



**Pennsylvania Department of State**

Bureau of Campaign Finance & Lobbying Disclosure  
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)  
[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist				
Justin Amern				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input checked="" type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-Special Election	

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (MM/DD/YYYY)

6/20/2025  
Bethlehem, PA

Printed Name

Location (City/State/Country)

COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER <span style="float:right">REPORT FILED ON BEHALF OF</span>		CANDIDATE <input checked="" type="checkbox"/>		COMMITTEE <input type="checkbox"/>	LOBBYIST <input type="checkbox"/>												
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST <i>Justin Amann</i>																	
STREET ADDRESS <i>463 Greenwood Ave</i>																	
CITY <i>Bethlehem</i>		STATE <i>PA</i>	ZIP CODE <i>18017</i>														
TYPE OF REPORT (CHECK ONE)  6TH TUESDAY PRE-PRIMARY <input type="checkbox"/> 2ND FRIDAY PRE-PRIMARY <input type="checkbox"/> 30 DAY POST-PRIMARY <input checked="" type="checkbox"/> 6TH TUESDAY PRE-ELECTION <input type="checkbox"/> 2ND FRIDAY PRE-ELECTION <input type="checkbox"/> 30 DAY POST-ELECTION <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/>	NAME OF OFFICE SOUGHT BY CANDIDATE <i>Bethlehem City Council</i>		DISTRICT NO.	PARTY <i>Dem</i>													
	DATE OF ELECTION																
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td><i>5</i></td> <td><i>6</i></td> <td><i>2005</i></td> </tr> </table>		MO.	DAY	YEAR	<i>5</i>	<i>6</i>	<i>2005</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>MO.</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td><i>6</i></td> <td><i>9</i></td> <td><i>2005</i></td> </tr> </table>			MO.	DAY	YEAR	<i>6</i>	<i>9</i>	<i>2005</i>
	MO.	DAY	YEAR														
	<i>5</i>	<i>6</i>	<i>2005</i>														
	MO.	DAY	YEAR														
	<i>6</i>	<i>9</i>	<i>2005</i>														
CASH BALANCE AT END OF REPORTING PERIOD: \$ <i>-0-</i>  TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: \$ <i>-0-</i>																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AMENDMENT REPORT?</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>TERMINATION REPORT?</td> <td>YES</td> <td>NO</td> </tr> </table>					AMENDMENT REPORT?	YES	NO	TERMINATION REPORT?	YES	NO							
AMENDMENT REPORT?	YES	NO															
TERMINATION REPORT?	YES	NO															
FOR OFFICE USE ONLY																	

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

I SWEAR (OR AFFIRM) THAT THE AGGREGATE RECEIPTS OR DISBURSEMENTS OR LIABILITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT EXCEED TWO HUNDRED AND FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT AND COMPLETE.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____ _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.	SIGNATURE OF PERSON SUBMITTING REPORT <i>Justin Amann</i> PRINTED NAME <i>Justin Amann</i> AREA CODE <i>484</i> DAYTIME TELEPHONE NUMBER <i>547-8191</i>
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**PART II -**

If statement is filed on behalf of a Candidate's Authorized Committee, Candidate must sign here.

I SWEAR (OR AFFIRM) THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS POLITICAL COMMITTEE HAS NOT VIOLATED ANY PROVISIONS OF THE ACT OF JUNE 3, 1937 (P.L. 1333, No. 320) AS AMENDED.

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____ _____ SIGNATURE MY COMMISSION EXPIRES _____ MO. _____ DAY _____ YR.	SIGNATURE OF CANDIDATE _____ PRINTED NAME _____ AREA CODE _____ DAYTIME TELEPHONE NUMBER _____
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## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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Name of Filing Committee, Candidate, or Lobbyist				
Friends of Justin Amann				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> Cycle 2 2 <sup>nd</sup> Friday Pre-Primary	<input checked="" type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 <sup>th</sup> Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 30 Day Post-Special Election	

**Part I -** If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

_____ Signature of Treasurer, Candidate, or Lobbyist	6-20-2025 _____ Date (MM/DD/YYYY)
Cienna Hobbs _____ Printed Name	Bethlehem, PA _____ Location (City/State/Country)



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*Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.*

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.**

Signature of Treasurer, Candidate, or Lobbyist

*Justin Ameron*

Printed Name

06/20/2025

Date (MM/DD/YYYY)

Bethlehem, PA

Location (City/State/Country)

# Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number	33-3480000	Report Filed By (Mark X)		Candidate		Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist	Friends of Justin Amodeo								
Street Address	463 Greenwood Ave								
City	Bedford	State	PA	Zip Code	18017				

Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	5/20/2005	Year	2005	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	5/6/2005	6/9/2005	
A. Amount Brought Forward From Last Report	\$	5,770.88	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	2,850.00	
C. Total Funds Available (Sum of Lines A and B)	\$	8,620.88	
D. Total Expenditures (From Schedule III)	\$	6,355.98	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	2,264.90	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	- 0 -	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	- 0 -	

## Affidavit Section

Part I - 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

day of 20

Signature

My Commission expires MO. DAY YR.

Signature of Person Submitting report

Cienna Hobbs

Printed Name

484

515-4283

Area Code

Daytime Telephone Number

Part II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

day of 20

Signature

My Commission expires MO. DAY YR.

Signature of Candidate

Justin Amodeo

Printed Name

484

547-8191

Area Code

Daytime Telephone Number

SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

<b>Filer Identification Number</b>		33-3480000
<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>		
Total for the reporting period (1)		\$ 0
<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>		
Contributions Received from Political Committees (Part A)		\$ 0
All Other Contributions (Part B)		\$ 200.00
Total for the reporting period (2)		\$ 200.00
<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>		
Contributions Received from Political Committees (Part C)		\$ 300.00
All Other Contributions (Part D)		\$ 2,350.00
Total for the reporting period (3)		\$ 2,650.00
<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>		
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)		\$ 2,850.00

## SCHEDULE III

## Statement of Expenditures

Filer Identification Number:	33-3480000
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To Whom Paid	Bethlehem Business Forms	Date [MM/DD/YYYY]	5/21/2025	\$	6,345.85
House #	861	Street Address	14 <sup>th</sup> Ave	Description of Expenditure	
City	Bethlehem	State	PA	Zip Code	18018
Mailing					

To Whom Paid	Art Blue	Date [MM/DD/YYYY]		\$	10.13
House #		Street Address	PO Box 441146	Description of Expenditure	
City	Somerville	State	MA	Zip Code	02144
May / Jun Fees					

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #		Street Address		Description of Expenditure	
City		State		Zip Code	



**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: <b>33-348000</b>									
Full Name of Contributor: <b>Kevin Peterman</b>						Date [MM/DD/YYYY]: <b>5/30/2025</b>	\$	<b>100</b>	
House #	Street Address					Date [MM/DD/YYYY]	\$		
<b>450</b>	<b>Massachusetts Ave NW</b>								
City	State	Zip Code				Date [MM/DD/YYYY]	\$		
<b>Washington</b>	<b>D.C.</b>	<b>20001</b>							
Full Name of Contributor: <b>William Sfronek</b>						Date [MM/DD/YYYY]: <b>5/19/2025</b>	\$	<b>100</b>	
House #	Street Address					Date [MM/DD/YYYY]	\$		
<b>1548</b>	<b>Fernside Road</b>								
City	State	Zip Code				Date [MM/DD/YYYY]	\$		
<b>Bellevue</b>	<b>PA</b>	<b>18080</b>							
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]	\$		
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:	33-3480000
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Full Name of Contributing Committee					Dune Morris Government Center		Date [MM/DD/YYYY]	6/4/05	\$	300
House #	30	Street Address	500 17th St				Date [MM/DD/YYYY]		\$	
City	Philadelphia	State	PA	Zip Code	19103			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 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:	33-3480000
------------------------------	------------

Full Name of Contributor					Date [MM/DD/YYYY]		\$	450.00
Lars Intile					5/16/2005			
House #	1902	Street Address			Date [MM/DD/YYYY]		\$	
		Skibo Road						
City	Hellertown	State	PA	Zip Code	18055	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
5th Street Capital Partners								
Employer Mailing Address / Principal Place of Business					400 Thomas St Bethlehem, PA 18015			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	450.00
Christin Perrucci					5/19/2005			
House #	5250	Street Address			Date [MM/DD/YYYY]		\$	
		Old Bethlehem Pike						
City	Bethlehem	State	PA	Zip Code	18015	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Florio Perrycci								
Employer Mailing Address / Principal Place of Business					91 Lerry Holmes Drive Easton, PA 18042			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	450.00
Robert DeBeer					5/19/2005			
House #	1535	Street Address			Date [MM/DD/YYYY]		\$	
		Bette Ln						
City	Hellertown	State	PA	Zip Code	18015	Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
* Requested								
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								