

## CAMPAIGN FINANCE REPORT

<b>Name:</b>	<i>Friends of Shoaib</i>
<b>Address:</b>	<i>Macungie Pa 18062</i>
<b>City, State, Zip:</b>	

<b>Candidate</b>	<i>X</i>	<b>Committee</b>	
<b>Type of Report</b>	<b>Election Date</b>	<b>Amended</b>	<b>Termination</b>
2017 – 30 Day Post-Election	<i>11/07/2017</i>		
<b>Termination Report?</b>			
<b>Office Sought By Candidate</b>	<b>Party</b>	<b>County</b>	
<i>Lehigh County Commissioner Dist #2</i>	<i>D</i>	<i>Lehigh</i>	

### Summary of Receipts & Expenditures

<b>From:</b>	<i>10/24/2017</i>	<b>To:</b>	<i>11/27/2017</i>
<b>A. Amount Brought Forward From Last Report</b>			<i>10,974.82</i>
<b>B. Total Monetary Contributions &amp; Receipts (from Schedule I)</b>			<i>5,404.79</i>
<b>C. Total Funds Available (Sum of Lines A &amp; B)</b>			<i>16,379.61</i>
<b>D. Total Expenditures (from Schedule III)</b>			<i>12,369.81</i>
<b>E. Ending Cash Balance (Subtract Line D from Line C)</b>			<i>4,009.80</i>
<b>F. Value of In-Kind Contributions Received (from Schedule II)</b>			<i>0.00</i>
<b>G. Unpaid Debts &amp; Obligations (from Schedule IV)</b>			<i>1,300.00</i>

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

**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 <b>FRIENDS OF SHOAIB</b>	Reporting Period From <b>10-29-17</b> To <b>11-27-2017</b>
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				DATE			AMOUNT
Full Name of Contributor	MO.	DAY	YEAR				
<del>MOHAMMED B SHAKIL</del>	10	30	2017				\$ 100
Mailing Address	MO.	DAY	YEAR				\$
1730 PEAN XING							
City	MO.	DAY	YEAR				\$
ALLEN TOWN							
State	Zip Code (Plus 4)						
PA	18104-1763						
Full Name of Contributor	MO.	DAY	YEAR				\$ 25
HUMERA KHAWAJA	10	30	2017				
Mailing Address	MO.	DAY	YEAR				\$
3369 STONEGATE DRIVE							
City	MO.	DAY	YEAR				\$
CENTER VALLEY							
State	Zip Code (Plus 4)						
PA	18034-						
Full Name of Contributor	MO.	DAY	YEAR				\$ 100
SAMAN CHAUDHARY	11	2	2017				
Mailing Address	MO.	DAY	YEAR				\$
6690 HANZER RD							
City	MO.	DAY	YEAR				\$
MACUNGIE							
State	Zip Code (Plus 4)						
PA	18062-						
Full Name of Contributor	MO.	DAY	YEAR				\$ 100
NAVEEN ASHRAF	11	2	2017				
Mailing Address	MO.	DAY	YEAR				\$
206 EAGLE VIEW DR							
City	MO.	DAY	YEAR				\$
BATH							
State	Zip Code (Plus 4)						
PA	18014-9579						
Full Name of Contributor	MO.	DAY	YEAR				\$ 100
MOHAMMED IMTIAZ	11	2	2017				
Mailing Address	MO.	DAY	YEAR				\$
4171 <del>MOHAMMED</del> DOUGLAS DR							
City	MO.	DAY	YEAR				\$
BETHLEHEM							
State	Zip Code (Plus 4)						
PA	18020-9308						
Full Name of Contributor	MO.	DAY	YEAR				\$ 250
HASSAN A. KHAN	11	2	2017				
Mailing Address	MO.	DAY	YEAR				\$
127 BENNINGTON RD							
City	MO.	DAY	YEAR				\$
PHOENIXVILLE							
State	Zip Code (Plus 4)						
PA	19460-						
Full Name of Contributor	MO.	DAY	YEAR				\$ 2.00
MOHAMMAD MUNIR	11	2	2017				
Mailing Address	MO.	DAY	YEAR				\$
4912 OWENS CT							
City	MO.	DAY	YEAR				\$
ELLCOTT CITY							
State	Zip Code (Plus 4)						
MO	21043-6578						
Full Name of Contributor	MO.	DAY	YEAR				\$ 100
ISHAN KHAN	11	2	2017				
Mailing Address	MO.	DAY	YEAR				\$
2108 EAGLES LANDING DR							
City	MO.	DAY	YEAR				\$
NAZARETH							
State	Zip Code (Plus 4)						
PA	18064-1469						

PAGE TOTAL  
\$ 975

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

# 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 <b>FRIENDS OF SHOAB</b>	Reporting Period From <u>10/24/17</u> To <u>11/27/17</u>
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Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>MOHAMMAD A. GHANI</b>	<u>10</u>	<u>30</u>	<u>2017</u>	<u>\$ 500</u>
Mailing Address <u>916 STONY LAKE</u>	MO.	DAY	YEAR	\$
City <u>GLADWYN</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>19033</u>	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>SHAHID HAMEED</b>	<u>10</u>	<u>30</u>	<u>2017</u>	<u>\$ 500</u>
Mailing Address <u>1200 S HAZEL ST</u>	MO.	DAY	YEAR	\$
City <u>PINE BLUFF</u>	MO.	DAY	YEAR	\$
State <u>AR</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>71603-7856</u>	MO.	DAY	YEAR	\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>SHAMIDA GAZI</b>	<u>11</u>	<u>2</u>	<u>2017</u>	<u>\$ 900</u>
Mailing Address <u>1115 MONARCH LN</u>	MO.	DAY	YEAR	\$
City <u>BREITGSVILLE</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18031</u>	MO.	DAY	YEAR	\$
Employer Name <u>NYU School of Dentistry</u>	Occupation <u>Professor</u>			
Employer Mailing Address/Principal Place of Business <u>NYC</u>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>KATSELA &amp; SHABANA PATION</b>	<u>11</u>	<u>2</u>	<u>2017</u>	<u>\$ 500</u>
Mailing Address <u>4451 ANTHONY DR</u>	MO.	DAY	YEAR	\$
City <u>BETHLEHEM</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18020</u>	MO.	DAY	YEAR	\$
Employer Name <u>Self Employed</u>	Occupation <u>Self Employed</u>			
Employer Mailing Address/Principal Place of Business <u>4451 Anthony Dr. Bethlehem, PA</u>				

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
<b>YASMEEN I BHATTI</b>	<u>11</u>	<u>2</u>	<u>2017</u>	<u>\$ 500</u>
Mailing Address <u>734 N 38TH ST</u>	MO.	DAY	YEAR	\$
City <u>ALLENTOWN</u>	MO.	DAY	YEAR	\$
State <u>PA</u>	MO.	DAY	YEAR	\$
Zip Code (Plus 4) <u>18104-3379</u>	MO.	DAY	YEAR	\$
Employer Name <u>Self Employed</u>	Occupation <u>Self Employed</u>			
Employer Mailing Address/Principal Place of Business <u>734 N 38th St, Allentown</u>				

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

PAGE TOTAL

\$ 2900



SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF SHOTAB</b>	Reporting Period From <b>10/27/17</b> To <b>11/27/17</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>LV Printer -</b>	<b>10</b>	<b>27</b>	<b>2017</b>	<b>\$ 2,316.10</b>
Mailing Address <b>1701 Union Blvd #114</b>		Description of Expenditure <b>CHECK #103-</b>		
City <b>Allentown</b>	State <b>PA</b>	Zip Code (Plus 4) <b>18109</b>		<b>Mailers &amp; Postage</b>
<b>Whitney Scully</b>	<b>10</b>	<b>31</b>	<b>2017</b>	<b>\$ 200-</b>
Mailing Address		Description of Expenditure <b>CHECK #104-</b>		
City	State	Zip Code (Plus 4)		<b>Graphic work</b>
<b>Dan Freedman</b>	<b>10</b>	<b>30</b>	<b>2017</b>	<b>\$ 165.47</b>
Mailing Address		Description of Expenditure <b>CHECK #105-</b>		
City <b>Bethlehem</b>	State <b>PA</b>	Zip Code (Plus 4)		<b>Printing</b>
<b>LORRY Ento Pass.</b>	<b>11</b>	<b>06</b>	<b>2017</b>	<b>\$ 300-</b>
Mailing Address		Description of Expenditure <b>CHECK #102-</b>		
City <b>Newton</b>	State <b>PA</b>	Zip Code (Plus 4)		<b>Video</b>
<b>Lehigh county</b>	<b>11</b>	<b>01</b>	<b>2017</b>	<b>\$ 40-</b>
Mailing Address		Description of Expenditure <b>CHECK #106-</b>		
City	State	Zip Code (Plus 4)		<b>Fee</b>
<b>LV Printer</b>	<b>11</b>	<b>6</b>	<b>2017</b>	<b>\$ 318-</b>
Mailing Address		Description of Expenditure <b>CHECK #107-</b>		
City	State	Zip Code (Plus 4)		<b>Printing</b>
<b>LV Printer</b>	<b>11</b>	<b>6</b>	<b>2017</b>	<b>\$ 100-</b>
Mailing Address		Description of Expenditure <b>CHECK #108</b>		
City	State	Zip Code (Plus 4)		<b>Printing</b>
<b>Volunteers</b>	<b>11</b>	<b>6</b>	<b>2017</b>	<b>\$ 600-</b>
Mailing Address		Description of Expenditure <b>CHECK #110-</b>		
City	State	Zip Code (Plus 4)		<b>Volunteers</b>

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

PAGE TOTAL  
**\$ 4,039.57**

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF SHOZAB</b>	Reporting Period From <b>10/27/17</b> To <b>11/27/17</b>
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To Whom Paid <b>DOLLAR TREE</b>	MO. <b>10</b>	DAY <b>30</b>	YEAR <b>17</b>	Amount <b>\$ 4.24</b>
Mailing Address				
Description of Expenditure				
City <b>TREXLETTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Supplies</b>				

To Whom Paid <b>ATM WITHDRAWAL</b>	MO. <b>10</b>	DAY <b>31</b>	YEAR <b>2017</b>	Amount <b>\$ 300 -</b>
Mailing Address				
Description of Expenditure				
City <b>Maccomarie</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Volunteers</b>				

To Whom Paid <b>TD BANK FEES</b>	MO. <b>10</b>	DAY <b>31</b>	YEAR <b>2017</b>	Amount <b>\$ 16 -</b>
Mailing Address				
Description of Expenditure				
City <b>Maccomarie</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Fee</b>				

To Whom Paid <b>FACEBOOK</b>	MO. <b>11</b>	DAY <b>1</b>	YEAR <b>2017</b>	Amount <b>\$ 1490.79</b>
Mailing Address				
Description of Expenditure				
City <b>Manito Park</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Social Media</b>				

To Whom Paid <b>ALLENTOWN PARKING AUTH.</b>	MO. <b>11</b>	DAY <b>1</b>	YEAR <b>2017</b>	Amount <b>\$ 0.50</b>
Mailing Address				
Description of Expenditure				
City <b>ALLENTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<b>PARKING</b>				

To Whom Paid <b>TWISTED QUINZ</b>	MO. <b>11</b>	DAY <b>2</b>	YEAR <b>2017</b>	Amount <b>\$ 31.27</b>
Mailing Address				
Description of Expenditure				
City <b>BETHLEHEM</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Food</b>				

To Whom Paid <b>DS POLITICAL</b>	MO. <b>11</b>	DAY <b>3</b>	YEAR <b>2017</b>	Amount <b>\$ 600 -</b>
Mailing Address				
Description of Expenditure				
City <b>Washington, D</b>	State <b>DC</b>	Zip Code (Plus 4) <b>-</b>		
<b>Digital Marketing/campaign</b>				

To Whom Paid <b>LINAR MEDIA</b>	MO. <b>11</b>	DAY <b>6</b>	YEAR <b>2017</b>	Amount <b>\$ 1200 -</b>
Mailing Address				
Description of Expenditure				
City <b>Baton Rouge</b>	State <b>LA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Digital Marketing/campaign</b>				

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

PAGE TOTAL  
**\$ 2,306.80**

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF SHOTIAS</b>	Reporting Period From <b>10/24/17</b> To <b>11/27/2017</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>ZANZIBAR'S KABABS</b>	<b>10</b>	<b>24</b>	<b>2017</b>	<b>\$ 23.18</b>
Mailing Address				
Description of Expenditure				
City <b>ALLENTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Meals</b>				
<b>SUBWAY</b>	<b>10</b>	<b>25</b>	<b>2017</b>	<b>\$ 1.89</b>
Mailing Address				
Description of Expenditure				
City <b>MACUNGIE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Meals</b>				
<b>SUBWAY</b>	<b>10</b>	<b>29</b>	<b>2017</b>	<b>\$ 1.80</b>
Mailing Address				
Description of Expenditure				
City <b>MACUNGIE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Meals</b>				
<b>SQ LORRAY ENTERPRISES</b>	<b>10</b>	<b>26</b>	<b>2017</b>	<b>\$ 781.12</b>
Mailing Address				
Description of Expenditure				
City <b>NEWTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Video</b>				
<b>WAWA</b>	<b>10</b>	<b>26</b>	<b>2017</b>	<b>\$ 5.71</b>
Mailing Address				
Description of Expenditure				
City <b>MACUNGIE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Meal &amp; Food</b>				
<b>FACEBOOK</b>	<b>10</b>	<b>27</b>	<b>2017</b>	<b>\$ 58.40</b>
Mailing Address				
Description of Expenditure				
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Adjustment</b>				
<b>NON-ID ATM</b>				<b>\$ 200.-</b>
Mailing Address				
Description of Expenditure				
City <b>WESCOVILLE</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Volunteers</b>				
<b>EXPRESS BUSINESS CENTER</b>	<b>10</b>	<b>30</b>	<b>2017</b>	<b>\$ 16.59</b>
Mailing Address				
Description of Expenditure				
City <b>TREXLETTOWN</b>	State <b>PA</b>	Zip Code (Plus 4) <b>-</b>		
<b>Print &amp; copy</b>				

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

PAGE TOTAL  
**\$ 480.64**

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF SHOJAB</b>	Reporting Period From <b>10/24/17</b> To <b>11/27/17</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>SQ LORRAY PURCHASE</b>	11	6	2017	\$ 175-
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)	VIDEO	
		-		
<b>DOMINO'S</b>	11	6	2017	\$ 80-
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)	Food & Meals	
<b>Maunster</b>	<b>PA</b>	-		
<b>WAWA</b>	11	6	2017	\$ 76.66
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)	Food	
<b>Maunster</b>	<b>PA</b>	-		
<b>WAL-MART SUPERCENTER</b>	11	6	2017	\$ 43.35
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)	Food & Supplies	
<b>ALLENTOWN</b>	<b>PA</b>	-		
<b>CRAIGSLIST</b>	11	6	2017	\$ 15-
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)	Adult's meal	
		-		
<b>JIMMY JOHN'S</b>	11	6	2017	\$ 12.19
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)	Food	
<b>ALLENTOWN</b>	<b>PA</b>	-		
<b>SQ LEHIGH VALLEY</b>	11	7	2017	\$ 564.45
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)	Printing	
<b>ALLENTOWN</b>	<b>PA</b>	-		
<b>FACEBOOK</b>	11	7	2017	\$ 250.27
Mailing Address	Description of Expenditure			
City	State	Zip Code (Plus 4)	Adult's meal	
<b>Monro Park</b>	<b>PA</b>	-		

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

PAGE TOTAL  
\$ 1,216.92

STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF SNOIAB</b>	Reporting Period From <b>10/24/17</b> To <b>11/27/2017</b>
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To Whom Paid	MO.	DAY	YEAR	Amount
<b>LAMAR MEDIA</b>	<b>11</b>	<b>8</b>	<b>2017</b>	<b>\$ 600 -</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
		-		<b>Advertisement</b>
<b>(BROWN CHICKEN PIZZA</b>	<b>11</b>	<b>8</b>	<b>2017</b>	<b>\$ 95 -</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
<b>EASTON</b>	<b>PA</b>	-		<b>Food</b>
<b>APPLEBEE'S</b>	<b>11</b>	<b>8</b>	<b>2017</b>	<b>\$ 30.88</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
<b>ALLENTOWN</b>	<b>PA</b>	-		<b>Food</b>
<b>WAWA</b>	<b>11</b>	<b>8</b>	<b>2017</b>	<b>\$ 121.67</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
<b>WESCOVILLE</b>	<b>PA</b>	-		<b>Food</b>
<b>AUNTIE ANNE</b>	<b>11</b>	<b>8</b>	<b>2017</b>	<b>\$ 7.98</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
<b>ALLENTOWN</b>	<b>PA</b>	-		<b>Food</b>
<b>WAWA</b>	<b>11</b>	<b>8</b>	<b>2017</b>	<b>\$ 3.80</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
<b>WESCOVILLE</b>	<b>PA</b>	-		<b>Food</b>
<b>SUBWAY</b>	<b>11</b>	<b>9</b>	<b>2017</b>	<b>\$ 20.94</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
<b>ALLENTOWN</b>	<b>PA</b>	-		<b>Food</b>
<b>LOUIE'S RESTAURANT</b>	<b>11</b>	<b>10</b>	<b>2017</b>	<b>\$ 69.34</b>
Mailing Address				
Description of Expenditure				
City	State	Zip Code (Plus 4)		
<b>ALLENTOWN</b>	<b>PA</b>	-		<b>Food</b>

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

PAGE TOTAL  
**\$ 840.61**

SCHEDULE III  
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <b>FRIENDS OF SHORIB</b>	Reporting Period From <b>10/24/17</b> To <b>11/27/17</b>
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To Whom Paid <b>JZ EVOICE</b>	MO. <b>11</b>	DAY <b>13</b>	YEAR <b>2017</b>	Amount <b>\$ 29.99</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		
<b>Phone Bank</b>				

To Whom Paid <b>WAWA</b>	MO. <b>11</b>	DAY <b>14</b>	YEAR <b>2017</b>	Amount <b>\$ 16.72</b>
Mailing Address		Description of Expenditure		
City <b>WESCOVILLE</b>	State <b>PA</b>	Zip Code (Plus 4)		
		-		
<b>Food Share</b>				

To Whom Paid	MO. <b>11</b>	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid <b>Volunteers</b>	MO.	DAY	YEAR	Amount <b>\$ 1,000</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		
<b>Door knocking / signs / calls</b>				

To Whom Paid <b>LK Printers</b>	MO. <b>10</b>	DAY <b>18</b>	YEAR <b>2017</b>	Amount <b>\$ 2353.52</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		
<b>Mailings - Postage</b>				

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		

To Whom Paid	MO.	DAY	YEAR	Amount <b>\$</b>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4)		
		-		

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

PAGE TOTAL  
**\$ 40671**

**\$ 3460.23**

## 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 <b>FRINDS OF SHOAB</b>	Reporting Period From <b>10/24/17</b> To <b>11/27/2017</b>
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Name of Creditor <b>Volunteers</b>				Outstanding Balance of Debt <b>\$ 600</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
		<b>11</b>	<b>9</b>	<b>2017</b>	
City	State	Zip Code (Plus 4)			
			-		

Description of Debt  
**Sigh & pass knit A'**

Name of Creditor <b>Dan Freedman</b>				Outstanding Balance of Debt <b>\$ 500</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
		<b>11</b>	<b>9</b>	<b>2017</b>	
City	State	Zip Code (Plus 4)			
<b>Bethlehem</b>		<b>PA</b>	-		

Description of Debt  
**Campaigns help**

Name of Creditor <b>Uzma Shoab</b>				Outstanding Balance of Debt <b>\$ 200</b>	
Mailing Address	DATE DEBT INCURRED	MO.	DAY	YEAR	
<b>1601 Kemmington Lane</b>					
City	State	Zip Code (Plus 4)			
			-		

Description of Debt  
**paid to food.**

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

Description of Debt

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

Description of Debt

Name of Creditor				Outstanding Balance of Debt <b>\$</b>	
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  
**\$ 1360**