2009 AUG - 3 AM 11: 24

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FEC FORM 2 STATEMENT OF CANDIDACY

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| 1. (a) Name of Candidate (in full) | <u> </u> | | | | <u>_</u> | | | |
|---|--|--|--|----------------------|-----------|-------------|-----------------------|--|
| John Burk | Callahar | ٩ | | | | | | |
| (b) Address (number and street) <u>339</u> <u>Biery'o</u> (c) City, State, and ZIP Code | | Road | | Candidate's | | | | |
| (c) City, State, and ZIP Code | PA J | 18017 | 3. | ls This Statement | X (r | ew I) OR | Amended (A) | |
| 4. Party Affiliation | 5. Office Sought | A | 6. State & District of | - | | | | |
| Lemocrat | House of | <u>F Representative</u> | <u>s </u> | Pa | - 1 | 5 | · | |
| DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE | | | | | | | | |
| 7. I hereby designate the following named political committee as my Principal Campaign Committee for the | | | | | | | | |
| NOTE: This designation should be filed with the appropriate office listed in the instructions. | | | | | | | | |
| (a) Name of Committee (in full) | | | | | | | <u> </u> | |
| John Ca | Ilahan | for Congr | 2.55 | | | | <u> </u> | |
| (b) Address (number and street) | 10 | Q Q | | | | | | |
| PO Box | - 13 | 86 | | | | | | |
| (c) City, State, and ZIP Code | • | | | | | | | |
| Bethlehem | <u> </u> | 18016 | | | | | | |
| DE | DESIGNATION OF OTHER AUTHORIZED COMMITTEES | | | | | | | |
| | | cluding Joint Fundraising | | | | | | |
| 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. | | | | | | | | |
| NOTE: This designation should be | filed with the princ | cipal campaign committee | 9. | | | | | |
| (a) Name of Committee (in full) | | ······································ | | | | <u>_</u> | | |
| | | | | | | | | |
| (b) Address (number and street) | | | ······································ | | | | | |
| | | | | | | | | |
| (c) City, State, and ZIP Code | | | · <u> </u> | | | | | |
| | | | | | | | | |
| I certify that I have exa | amined this Stater | nent and to the best of m | y knowledge and b | elief it is true | , correct | and comple | ete. | |
| Signature of Candidate | | | | ite | | | | |
| Alla | Valar | | | | 21 | ~9 | | |
| | | | | | SI | 01 | | |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. | | | | | | | | |
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| Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. | | | | | | |
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| Hand Delivered | Date of Receipt | | | | | |
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| Received from Electronic Filing Office | Date of Receipt | | | | | |
| Other (Specify): | Date of Receipt or Postmarked | | | | | |
| R | 8/5/29 | | | | | |
| PREPARER (3/2005) | DATE PREPARED | | | | | |

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