CAMPAIGN FINANCE REPORT						
Name:		Friends of S	Shoaib			
Address:		Macungie P				
City, State, Z	Zip:					
Candidate			Committee			X
Type of Repo	ort		Election Date	Amend	ed	Termination
2017 – 2 nd Fri	iday Pre Election	n	11/07/2017	NO	,	
Termination	Report?	· · · · · · · · · · · · · · · · · · ·				
	F					
Office Sought By Candidate)	Party	County	County	
Lehigh County Commissioner Dist#2		r Dist#2	D	Lehigh		
	Sumn	nary of Reco	eipts & Expend	litures		
From:	06/06/2017		To:	10/23/2	017	
A. Amount B	rought Forwa	d From Last	t Report		-18.00	
B. Total Mon	etary Contribu	itions & Rec	eipts (from Sche	dule I)	13,10	00.00
C. Total Funds Available (Sum of Lines A & B)					13,082.00	
D. Total Expenditures (from Schedule III)					2,107	7.18
E. Ending Cash Balance (Subtract Line D from Line C)					10,97	74.82
F. Value of In-Kind Contributions Received (from Schedule II)					1,000	0.00
G. Unpaid Debts & Obligations (from Schedule IV)					0.00	· · · · · ·

^{*}Complete reports including signatures are on file in the Office of Voter Registration.

PAGE 2 OF _____

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page		
Name of Filing Committee or Candidate	Reporting Peri	10d 30/217 To 10/23/2017
1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS	PER CONT	RIBUTOR
TOTAL for the Reporting Period		\$ 50.00
CONTRICUTIONS OF AN TO COMPANY PART A AND DART	m)	
2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART Contributions Received from Political Committees (Part A)	8)	\$ 200.00
All Other Contributions (Part B)		\$ 5600.00
TOTAL for the Reporting Period	(2)	\$ 58 00 00
3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		1 200
Contributions Received from Political Committees (Part C)		\$ 1,000
All Other Contributions (Part D)		\$ 6,250
TOTAL for the Reporting Period	(3)	\$ 7,250
4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CH	HECKS, ETC	C. (FROM PART E)
TOTAL for the Reporting Period	d (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.)		\$ 13,100° =

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

er Identification Numb	er: 82-	094	1500				
. Service	02						
ill Name of Controbu	SULTA Street Address	IN A	ASLAN	1	Date [MM/0D/YYYY] 10/15/2017 Date [MM/DD/YYYY]	\$ \$	00.00
424	P SBORO	LAINS, State NJ	Zip Code	RD 08536	Date [MM/DD/YYYY]	\$	
ull Name of Contribu	MOHAM		A SA		Date [MM/DD/YYYY] 0 16 2017 Date [MM/DD/YYYY]	\$	200.00
touse# 52	1	70LDF1 State 0A	NCH Zip Code	CIR 19460	Date [MM/DD/YYYY]	\$	
Full Name of Contrib	SALM	AN	MAL		Date [MM/DD/YYYY] Date [MM/DD/YYYY]	\$	250.00
House:# 14	Street Address	VELCH State	Zip Code	020	Date [MM/DD/YYYY]	\$	
LON4	DONDERRY butor	NF	<i>†</i>	03053	Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contr	ibutor	1		_	Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]		
Gity	1000	State	Zip Code		Date [MM/DD/YYYY]		
Fülf Name of Cont	ributor	1540 S. C.	Programma and programma		Date [MM/DD/YYYY		
House #	Street Address				Date [MM/DD/YYYY		
City	. 1	State	Zip Code		Date [MM/DD/YYYY] \$	

Property Co.

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Filer Identification Number: 82-0941500		·
Full Name of Contributor	Date [MM/DD/YYYY] \$	- "
ROGIER A. KNISELY	08/28/2017	,
Street Address	Date [MM/DD/YYYY] \$	100.00
5140 MEADOWVIEW DR.	S	
MACUNGIE State PA Zip Code 18062	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
HANADI NADEEM	08/20/2017	200.00
House # 9141 Street Address (270L DEN EAG) F DC	Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] \$	
LAS VEGAS NV 89134		
RASHID M NAVEED	Date [MM/DD/YYYY] \$	
House # Street Address	09/08/2017 Date [MM/DD/YYYY] \$	250.00
1686 FALLS ROAD		
City State Zip Code	Date [MM/DD/YYYY] \$	
BREINIGSVILLE PA 18031 Full Name of Contributor		4
TAHIR AZIZ	Date [MM/DD/YYYY] \$	200.00
House # Street Address	Date [MM/DD/YYYY] \$	200.00
1676 KEVIN DR.		
City BETHLEHEM State PA Zip Code 18015	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	н.
Dr. M AMIRUL ISLAM	09/08/2017	50.00
House # Street Address (ARMC) DO-116	Date [MM/DD/YYYY] \$	
City CARMEL Drive	Date [MM/DD/YYYY] \$	
MACUNGIE PA 18062		
Full Name of Contributor	Date [MM/DD/YYYY] \$	4 1
House # Street Address	09/17/2017 Date [MM/DD/YYYY] \$	100.00
4030 LONGFELLOW ST		
City State PA Zip Code	Date [MM/DD/YYYY] \$	5 1 1 1

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Filer Identification Number: 82-091/1500		
Tall (Name of Contributor)	Date (MM/DID/YYYY) \$	
HABIBULLAH	09/18/2017	200.00
House # Street Address	Date [MM/DD/YYYY] \$	
P.O. Box 3093 City State 20 Zip Code 1.77	Date [MM/DD/YYYY] \$	
BETHLEHEM PA 18017		
Full Name of Contributor	Date [MM/DD/YYYY] \$	
TFTIKHAR AHMAD House # Street Address	09/08/2017 Date [MM/DD/YYYY] \$	200.00
3274 State Sta		
	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
SHAKEEL H KADRI	09/08/2017	200.00
House # Street/Address	Date [MM/DD/YYYY] \$	
3609 STURBRIDGE PL	Date [MM/DD/YYYY] \$	
ALLENTOWN PA 18104	10.3	
Full Name of Contributor	Date [MM/DD/YYYY] \$	100 -
TFTEKHAR A. ANSARI House# Street Address	09/17/2017 Date [MM/DD/YYYY] \$	100.00
4438 STONEY BROOK CT		
City State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
MIAN M SHAHID	09/17/2017	200.00
House # 4531 Street Address RICHARD TER	Daté [MM/DD/YYYY] \$	
City State C Zip Code	Date [MM/DD/YYYY] \$	
WALNUTPORT PA 18088	Date [MM/DD/YYYY] \$	
Full Name of Contributor YIANITY() OLADELE SALAC		100.60
House # Street Address Control	Date [MM/DD/YYYY] \$	
1133 BRAMBLE DR.	10 /0 1 /2017 Date [MM/DD/YYYY] \$	100.00
City BRETNITAS VILLE PA Zip Gode 18031		

Paga 1060 à 1500

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Filer Identification Number: 82-0941500		
	Date [MIV/DD/YYYY] \$	1
Full Name of Contributor RAO K (1) =	09/28/2017	254.0
House # Street Address	Date [MM/DD/YYYY] \$	250.60
520 OLD MILL RUH RD		
City MANSFIELD State BA Zip Code 44906	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
MOHAMMAD RIAZ	09/22/2017	250.00
House # Street Address	Date [MM/DD/YYYY] \$	
City LEXINGTON CT	Date [MM/DD/YYYY] \$	
CENTER VALLEY PA 18034		
Full Name of Contributor	Date [MM/DD/YYYY] \$	•
SHAHZAD A KHAN	09/18/2017	100.00
House# Street Address	Date [MM/DD/YYYY] \$	
1783 HPPLEWOOD DR.	Date [MM/DD/YYYY] \$	
OREFIELD PA 18069		
Full Name of Contributor	Date [MM/DD/YYYY] \$	1
NURUN N BEGUM	10/0///7 Date [MM/DD/YYYY] \$	100.00
House # Street Address 1219 HAZELNUT LN	Date [MM/DD/TTT] 3	
City State Zip Code	Date [MM/DD/YYYY] \$	
BREINIGSVIIIE PA 18031	Date [MM/DD/YYYY] \$	
	10/61/17	2500
House # Street Address	Date [MM/DD/YYYY] \$	20010
5929 RICKY RIDGE TRAIL		
ORFFIELD State PA ZDOGGE 18069	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
NINA PINSLEY	10/01/2017	50.00
House # Street Address	Date [MM/DD/YYYY] \$	
1855 VALLEY FORGE RD	Date [MM/DD/YYYY] \$	
City Allentown State PA Zip Code 18104		

Page 32 / 500

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: E2-0941500	
	Date [MAM/DD/VVVVI c
Full Name of Contributor	Date [MM/DD/YYYY] \$
MAUMAN ISLAM House # Street Address	10/01/2017 200.00 Date [MM/DD/YYYY] \$
1666 FALLS RD City State Zip Code	Date [MM/DD/YYYY] \$
BREINIGSVILLE PA 18031	
Full Name of Contributor	Date [MM/DD/YYYY] \$
EDWARD PULLIN	10/01/2017 50.00
House # 4769 Street Address YORK DRIVE	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
OREFIELD PA 18069	Date [MM/DD/YYYY] \$
Full Name of Contributor	
KAMRAN SIDDIQUI	10/0//2017 200.00 Date [MM/DD/YYYY] \$
House # Street Address POIST STREET	
4012 PAGE STREET City State Zip Code	Date [MM/DD/YYYY] \$
ALLENTOWN PA 18104	
Full Name of Contributor	Date [MM/DD/YYYY] \$
JAMAL () AHMED	10/01/2017 150.00
House # Street Address	Date [MM/DD/YYYY] 5
1769 PENNS CROSSINGS State Sip Code	Date [MM/DD/YYYY] \$
ALLENTOWN PA Zip Code 18104	
Full Name of Contributor	Date [MM/DD/YYYY] \$
MOHAMMAD A KASHEM	10/02/2017 150.00
House # Street Address	Date [MM/DD/YYYY] \$
1535 CROSSLAND ROAD	
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/XXXX] \$
Phillips Arm CIRONO	10/02/2017 25.00
House# Street Address	Date [MM/DD/YYYY] \$
3154 BRYNWOOD Dr.	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
City State Zip Code	Date [MM/DD/YYYY] \$
WHITE HALL PA 18052	2.49 (3) 2013 (4)

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

Filer Identification Number: 82-0941500		
Full Name of Contributor	Date [MM/DD/YYYY]	\$
HOUSE# Street Address	10/01/2017	100.00
	Date [MM/DD/YYYY]	\$
City State Zip Code	Date [MM/DD/YYYY]	\$
WHITEHALL PA 18052	Date (WIWI/DD/1111)	7
Full Name of Contributor	Date [MM/DD/YYYY]	\$.
RUKNUDDIN J. CHISTY	10/01/2017	50.00
House # Street Address	Date [MM/DD/YYYY]	\$
5221 BUSS DR.		
City EMMAUS State PA Zip Code 18049	Date [MM/DD/YYYY]	\$
Full Name of Contributor	Date [MM/DD/YYYY]	\$
SHAHIDA QAZI	1 / , 1	
House# Street/Address	0/06/2017 Date [MM/DD/YYYY]	\$ 100.00
1115 MONARCH LN		il.
Gity State Zip Code	Date [MM/DD/YYYY]	\$
RREINIGNSVIIIE PA 18031		
Full Name of Contributor	Date [MM/DD/YYYY]	\$
	09/18/2017	50.00
Paragraphy	Date [MM/DD/YYYY]	\$
8524 MAY FAIR CT	Date [MM/DD/YYYY]	\$
BREINTHGVELLE PA 18031	Date [WWW/DD/TTTT]	*
Full Name of Contributor	Date [MM/DD/YYYY]	\$
HUMERA KHAWASA	09/29/2017	25.00
House # Street Address	Date [MM/DD/YYYY]	\$ 25.00
3369 STONEGATE DR		
City State Zip/Code	Date [MM/DD/YYYY]	\$
CENTER VALLEY PA 18034		
Full Name of Contributor	Date [MM/DD/YYYY]	\$
House # Street-Address	Date [MM/DD/YYYY]	\$
City State Zip Code	Date [MM/DD/YYYY]	\$

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: 82-094/500	
Full-Name of Contabuto's	Date [MM/DD/YYYY] \$
MOHAMMED S SHAKIL	10/4/2017 100.00 Date [MM/DD/YYYY] \$
House # Street Address	Date funditions (101-18)
City All ENTOWN PA Zip Code 18104	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
ARSHAD M JILANI	101/3/2017 200, 00 Date [MM/DD/YYYY] \$
House # Street Address LEXING TON DR.	
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
TABINDA N KHAN	10/15/2017 250.00 Date [MM/DD/YYYY] \$
House# 2 Street address FIRST AVE	
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$
TMRAN AMIR Street Address	10/15/8017 250.00 Date [MM/DD/YYYY] \$
1480 GRANARY RD	Date (MM/DD/YYYY) \$
City BLUE BELL State PA Zip Code 19422	Date [MM/DD/YYYY] \$
Full Name of Contributor	Date [MM/DD/YYYY] \$ 10/15/2017 100.00
MOHAMMAD W YOUNUS House # Street Address	10/15/2017 100.00 Date [MM/DD/YYYY] \$
204 TREMAIN RD	Date [MM/DD/YYYY] \$
City BENSALEM State PA Zip. Code 19020	
Full Name of Contributor	Date [MM/DD/YYYY] \$
WASIF ALEEM QURESHI House # Street Address	Date [MM/DD/YYYY] \$
619 WINSTON LN	Date [MM/DD/YYYY] \$
City WEST CHESTER PA Zip Gode 19382	

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.

Filer Identification Number

Filer Identification	Number	Q	2-094150	50		
		0	2 -17 (910)			
					Amount	
Full Name of Co Committee				Date [MM/DD/YYYY]	\$	
Committee	FRI	FUDS	OF SCHW	EYER 09/16/2017	200.0	クク
House #	Street Address	2/12/	OI OUIN	Date [MM/DD/YYYY]	\$	· U
		Da C	12/11		ing sa	
	A Longith Cont. Linear, 1885	1 ² ·0 /2	30× 4364	D. A. Inera/DD (1000)		
City	1 - 1 - 1	State	Zip Code	Date [MM/DD/YYYY]	\$	
7/2	LEHTOWH		A 181			
Full Name of Co				Date [MM/DD/YYYY]	\$	
Committee	EN	IERGE	IISA Par	PA 10/15/2017	- 1000 T	20
House #	Street Address	1211010	0011 1 100.	Date [MM/DD/YYYY]	\$	
5		7-	D 10			
		PONT	KOHD	Paral (on hoose		
City	3-1 //	State	Zip Code	Date [MM/DD/YYYY]	\$	
	JNING TAWN	Estata Elia	4 1933			
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	\$	
<u></u>						
				5 Item (55 /yyyy)	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	3	
5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		parliniga og	Company of the Compan			
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
				Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date (Wilvi) DD/ 1111	3	
5.00 Mark		2 2001 P.			gan an Agailtean	
Full Name of Co	ntributing			Date [MM/DD/YYYY]	\$	
Committee						
House #	Street Address			Date [MM/DD/YYYY]	S	
	Juleet Muuless			222 [2007 227 111]	•	
		Total section shall be a				
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
n					di leenin	
Full Name of Co Committee	ntributing			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
	Juleet Address			sate [minjes] (11)	Ŧ	
					•	
City		State	Zip Code	Date [MM/DD/YYYY]	- \$-	
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(1) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			

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	1.100/01
FRIENDS OF SHOAIB	From 4/30/	2017 to 10/23/2017
	DATE	AMOUNT
Full Name of Contributor MOHAMMAD MAKBAR	MO. BAY YEAR	\$ 350.00
Mailing Address	MO DAY YEAR	\$ 00.00 \$
1811 KINGEHOOD ROAD		3
	MG DAY YEAR	s
Employer Name	Occupation	V
Schuylail Otolarynoplan Hosoc.	PHYSIC	IAN.
Employer Mailing Address/Principal Place of Business 26 S. Center St. Potts wille PA. 17901	U	,
	MO DAY YEAR	A .
MURAT GOUZEL	09 17 17	\$ 2500.00
Mailing Address	MO. DAY YEAR	\$
City State Zip Code (Plus 4)	MO. DAY YEAR	
WHITEHALL PA 18052-		\$
Employer Name OT I TO MOLE VED (PUCCESTED AND AND)	Occupation Buckeyer M	
SELF EMPLOYED (BUSINESS MAN). Employer Mailing Address/Principal Place of Business	BUSINESS M	7710
52 E. UNION BLVD., BETHLEHEM, PA. 18018		
Full Name of Contributor	09 09 17	\$ 500.00
TAMIR AZIZ Meiling Address	MO DAY YEAR	500.00
1676 KEVIN DR.		\$
City State Zip Code (Flus 4)	MO DAY YEAR	\$
Employee Name	Occupation	
SELF EMPLOYED	BUSINESSA	IAN:
Employer Mailing Address/Principal Place of Business		
Full Name of Contributor	MO DAY YEAR	A
IQBAL SORATHIA	09 18 17	\$ 300.00
463 APOLLO DRIVE	MO A DAY YEAR	\$
City State Zip Code (Pius 4)	MO. DAY YEAR	
BETHLEHEM PA 18017-		\$
ST. LUKE'S IFOCDITAL.	Occupation PHYSICIAI	、) ,
Employer Mailing Address/Principal Place of Business	117310/77	<u> </u>
ST. LUKE'S ItOSP.,		
Full Name of Contributor	09 28 17	\$ 500.00
Mailing Address	MO DAY YEAR	
3301 S PALM AIRE DR APT 205		\$
POPPANO BEACH FL 33069-4251	NO. DAY YEAR	\$
Employer Name	Occupation	A
SELF EMPLO YED (POCTORS FINANCE LLE)	1 MCCOUNTAI	UT& INVESTMENT
2660 HICKORYDR. EXTON, PA. 16040		
	Dage Coction 3	PAGE TOTAL
Enter Grand Total of Part D on Schedule I, Detailed Summary	rage, Section 3.	le ((1///)

DSEB-502 (7-99)

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:	2-0	941	200	

Full Name of Contributor	-		Date [MM/DD/YYY] \$	
SHAL	HID HA	MEED	10/17/2017	500.00
House # Street Address			Date [MM/DD/YYYY] \$	
7200	HATFI	ST		
House # Street Address S City PINE BLUFF	State Z	ip Code	Date [MM/DD/YYYY] \$	
MINE BLUFF	IHK	11603		1
employer Name	ELF EMPL	oyED.		ICIAN'
Employer Mailing Address / 7 Principal Place of Business	200 C. HA	ZEL ST., PINE		
Full Name of Contributor	<u> </u>		Date [MM/DD/YYYY] \$	
			er e	
House # Street Address			Date [MM/DD/YYYY] \$	5. 10. 10.
Gity	State 2	ip:Code	Date [MM/DD/YYYY] \$	
			Compation	4
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
City	State Z	ip Code	Date [MM/DD/YYYY] \$	
	14E.			
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY] \$	
House # Street Address			Date [MM/DD/YYYY] \$	
		j		:
City	State: .Z	Zip Code	Date [MM/DD/YYYY] \$	ing
Employer Name			Occupation	
Employer Mailing Address / Principal Place of Business				

T -

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number: 82 - 0941560	
Full Name of Contributor	Date [MM/DD/YYYY] \$
MIAN JAN	08/29/1017 3 00.00 Date [MM/DD/YYYY] \$
House # 29 Street Address MEMEL DR.	
City THORNTON State PA Zip Code 19373	Date [MM/DD/YYYY] \$
Employer Name	Occupation PHYSICIAN.
Employer Mailing Address / Principal Place of Business	
Full Name of Contributor	Date [MM/DD/YYYY] \$
DANISH SAEED House# Street Address	10/06/2017 300.00 Date [MM/DD/YYYY] \$
6709 OVERLOOK COURT City State Zip Code	
City ALLENTOWN State PA Zip Code 18106	Date [MM/DD/YYYY] \$
Employer Name WEST CHESTER CARDIOLOGY	Occupation PHYSICIAN
Employer Mailing Address / 53) MAPLE AVE., WESTCHE	STER PA 19380
Full Name of Contributor SAEED () TAN	10/01/2017 500. 00
House # 1742 Street Address CREEKVIEW DRIVE	Date [MM/DD/YYYY] \$
City FOGEL SVILLE PA PA Zip Code 18051	Date [MM/DD/YYYY] \$
Employer Name RETIRED .	Occupation RETIRED
Employer Mailing Address: 1742 CREEKVIEW DRIVES	FOLGELSVILLE, PA.
Full-Name of Contributor	Date [MM/DD/YYYY] \$
MOHAMMAD A. GHANI House# Street Address	10/15/2017 500.00 Date [MM/DD/YYYY] \$
916 STONY LANE	Date [MM/DD/YYYY] \$
City GLADWYNE PA 219 Code 19035	Date [MM/DD/YYYY] \$
Employer Name SELF EMPLO YED	Occupation DENTIST.
Employer Mailing Address / 555 CITY AVE #610, BAL	A CNYWD PA 19084.

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.

FRIENDS OF SA	40	AIB	R	From	1/36/	2017 to 10/23/2017
				DATE		AMOUNT
Full Name of Contributing Committee	0	D 1	MO.	DAY	YEAR	\$ 1,000.6
EMERGIE USA PAG		V A	/O	DAY	2017 YEAR	¥ 1,000
591 FONT Rd DOWNING TOWN			MIO.	, UA1	TEAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
DOWNING TOWN	PA	19335				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	¢.
			<u> </u>			\$
Mailing Address			MO.	DAY	YEAR	\$
	F1 1		_			Y
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MQ.	DAY	YEAR	
•						\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
		_				\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	
			1			\$
Mailing Address			MQ.	DAY	YEAR	\$
	8 : : 1	5 5 15/ N	1			9
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
			_			
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
			MIO.		TEAN	\$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	_
		-				\$
Full Name of Contributing Committee			MQ.	DAY	YEAR	
						\$
Mailing Address			MO.	DAY	YEAR	\$
			<u> </u>			7
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
		_		5.0	I VEAD	
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
Mailing Address			MO.	DAY	YEAR	
						\$
City	State	Zip Code (Plus 4)	MQ.	DAY	YEAR	
		-				\$
Full Name of Contributing Committee			MO.	DAY	YEAR	\$
						J.
Mailing Address			MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)	 	1 540	VEAS	
City	2,516		MO.	DAY	YEAR	\$
			<u></u>	1	<u> </u>	PAGE TOTAL (1)
						PAGE TOTAL ωδ
Enter Grand Total of Part C on Sched	ule I,	Detailed Summar	y Page,	Sectio	n 3.	\$ 1,000

SCHEDULE II

PAGE OF

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	
Frinds of Shoaib	From 4/	3/20/7 to 10/23/2017
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$	50.00 OR L	ESS PER CONTRIBUTOR
TOTAL for the Reporting Period	d (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$2!	50.00 (FROM	PART F)
TOTAL for the Reporting Period	d (2)	\$
To All To Tab Hoperang To Hot	J (2)	•
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FRO	M PART G	
TOTAL for the Reporting Period	d (3)	\$ 1,000 ,00
	<u> </u>	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS		1,00.0
REPORTING PERIOD (Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)		\$ 1,000.00
The state of the s		

	/		/
PAGE	/	OF	,

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

FRIENDS OFSH	6A	$\mathcal B$		From _	1/30/2	10/23/2017
				DATE		AMOUNT
Full Name of Contributor			MO.	DAY	YEAR	
Pan Fredman Mailing Address 702 High land free City			10	15	26/7	\$ 500
Mailing Address			MO.	DAY	YEAR	•
702 High land fue			09	15	2017	\$ 500
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
Beth heham	PA	180-18				1 \$
Employer of Contributor		7 - 0	Occupa		<u> </u>	
Self Emblowel. Employer Mailing Address/Principal Place of Business			1	ell c	mhla	ordinkin
Employer Mailing Address/Principal Place of Business	_		Descri	otion of Cor	tribution	
Same as Abace.			P	m	Page P	medinations
		·				Olania
Full Name of Contributor			MO.	DAY	YEAR	\$
Mailing Address					V515	
Walling Address			MO.	DAY	YEAR	l s
			<u> </u>			
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	\$
						4
Emplayer of Contributor			Occupa	ition	-0 0	
			\perp			
Employer Mailing Address/Principal Place of Business			Descrip	otion of Cor	tribution	
Full Name of Contributor			MO.	DAY	YEAR	
Tan tand of contributor						1 \$
Mailing Address			MO.	DAY	YEAR	
·			.,,,,,		1500	1 \$
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	
City	State	Zip Code (Fibs 4)	M/O.	DAT	TEAR	1 \$
	<u> </u>	_				Ť
Employer of Contributor			Occupa	tion		
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	<u></u>		Occupa	tion	L	
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution	
, ,						
Euli Name of Contributor			+	-		
Full Name of Contributor			MO.	DAY	YEAR	s
Mailing Address			4			
Mailing Address			MO.	DAY	YEAR	s
						3
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	¢
		-				\$
Employer of Contributor			Occupa	tion		
Employer Mailing Address/Principal Place of Business			Descrip	tion of Con	tribution	
						PAGE TOTAL
Enter Grand Total of Part G on Sche	dule II	, In-Kind Contribu	tions [etailed		
Summary Page, Section 3.						\$

SCHEDULE III

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting Period
FRIENDS OF SHOMIS	From (1/36/217 To 16/23/21/7
TITEMOS OF SHOWING	
To Whom Paid	MO. DAY YEAR Amount
STOPLES Mailing Address	MO. DAY YEAR Amount \$ 50.99 Description of Expenditure
Mailing Address 8180 MAC ARTHUR ROAD	PRINT FLYERS
City State Zip Code (Plus 4)	FRINT PELENS
WHITEHALL, PA 18052-	
To Whom Paid	MO. DAY YEAR Amount
STAPLES Mailing Address	09 23 17 \$ 41.66 Description of Expenditure
42528 BROADWAY City State Zip Code (Plus 4)	PRINT FLYERS
ALLENTOWN PA18104-	
To Whom Paid	MO. DAY YEAR Amount 5/6,22
LV PRINT CENTER Mailing Address	09 29 17 \$ 5/6, 22 Description of Expenditure
1701 UNION BLVD S+#114	REMITTANCE ENVELOPE
ALLENTOWN, PA PA 18109-	SIGNS WITH WIRE.
To Whom Paid	MO. PAY YEAR Amount
LV PRINT CENTER Mailing Address	10 // 20/7 \$ 212.00 Description of Expenditure
1701 UNION BLVD SU# 114 City State Zip Code (Plus 4)	PALM CARDS
ALLENTOWN PA 18109-	
LV PRINT CENTER	MO. PAY YEAR Amount \$99.94 Description of Expenditure
Mailing Address 1701 UNION BLVD SU# 114 City State Zip Code (Plus 4)	PALM CARDS
ALLEN TOWN PA 18109-	SIGNS WITH WIRES
To Whom Paid	MO. DAY YEAR Amount
Mailing Address Mailing Address	09 05 2017 \$ 106:00
1701 UNIOH BLVD S+#114 City State Zip Code (Pius 4)	
City State Zip Code (Plus 4)	
ALLENTOWH PA 18109-	MO. L. DAY YEAR Amount
To Whom Paid	09 08 2017 \$33.01
Mailing Address	Description of Expenditure
2880 CENTER VALLEY PKWY City State Zip Code (Plus 4)	MEAL for Volunteen
CENTER VAILEY PA 18034	<i>^</i>
To Whom Paid	MQ DAY YEAR Amount
EXPRESS BUSINESS (NTR)	pescription of Expenditura
6900 MAMILTON BLAD	
TREXLERTOWN PA 18087	FLYERS
	PAGE TOTAL
Enter Grand Total of Expenditures on Page 1, Report Cover Page 1	age, Item D. \$ 860.04

Statement of Expenditures

Filer Identification Number:				
	$a_2 = a_0$	1.1600		
	ベノーリナ			
		7/ 5 6		

To Whom Pald			Date [MM/DD/YYYY] \$	<i>i</i> . 0
DUN KIN	DOHUT		09/11/2017	1.90
House # Street Address			Description of Expenditure	
City	State	Zip Code	and the second s	
To Whom Pald	political and the second of th		Date [MM/DD/YYYY] \$	
STAPLE	ES.		09/25/2017 Description of Expenditure	41.66
House # Street Address			Description of Expenditure Profita	8
all ENTOWN	State PA	Zip Code	FLYERS	-
To Whom Paid			Date [MM/DD/YYYY] \$	1
70 6	BANK.		10/23/2017 Description of Expenditure	50.00
House # Street Address			Description of Expenditure Sorr k F	د ن
City	State	Zip Code	BANK SERVIC	
Pio Whom Paid		edini.	Date [MM/DD/YYYY] \$	
CALL	FIRE	!	10/03/2017	20.00
House # Street Address	1-11-		Description of Expenditure	
City	State	Zip	D. 8 / - 1	
	s neglicine (Astron	Code	ROBO CAL	1
To Whom Paid FACE	BOOK		Date [MM/DD/YYYY] \$ // / 23 / 20/7 Description of Expenditure	28, 86
House # Street Address			Description of Expenditure	
City	State	Žip Code	MARKETING	G7
To Whom Paid	网络在他的	5 \$100 SEC. 185. 1 SEC. 1	Data [AANA/DD/VVVVI C	_
ACT	BLUE E	AST PEN DEM	10/04/2017	105.00
House # Street Address			Description of Expenditure	
City	State	Zip Code	ROBO (A	LLS
To Whom Paid	The control of Transmission (Inc.)	Control of the Contro	Date [MM/DD/YYYY] \$, ,
To Whom Paid STAL	2LE		10/10/2017	1.05
House # Street Address			Description of Expenditure	
City	State	Zip Code	FLIER	
To Whom Paid	4	The Control of the Co	Date [MM/DD/YYYY] \$	8.86
	MANS		10/23/2017	0.00
House # Street Address			Description of Expenditure	
City ALLEHTOW	State PA	Zip Code	Food for	Volonteer

30 17.14

P	A	G	Ε	OF	

STATEMENT OF UNPAID DEBTS

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Frincels of Show 5			From _	4/36/	17 To 16/23/201
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	1.\$
City	INCURRED	State	Zip Code	(Plus 4)	
Description of Debt			<u> </u>		
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	ু∙Mo.	DAY	YEAR	
City	INCURRED	State	Zíp Cade	 	
Description of Debt		_1	<u> </u>		
Name of Creditor				···	Outstanding Balance of Debt.
Mailing Address	DATE DEBT	MQ.	DAY	YEAR	
City	INCURRED	State	Zip Code	Plus 4)	
Description of Debt		<u>. I</u>	<u> </u>		
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	Plus 4)	
Description of Debt			<u> </u>		
Name of Creditor					Outstanding Balance of Debt
Mailing Address	DATE DEBT	MO.	DAY	YEAR	
City	INCURRED	State	Zip Code	e (Pius 4)	
Description of Debt			L		
Name of Creditor				· · · · · · · · · · · · · · · · · · ·	Outstanding Balance of Debt \$
Mailing Address	DATE DEBT	MO,	DAY	YEAR	
City	INCURRED	State	Zip Code	Plus 4)	
Description of Debt		L	<u> </u>		
Enter Grand Total of Unpaid Debts on Page 1, R	Report Cover	Page,	ltem G.		PAGE TOTAL
	•	-			<u> </u>