

CAMPAIGN FINANCE REPORT

CAMPAIGN FINANCE REPORT			
Name:	<i>Friends of Shoaib</i>		
Address:	<i>Macungie PA 18062</i>		
City, State, Zip:			
Candidate		Committee	<i>X</i>
Type of Report	Election Date	Amended	Termination
2017 – 2 nd Friday Pre Election	11/07/2017	NO	
Termination Report?			
Office Sought By Candidate	Party	County	
<i>Lehigh County Commissioner Dist#2</i>	<i>D</i>	<i>Lehigh</i>	
Summary of Receipts & Expenditures			
From:	<i>06/06/2017</i>	To:	<i>10/23/2017</i>
A. Amount Brought Forward From Last Report			<i>-18.00</i>
B. Total Monetary Contributions & Receipts (from Schedule I)			<i>13,100.00</i>
C. Total Funds Available (Sum of Lines A & B)			<i>13,082.00</i>
D. Total Expenditures (from Schedule III)			<i>2,107.18</i>
E. Ending Cash Balance (Subtract Line D from Line C)			<i>10,974.82</i>
F. Value of In-Kind Contributions Received (from Schedule II)			<i>1,000.00</i>
G. Unpaid Debts & Obligations (from Schedule IV)			<i>0.00</i>

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

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Period From <u>4/30/2017</u> To <u>10/23/2017</u>
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1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR	
TOTAL for the Reporting Period (1)	\$ <u>50.00</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)	
Contributions Received from Political Committees (Part A)	\$ <u>200.00</u>
All Other Contributions (Part B)	\$ <u>5600.00</u>
TOTAL for the Reporting Period (2)	\$ <u>5800.00</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)	
Contributions Received from Political Committees (Part C)	\$ <u>1,000</u>
All Other Contributions (Part D)	\$ <u>6,250</u>
TOTAL for the Reporting Period (3)	\$ <u>7,250</u>

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

TOTAL MONETARY CONTRIBUTIONS AND RECEIPTS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B.)</i>	\$ <u>13,100.⁰⁰</u>
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PART B

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: 82-0941500

Full Name of Contributor					Date [MM/DD/YYYY]	\$
SULTAN A ASLAM					10/15/2017	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$
424	PLAINSBORO RD					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
PLAINSBORO	NJ	08536				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
MOHAMMAD A SAMAD					10/16/2017	200.00
House #	Street Address				Date [MM/DD/YYYY]	\$
52	GOLDFINCH CIR					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
PHOENIXVILLE	PA	19460				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
SALMAN MALIK						250.00
House #	Street Address				Date [MM/DD/YYYY]	\$
14	WELCH Rd					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
LONDONDERRY	NH	03053				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$
House #	Street Address				Date [MM/DD/YYYY]	\$
City	State	Zip Code		Date [MM/DD/YYYY]	\$	

PART B

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:	82-0941500
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Full Name of Contributor		ROGER A. KNISELY		Date [MM/DD/YYYY]	08/28/2017	\$	100.00
House #	5140	Street Address	MEADOWVIEW DR.	Date [MM/DD/YYYY]		\$	
City	MACUNGIE	State	PA	Zip Code	18062	Date [MM/DD/YYYY]	\$
Full Name of Contributor		HANADI NADEEM		Date [MM/DD/YYYY]	08/20/2017	\$	200.00
House #	9141	Street Address	GOLDEN EAGLE DR.	Date [MM/DD/YYYY]		\$	
City	LAS VEGAS	State	NV	Zip Code	89134	Date [MM/DD/YYYY]	\$
Full Name of Contributor		RASHID M NAVEED		Date [MM/DD/YYYY]	09/08/2017	\$	250.00
House #	1686	Street Address	FALLS ROAD	Date [MM/DD/YYYY]		\$	
City	BREINIGSVILLE	State	PA	Zip Code	18031	Date [MM/DD/YYYY]	\$
Full Name of Contributor		TAHIR AZIZ		Date [MM/DD/YYYY]	09/09/2017	\$	200.00
House #	1676	Street Address	KEVIN DR.	Date [MM/DD/YYYY]		\$	
City	BETHLEHEM	State	PA	Zip Code	18015	Date [MM/DD/YYYY]	\$
Full Name of Contributor		DR. M AMIRUL ISLAM		Date [MM/DD/YYYY]	09/08/2017	\$	50.00
House #	6671	Street Address	CARMEL DRIVE	Date [MM/DD/YYYY]		\$	
City	MACUNGIE	State	PA	Zip Code	18062	Date [MM/DD/YYYY]	\$
Full Name of Contributor		RABIA WAHEED		Date [MM/DD/YYYY]	09/17/2017	\$	100.00
House #	4030	Street Address	LONGFELLOW ST	Date [MM/DD/YYYY]		\$	
City	ALLEN TOWN	State	PA	Zip Code	18104	Date [MM/DD/YYYY]	\$

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PART B

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:	82-0911500
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
HABIBULLAH					09/18/2017		200.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
	P.O BOX 3093						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
BETHLEHEM	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
IFTIKHAR AHMAD					09/08/2017		200.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
3274	BEAUFORT DR.						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
BETHLEHEM	PA	18017					
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						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
ALLENTOWN	PA	18104					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
IFTEKHAR A. ANSARI					09/17/2017		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
4438	STONEY BROOK CT						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
ALLENTOWN	PA	18104					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
MIAN M SHAHID					09/17/2017		200.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
4531	RICHARD TER						
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
WALNUTPORT	PA	18088					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
TIAMUYU OLADELE SALAU					09/07/2017		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
1133	BRAMBLE DR.			10/01/2017			100.00
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
BREINIGSVILLE	PA	18031					

Page 1 of 1 \$1000

PART B

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:	82-0941500
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
RAO K ALI					09/28/2017	250.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
520	OLD MILL RUN RD					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
MANSFIELD	PA	44906				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
MOHAMMAD RIAZ					09/22/2017	250.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
4810	LEXINGTON CT					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
CENTER VALLEY	PA	18034				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
SHAHZAD A KHAN					09/16/2017	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
1783	APPLEWOOD DR.					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
OREFIELD	PA	18069				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
NURUN N BEGUM					10/01/17	100.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
1219	HAZELNUT LN					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
BREITNIGSVILLE	PA	18031				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
REHANA IMAM					10/01/17	250.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
5929	RICKY RIDGE TRAIL					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
OREFIELD	PA	18069				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
NINA PENSLEY					10/01/2017	50.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
1855	VALLEY FORGE RD					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
ALLENTOWN	PA	18104				

PART B

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:	82-0941500
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
NAUMAN ISLAM					10/01/2017	200.00
House #	Street Address				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 #	Street Address				Date [MM/DD/YYYY]	\$
4769	YORK DRIVE					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
OREFIELD	PA	18069				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
KAMRAN SIDDIQUI					10/01/2017	200.00
House #	Street Address				Date [MM/DD/YYYY]	\$
4012	PAGE STREET					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
ALLENTOWN	PA	18104				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
JAMAL U AHMED					10/01/2017	150.00
House #	Street Address				Date [MM/DD/YYYY]	\$
1769	PENNS CROSSINGS					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
ALLENTOWN	PA	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]	\$	
BREINIGSVILLE	PA	18031				
Full Name of Contributor					Date [MM/DD/YYYY]	\$
PHILLIPS ARMSTRONG					10/02/2017	25.00
House #	Street Address				Date [MM/DD/YYYY]	\$
3154	BRYNWOOD DP.					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
WHITE HALL	PA	18052				

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PART B

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:	82-0941500
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Full Name of Contributor		ABDELHADY AHMED			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1969	LINDEN LN						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
WHITEHALL	PA	18052					
Full Name of Contributor		RUKNUDDIN J. CHISTY			Date [MM/DD/YYYY]	\$	50.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
5221	BUSS DR.						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
EMMAUS	PA	18049					
Full Name of Contributor		SHAHIDA QAZI			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1115	MONARCH LN						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BREININGVILLE	PA	18031					
Full Name of Contributor		FARRUKH MIRZA			Date [MM/DD/YYYY]	\$	50.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
8524	MAYFAIR CT						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BREININGVILLE	PA	18031					
Full Name of Contributor		HOMERA KHAWAJA			Date [MM/DD/YYYY]	\$	25.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
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]	\$	

325

PART B

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:	82-0941500
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Full Name of Contributor	MOHAMMED S SHAKIL				Date [MM/DD/YYYY]	\$	100.00
House #	1730	Street Address	PENN XING		Date [MM/DD/YYYY]	\$	
City	ALLENTOWN	State	PA	Zip Code	18104	Date [MM/DD/YYYY]	\$
Full Name of Contributor	ARSHAD M JILANI				Date [MM/DD/YYYY]	\$	200.00
House #	3	Street Address	LEXINGTON DR.		Date [MM/DD/YYYY]	\$	
City	PENNINGTON	State	NJ	Zip Code	08534	Date [MM/DD/YYYY]	\$
Full Name of Contributor	TABINDA N KHAN				Date [MM/DD/YYYY]	\$	250.00
House #	2	Street Address	FIRST AVE		Date [MM/DD/YYYY]	\$	
City	MONMOUTH JUN	State	NJ	Zip Code	08852	Date [MM/DD/YYYY]	\$
Full Name of Contributor	IMRAN AMER				Date [MM/DD/YYYY]	\$	250.00
House #	1480	Street Address	GRANARY RD		Date [MM/DD/YYYY]	\$	
City	BLUE BELL	State	PA	Zip Code	19422	Date [MM/DD/YYYY]	\$
Full Name of Contributor	MOHAMMAD W YOUNUS				Date [MM/DD/YYYY]	\$	100.00
House #	204	Street Address	TREMAIN RD		Date [MM/DD/YYYY]	\$	
City	BENSALEM	State	PA	Zip Code	19020	Date [MM/DD/YYYY]	\$
Full Name of Contributor	WASIF ALEEM QURESHI				Date [MM/DD/YYYY]	\$	200.00
House #	619	Street Address	WINSTON LN		Date [MM/DD/YYYY]	\$	
City	WEST CHESTER	State	PA	Zip Code	19382	Date [MM/DD/YYYY]	\$

572 1100

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	82-0941500
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						Amount	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
FRIENDS OF SCHWEYER					09/16/2017	\$	200.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	P.O BOX 4364					\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
ALLENTOWN	PA	18106			\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
EMERGE USA PAC. PA					10/15/2017	\$	1000.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
591	FONT ROAD					\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
DOWNINGTOWN	PA	19335			\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
						\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
						\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
					\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
						\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
						\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
					\$		
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
						\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
						\$	
City	State	Zip Code		Date [MM/DD/YYYY]	\$		
					\$		

12.00

**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 FRIENDS OF SHOAB	Reporting Period From 4/30/2017 To 10/23/2017
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
MOHAMMAD M AKBAR	08	25	17	\$ 350.00
Mailing Address 1817 RIDGECROOK ROAD				\$
City ORWIGSBURG				\$
State PA				
Zip Code (Plus 4) 17961-				
Employer Name Schuylkill Otolaryngology Assoc.	Occupation PHYSICIAN			
Employer Mailing Address/Principal Place of Business 26 S. Center St. Pottsville PA 17901				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
MURAT GUZEL	09	17	17	\$ 2500.00
Mailing Address 1139 LEHIGH AVE ST 300				\$
City WHITEHALL				\$
State PA				
Zip Code (Plus 4) 18052-				
Employer Name SELF EMPLOYED (BUSINESSMAN)	Occupation BUSINESSMAN			
Employer Mailing Address/Principal Place of Business 52 E. UNION BLVD., BETHLEHEM, PA 18018				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
TAHER AZIZ	09	09	17	\$ 500.00
Mailing Address 1676 KEVIN DR.				\$
City BETHLEHEM				\$
State PA				
Zip Code (Plus 4) 18015-				
Employer Name SELF EMPLOYED	Occupation BUSINESSMAN			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
IQBAL SORATHIA	09	18	17	\$ 300.00
Mailing Address 463 APOLLO DRIVE				\$
City BETHLEHEM				\$
State PA				
Zip Code (Plus 4) 18017-				
Employer Name ST. LUKE'S HOSPITAL	Occupation PHYSICIAN			
Employer Mailing Address/Principal Place of Business ST. LUKE'S HOSP.				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
JAY MALIK	09	28	17	\$ 500.00
Mailing Address 3301 S PALM AIRE DR APT 205				\$
City POMPANO BEACH				\$
State FL				
Zip Code (Plus 4) 33069-4251				
Employer Name SELF EMPLOYED (DOCTOR'S FINANCE LLC)	Occupation ACCOUNTANT & INVESTMENT			
Employer Mailing Address/Principal Place of Business 2660 HICKORY DR. EASTON, PA 18040				

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

PAGE TOTAL \$ 4150

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:	82-0941500
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
SHAHID HAMEED				10/17/2017		500.00
House #	Street Address		Date [MM/DD/YYYY]		\$	
7200	S HAZEL ST					
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
PINE BLUFF	AR	71603				
Employer Name			Occupation			
SELF EMPLOYED			PHYSICIAN			
Employer Mailing Address / Principal Place of Business			7200 S. HAZEL ST., PINE BLUFF, AR. 71603			
Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address		Date [MM/DD/YYYY]		\$	
City	State	Zip Code	Date [MM/DD/YYYY]		\$	
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	Zip Code	Date [MM/DD/YYYY]		\$	
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	Zip Code	Date [MM/DD/YYYY]		\$	
Employer Name			Occupation			
Employer Mailing Address / Principal Place of Business						

500

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
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
MIAN JAN					08/29/2017	300.00
House #	Street Address				Date [MM/DD/YYYY]	\$
29	MEMEL DR.					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
THORNTON	PA	19373				
Employer Name					Occupation	
					PHYSICIAN	
Employer Mailing Address / Principal Place of Business						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
DANISH SAEED					10/06/2017	300.00
House #	Street Address				Date [MM/DD/YYYY]	\$
6709	OVERLOOK COURT					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
ALLENTOWN	PA	18106				
Employer Name					Occupation	
WEST CHESTER CARDIOLOGY					PHYSICIAN	
Employer Mailing Address / Principal Place of Business						
531 MAPLE AVE., WESTCHESTER PA 19380						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
SAEED U JAN					10/01/2017	500.00
House #	Street Address				Date [MM/DD/YYYY]	\$
1742	CREEKVIEW DRIVE					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
FOGELSVILLE PA	PA	18051				
Employer Name					Occupation	
RETIRED					RETIRED	
Employer Mailing Address / Principal Place of Business						
1742 CREEKVIEW DRIVE, FOGELSVILLE, PA.						
Full Name of Contributor					Date [MM/DD/YYYY]	\$
MOHAMMAD A. GHANI					10/15/2017	500.00
House #	Street Address				Date [MM/DD/YYYY]	\$
916	STONY LANE					
City	State	Zip Code		Date [MM/DD/YYYY]	\$	
GLADWYNE	PA	19035				
Employer Name					Occupation	
SELF EMPLOYED					DENTIST	
Employer Mailing Address / Principal Place of Business						
555 CITY AVE #610, BALACNYWD PA 19004						

2/1/17

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 FRIENDS OF SHORIB	Reporting Period From 4/30/2017 To 10/23/2017
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	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributing Committee EMERGE USA PAC PA	10	15	2017	\$ 1,000. ⁰⁰
Mailing Address 591 FONT Rd	MO.	DAY	YEAR	\$
City DOWNING TOWN State PA Zip Code (Plus 4) 19335	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
\$ 1,000.⁰⁰

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

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 <i>Friends of Shoaib</i>	Reporting Period From <i>4/30/2017</i> To <i>10/23/2017</i>
---	--

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

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <i>1,000.⁰⁰</i>

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD <i>(Add and enter amount totals from Boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F.)</i>	\$ <i>1,000.⁰⁰</i>
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SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate FRIENDS OF SHARIS	Reporting Period From 4/30/2017 To 10/23/2017
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				DATE	AMOUNT
Full Name of Contributor	MO.	DAY	YEAR		
Dan Freedman	10	15	2017	\$	500
Mailing Address 702 Highland Ave	09	15	2017	\$	500
City Bethlehem				\$	
State PA					
Zip Code (Plus 4) 180-18					
Employer of Contributor Self Employed.				Occupation Self Employed.	
Employer Mailing Address/Principal Place of Business Same as Above.				Description of Contribution Com Pan Condominium	
Full Name of Contributor	MO.	DAY	YEAR	\$	
Mailing Address	MO.	DAY	YEAR	\$	
City	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4)					
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	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4)					
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	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4)					
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	MO.	DAY	YEAR	\$	
State					
Zip Code (Plus 4)					
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 \$

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate FRIENDS OF SHORRIS	Reporting Period From <u>4/30/2017</u> To <u>10/23/2017</u>
--	--

To Whom Paid	MO.	DAY	YEAR	Amount
STAPLES	<u>08</u>	<u>10</u>	<u>17</u>	\$ 52.99
Mailing Address: 2180 MAC ARTHUR ROAD Description of Expenditure: PRINT FLYERS				
City: WHITEHALL, PA Zip Code (Plus 4): 18052-				
STAPLES	<u>09</u>	<u>23</u>	<u>17</u>	\$ 41.66
Mailing Address: 4628 BROADWAY Description of Expenditure: PRINT FLYERS				
City: ALLEN TOWN, PA Zip Code (Plus 4): 18104-				
LV PRINT CENTER	<u>09</u>	<u>29</u>	<u>17</u>	\$ 516.22
Mailing Address: 1701 UNION BLVD SU#114 Description of Expenditure: REMITTANCE ENVELOPE				
City: ALLEN TOWN, PA Zip Code (Plus 4): 18109- Description of Expenditure: SIGNS WITH WIRE.				
LV PRINT CENTER	<u>10</u>	<u>11</u>	<u>2017</u>	\$ 212.00
Mailing Address: 1701 UNION BLVD SU#114 Description of Expenditure: PALM CARDS				
City: ALLEN TOWN, PA Zip Code (Plus 4): 18109-				
LV PRINT CENTER	<u>10</u>	<u>16</u>	<u>2017</u>	\$ 899.94
Mailing Address: 1701 UNION BLVD SU#114 Description of Expenditure: PALM CARDS				
City: ALLEN TOWN, PA Zip Code (Plus 4): 18109- Description of Expenditure: SIGNS WITH WIRES				
LV PRENTER	<u>09</u>	<u>05</u>	<u>2017</u>	\$ 106.00
Mailing Address: 1701 UNION BLVD SU#114 Description of Expenditure:				
City: ALLEN TOWN, PA Zip Code (Plus 4): 18109-				
COSI	<u>09</u>	<u>08</u>	<u>2017</u>	\$ 22.01
Mailing Address: 2880 CENTER VALLEY PKWY Description of Expenditure: MEAL for Volunteer				
City: CENTER VALLEY, PA Zip Code (Plus 4): 18034- Description of Expenditure: 1				
EXPRESS BUSINESS CNTR.	<u>09</u>	<u>11</u>	<u>2017</u>	\$ 9.22
Mailing Address: 6900 HAMILTON BLVD Description of Expenditure:				
City: TREXLETTOWN, PA Zip Code (Plus 4): 18087- Description of Expenditure: FLYERS.				

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

PAGE TOTAL \$ 1860.04

SCHEDULE III
Statement of Expenditures

Filer Identification Number: 82-0741500

To Whom Paid		<u>DUNKIN DONUT</u>		Date [MM/DD/YYYY]	\$	<u>09/11/2017</u>	<u>1.90</u>
House #	Street Address		Description of Expenditure				
			<u>Food</u>				
City	State	Zip Code					
To Whom Paid		<u>STAPLES</u>		Date [MM/DD/YYYY]	\$	<u>09/25/2017</u>	<u>41.66</u>
House #	Street Address		Description of Expenditure				
			<u>Printing</u>				
City	State	Zip Code					
<u>ALLENTOWN</u>	<u>PA</u>						
To Whom Paid		<u>TD BANK</u>		Date [MM/DD/YYYY]	\$	<u>10/23/2017</u>	<u>50.00</u>
House #	Street Address		Description of Expenditure				
			<u>Bank Fees</u>				
City	State	Zip Code					
			<u>BANK SERVICE charges</u>				
To Whom Paid		<u>CALL FIRE</u>		Date [MM/DD/YYYY]	\$	<u>10/03/2017</u>	<u>20.00</u>
House #	Street Address		Description of Expenditure				
			<u>ROBO CALL</u>				
City	State	Zip Code					
To Whom Paid		<u>FACE BOOK</u>		Date [MM/DD/YYYY]	\$	<u>10/23/2017</u>	<u>28.86</u> <u>700</u>
House #	Street Address		Description of Expenditure				
			<u>MARKETING</u>				
City	State	Zip Code					
To Whom Paid		<u>ACT BLUE EAST PEN DEM</u>		Date [MM/DD/YYYY]	\$	<u>10/04/2017</u>	<u>105.00</u>
House #	Street Address		Description of Expenditure				
			<u>ROBO CALLS</u>				
City	State	Zip Code					
To Whom Paid		<u>STAPLE</u>		Date [MM/DD/YYYY]	\$	<u>10/10/2017</u>	<u>1.06</u>
House #	Street Address		Description of Expenditure				
			<u>FLYER</u>				
City	State	Zip Code					
To Whom Paid		<u>WEGMANS</u>		Date [MM/DD/YYYY]	\$	<u>10/23/2017</u>	<u>8.86</u>
House #	Street Address		Description of Expenditure				
			<u>Food for Volunteer</u>				
City	State	Zip Code					
<u>ALLENTOWN</u>	<u>PA</u>						

5027.14

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 <i>Friedels of Shouls</i>	Reporting Period From <i>6/30/17</i> To <i>10/23/2017</i>
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Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

Name of Creditor				Outstanding Balance of Debt \$		
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR		
City	State	Zip Code (Plus 4)				
Description of Debt						

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

PAGE TOTAL
\$ *0*