F18.44	MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	□ MO.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address		Manual de la companya	мо	DAY	YEAR	\$
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	\$
						PAGE TOTAL
Enter Grand Total of Part C on Sch	edule I,	Detailed Summar	y Page	, Section	n 3.	\$ - 0 -

PAGE 6 OF 12

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 Bill W.	hile	side	From 11-24-15 To 13-31-15				
				DATE		AMOUNT	
Full Name of Contributor			MO.	DAY	YEAR	\$	
Mailing Address	1.771.11.11		мо.	DAY	YÉAR	\$	
City	State	Zip Code (Plus 4)	МО	DAY	YEAR	\$	
Employer Name	Occupation	on	3				
Employer Mailing Address/Principal Place of Business							
Full Name of Contributor			мо.	DAY	YEAR	\$	
Mailing Address			мо	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$	
Employer Name	<u></u>		Occupation	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)	мо.	DAY	YEAR	\$	
Employer Name	1 1		Occupati	on			
Employer Mailing Address/Principal Place of Business		,					
Full Name of Contributor			MO.	DAY	YEAR	s	
Mailing Address			MO.	DAY.	YEAR		
						\$	
City	State	Zip Code (Plus 4)	MO	DAY	YEAR	\$	
Employer Name			Occupation	on			
Employer Mailing Address/Principal Place of Business			!				
Full Name of Contributor			MQ	DAY	YEAR	\$	
Mailing Address			мол	DAY	YEAR	\$	
City	State	Zip Code (Plus 4)	мо.	DAY	YEAR	\$	
Employer Name	#		Occupati	on			
Employer Mailing Address/Principal Place of Business							
Enter Grand Total of Part D on Sched	dule I,	Detailed Summa	ry 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		From _	1-24-1	5 то <u>/2-3/-/5</u>
Full Name						
Trappe Republic	can	Committee				
Mailing Address 130 W. Main Str	eet	- 5 te. 14.	4-3	46		
Receipt Description Check from 10-	State	Zip Code (Plus 4) 19426 —	MO.	DAY	YEAR	Amount \$ / 00 / 00
Receipt Description Check from 10-	07-2	2015 Never Co	ashe	d		
Full Name		• • • •				
Mailing Address						
			•			
City	State	Zîp Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
Receipt Description	4					
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	1	<u>.</u>	1		<u>. </u>	
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	Amount \$
Receipt Description			<u></u>			
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	<u>[</u>		L	.]		4
Full Name						

Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description	<u> </u>				<u> </u>	
						PAGE TOTAL
Enter Grand Total of Part E on Sched	lule I,	Detailed Summary	Page.	Section	n 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	Reporting Per	iod		
Friends of Bill Whiteside	From <u>//-2</u>	14-15	To _/	2-31-15
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF	\$50.00 OR L	ESS P	ER CON	TRIBUTOR
TOTAL for the Reporting Perio	d (1)	\$	- 0	
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2	50.00 (FRON	I PAR	Γ F)	in the fact.
TOTAL for the Reporting Perio	d (2)	\$ -	- 0	
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FR)	OM PART G) in		
TOTAL for the Reporting Perio	d (3)	\$ -	- 0	
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.)		\$ _	- 0	

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate	,	,		Reporting		***
Friends of Bill Whi	tesi	ide		From <u>/</u>	1-24-1	S To 12-31-15
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address			мо.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:					<u>]</u>	
Full Name of Contributor			1 40	or or ogen, to	The same of the state of the	
			MO.	DAY	YEAR	\$
Mailing Address			MÓ.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:						100
Full Name of Contributor			Mo.	DAY	YEAR	_
Mailing Address		· · · · · · · · · · · · · · · · · · ·		I		\$
			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:					<u> </u>	<u> </u>
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address				549	VEA B	3
			·····Mo.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	∴ MO.	DAY	YEAR	\$
Description of Contribution:						
Full Name of Contributor			MO.	DAY	YEAR	•
Mailing Address			No.	Dav	Uean	\$
_			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4) —	MO.	DAY	YEAR	\$
Description of Contribution:					I	
Full Name of Contributor	<u> </u>		Mo.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Description of Contribution:	<u></u>	-		<u></u>		*
						
Enter Grand Total of Part F on Sched	dule II	In-Kind Contribut	tions D	etailed		PAGE TOTAL
Summary Page, Section 2.	,	<i>y</i> • • • • • • • • • • • • • • • • • • •		U	1	\$ - 0

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate	Reporting Period
Friends of Bill Whiteside	From _//-24-15 To _/2-3/-15

	DATE	AMOUNT
Full Name of Contributor	MO. DAY YE	
Mailing Address	MO. DAY: YEA	\$
City State Zip Co	ie (Plus 4) MO. DAY YEA	\$
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribut	ion
Full Name of Contributor	MO. DAY: YE	\$
Mailing Address	MO. MOAY YEA	\$
City State Zip Co	le (Plus 4) MO DAY YE	* \$
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribut	ion
Full Name of Contributor	MO. DAY YE	\$
Mailing Address	MO. DAY YE	\$
City State Zip Co	le (Plus 4) MO. DAY YE	\$
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribut	ion
Full Name of Contributor	MO. DAY YE	s s
Mailing Address	MO. DAY YE	s s
	e (Plus 4) MO: DAY YEA	\$
Employer of Contributor	Occupation	
Employer Mailing Address/Principal Place of Business	Description of Contribut	ion
Full Name of Contributor	MO. DAY YE	\$
Mailing Address	MO. DAY. YEA	\$
	le (Plus 4) MO. DAY YEA	s s
Employer of Contributor	Occupation	energia Para van de la companya de l
Employer Mailing Address/Principal Place of Business	Description of Contribut	ion

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

PAGE TOTAL

\$ - \cap -

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate			R	eporting	Period		
Friends of Bill Whitesia	k_			From	11-24-1	5 To 12-31-15	
To Whom Paid Hallowell and Branst	ett	er	мо. 12	DAY 05	YEAR 2015	Amount \$ 4,000.00	
Mailing Address 88 Plymouth Circ	12		12 05 2015 \$ 4,000.00 Description of Expenditure Consultant Fee				
City Hershey	State	Zip Code (Plus 4) /7033					
To Whom Paid			: MO:	DAY	YEAR	Amount \$	
Mailing Address			Descripti	on of Exp	enditure	~	
City	State	Zip Code (Plus 4)					
To Whom Paid	<u> </u>		MO.	DAY	YEAR	Amount \$	
Mailing Address			Descripti	on of Exp	enditure	-9	
City	State	Zip Code (Plus 4)					
To Whom Paid	اسسسل		MO.	DAY	YEAR	Amount \$	
Mailing Address		*	Descripti	on of Exp	anditure		
City	State	Zip Code (Plus 4)	<u> </u>				
To Whom Paid			Mo.	DAY	YEAR	Amount \$	
Mailing Address	·		Descripti	on of Exp	enditure	:	
City	State	Zip Code (Plus 4) —					
To Whom Paid			MO.	DAY	YEAR	Amount \$	
Mailing Address			Descripti	on of Exp	anditure		
City	State	Zip Code (Plus 4)					
To Whom Paid			мо.	DAY	YEAR	Amount \$	
Mailing Address			Descripti	on of Exp	enditure		
City	State	Zip Code (Plus 4)					
To Whom Paid			мо	""DAY	YEAR	Amount \$	
Mailing Address			Descripti	an of Exp	enditure		
City	State	Zip Code (Plus 4)					
Total Occasion State of Commissions on De				_		PAGE TOTAL	
Enter Grand Total of Expenditures on Page	ge 1, I	Report Cover Pa	age, ite	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		1	_		15 To 12-31-15
Name of Creditor W. Winston Whiteside, 111	,				Outstanding Balance of Debt \$ 2,000.00
Mailing Address 217 Je fferson Ave	DATE DEBT INCURRED	Ma.	DAY 04	YEAR 2015	
Horsham	***************************************	State	Zip Code / 9044_	(Pius 4)	
Description of Debt Loan to Campaign					And the state of t
Nome of Creditor Hallowell and Branste	tter				Outstanding Balance of Debt \$ 2,486.42
Meiling Address 88 Plymouth dirde	DATE	, MO.	DAY	YEAR	
Hers hey	INCURRED	State	Zip Code /7033		
Description of Debt Consulting Fees		1,	11000		
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt					
Name of Creditor					Outstanding Balance of Debt
	DATE DEBT	Mo	DAY	YEAR	Cutstanding Balance of Debt \$
Name of Creditor		MO State	DAY Zip Code		1 .
Name of Creditor Mailing Address	DEST				1 .
Name of Creditor Mailing Address City	DEST				\$ Outstanding Balance of Debt
Name of Creditor Mailing Address City Description of Debt	DEBT INCURRED				\$
Name of Creditor Mailing Address City Description of Debt Name of Creditor	DEBT INCURRED	State	Zip Code	(Plus 4)	S Outstanding Balance of Debt
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DEBT INCURRED	State State	Zip Code	(Plus 4)	\$ Outstanding Balance of Debt
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City	DEBT INCURRED	State State	Zip Code	(Plus 4)	Outstanding Balance of Debt S Outstanding Balance of Debt
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DATE DEBT	State State	Zip Code	(Plus 4)	S Outstanding Balance of Debt
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt	DATE DEST INCURRED DATE DEST INCURRED	MO.	Zip Code DAY Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address	DATE DATE DEBT	MO. MO.	Zip Code Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt
Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City Description of Debt Name of Creditor Mailing Address City City City City City Mailing Address	DATE DATE DEBT	MO. MO.	Zip Code Zip Code	YEAR (Plus 4)	Outstanding Balance of Debt \$ Outstanding Balance of Debt