

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		FRIENDS OF BRYAN CALLAHAN					
Street Address		633 MAIN ST					
City	BETHLEHEM	State	PA	Zip Code	18018		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	11/05/2013	Year	2013		Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	10/01/2013	11/25/2013	
A. Amount Brought Forward From Last Report	\$	8290.91	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	5368.66	
C. Total Funds Available (Sum of Lines A and B)	\$	13,659.57	
D. Total Expenditures (From Schedule III)	\$	10,387.75	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3271.82	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0	

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

[Redacted Signature]

[Redacted Signature]

My Commission Expires Jul 7, 2014

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

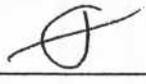
Filer Identification Number		
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor		
Total for the reporting period (1)		\$ 818.66
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 750.00
Total for the reporting period (2)		\$ 750.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)		\$ 1000.00
All Other Contributions (Part D)		\$ 2800.00
Total for the reporting period (3)		\$ 3800.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)		\$ 0
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)		\$ 5368.66

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										Amount	
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]	\$					
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]	\$					
Full Name of Contributing Committee						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:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$
MARK C. PERITONE					10/28/2013	250.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
2285	SCHOENERSVILLE RD					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
BETHLEHEM	PA	18017				

Full Name of Contributor					Date [MM/DD/YYYY]	\$
CARRIE A DRISCOLE					10/22/2013	250.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
4431	GREENS CT.					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
CENTER VALLEY	PA	18034				

Full Name of Contributor					Date [MM/DD/YYYY]	\$
CHRISTIAN M. PERRUCCI					10/22/2013	250.00
House #	Street Address			Date [MM/DD/YYYY]	\$	
1816	MAPLE ST					
City	State	Zip Code			Date [MM/DD/YYYY]	\$
BETHLEHEM	PA	18017				

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 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.

Filer Identification Number	
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Full Name of Contributing Committee				Date [MM/DD/YYYY]		\$	1000.00
FRIENDS OF JOHN CALLAHAN				11/13/2013			
House #	Street Address			Date [MM/DD/YYYY]		\$	
	PO BOX 1403						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18016					
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]		\$	
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]		\$	

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:									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
BALLARD SPAHR LLP						10/31/2013		1,000.00	
House #		Street Address				Date [MM/DD/YYYY]		\$	
1735		MARKET ST 51ST FLOOR							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
PHILADELPHIA		PA		19103					
Employer Name						Occupation			
						ATTORNEY			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
EDWARD R. ANGERMAN						10/21/2013		500.00	
House #		Street Address				Date [MM/DD/YYYY]		\$	
1348		KINGSTON DR							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
NORTHAMPTON		PA		18067					
Employer Name						Occupation			
INFORMATION REQUESTED									
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
GREGORY B. MOLCHANY						10/22/2013		500.00	
House #		Street Address				Date [MM/DD/YYYY]		\$	
1883		MAPLEWOOD LN							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
ALLENTOWN		PA		18103					
Employer Name						Occupation			
INFORMATION REQUESTED									
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
MURAT GUZEL						10/30/2013		500.00	
House #		Street Address				Date [MM/DD/YYYY]		\$	
52		E. UNION BLVD.							
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM		PA		18018					
Employer Name						Occupation			
WIMERS ORGANICS						CEO			
Employer Mailing Address / Principal Place of Business						52 E. UNION BLVD, BETHLEHEM, PA 18018			

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: []

Full Name of Contributor					Date [MM/DD/YYYY]	\$
JEFF BLUMENFELD					10/23/2013	300.00
House #	Street Address			Date [MM/DD/YYYY]		\$
50	MONROE RD					
City	State	Zip Code		Date [MM/DD/YYYY]		\$
MERION STATION	PA	19066				
Employer Name				Occupation		
KUTAK ROCK LLP				LAWYER		
Employer Mailing Address / Principal Place of Business						
TWO LIBERTY PLACE, SUITE 28B 50 SOUTH 16TH ST, PHILADELPHIA, PA 19102						
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						

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
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Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$ 
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

Full Name							
House #		Street Address					
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description							

SCHEDULE II

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

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR

TOTAL for the reporting period	(1)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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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
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	

Description of Contribution	
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Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$

Description of Contribution	
-----------------------------	--

Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$

Description of Contribution	
-----------------------------	--

Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$

Description of Contribution	
-----------------------------	--

Full Name of Contributor		Date [MM/DD/YYYY]	\$	
House #	Street Address	Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$

Description of Contribution	
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SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
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				Description of Contribution			
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				Description of Contribution			
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				Description of Contribution			
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				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		LEHIGH VALLEY PRINT CENTER			Date [MM/DD/YYYY]	\$	8,142.21	✓
House #	1337	Street Address	N. NELSON ST		Description of Expenditure			
City	ALLENTOWN	State	PA	Zip Code	18109	MAIL		
To Whom Paid		BRYAN CALAHAN			Date [MM/DD/YYYY]	\$	2000.00	✓
House #	633	Street Address	MAIN ST.		Description of Expenditure			
City	BETHLEHEM	State	PA	Zip Code	18018	LOAN REMBURSEMENT		
To Whom Paid		FRIENDS OF MIKE RECCHIUTI			Date [MM/DD/YYYY]	\$	100.00	✓
House #		Street Address	PO BOX 202		Description of Expenditure			
City	BETHLEHEM	State	PA	Zip Code	18016	CONTRIBUTION		
To Whom Paid		BILLY'S DOWNTOWN DINER			Date [MM/DD/YYYY]	\$	56.30	✓
House #	10	Street Address	E. BROAD ST		Description of Expenditure			
City	BETHLEHEM	State	PA	Zip Code	18018	MEETING		
To Whom Paid		BROADWAY SOCIAL			Date [MM/DD/YYYY]	\$	36.74	✓
House #	217	Street Address	BROADWAY		Description of Expenditure			
City	BETHLEHEM	State	PA	Zip Code	18015	MEETING		
To Whom Paid		LAFAYETTE BANK			Date [MM/DD/YYYY]	\$	44.50	✓
House #		Street Address	PO BOX 25091		Description of Expenditure			
City	LEHIGH VALLEY	State	PA	Zip Code	18002	CHECKS		
To Whom Paid		PJ'S PUB			Date [MM/DD/YYYY]	\$	8.00	✓
House #	3345	Street Address	HIGH POINT BLVD		Description of Expenditure			
City	BETHLEHEM	State	PA	Zip Code	18017	READJUSTMENT OF PREVIOUS EXPENSE		
To Whom Paid					Date [MM/DD/YYYY]	\$		
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

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.

Filer Identification Number:	
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Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						

Name of Creditor						Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$
City	State	Zip Code				
Description of Debt						