

#### Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)
www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

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

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 Statements. This form must be signed by hand where a signature is required.

Bryan	r Callahan		<u>(3)</u>		
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	□ <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	☐ <b>Cycle 3</b> 30 Day Post Primary	6 <sup>th</sup> T	Cycle 4 Juesday Election	√ Cycle 5 2 <sup>nd</sup> Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7  Annual Report	☐ <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Specia	l Election		cle 9 ost-Special Election

Part i-lf this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full 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 Statement is true and correct.



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**Part II** - If this is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate sign here.

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



Reset	Form

Print Form



# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number			Report Filed By Ca ( Mark X)		y Candida	ate	X	Committee			Lobbyist	
Name of Filing Committ Lobbyist	tee, Car	ididate or	Bryan	Callahan								
Street Address			633 N	/lain Street								
City Be	ethlehen	n			State	PA		Zip Code	18018			
Type of Report (Place x	under r	eport type)										*******************************
1-6 <sup>th</sup> Tuesday 2-2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Primary Primary				5- 2 <sup>nd</sup> Friday Pre- Election	1		7- Annual Special 2 Pre-Elect		ion Post-Election			
					X							
Date Of Election (MM/DD/YYYY)	11/07	Year		2023	Amend Report			Terminati Report	lon			
	Summary of Receipts and From Date			To Date				For	Office Use (	Only		
Expenditures		06/06/2023		10	/23/2023							
A. Amount Brought For	rward F	rom Last Report	\$		5,446.95							
B. Total Monetary Cont (From Schedule I)	tributio	ns and Receipts	Ş	1	2,909.54		•					
C. Total Funds Available (Sum of Lines A and B)			Ş	1	8,356.49							
D. Total Expenditures (From Schedule III)			\$	1	4,859.94	1						
E. Ending Cash Balance (Subtract Line D from L			Ş	5	3,496.55							
F. Value of In-Kind Conf (From Schedule II)	tributio	ns Received	\$		0.00							
G. Unpaid Debts and O (From Schedule IV)	bligatio	ns	\$	8	0.00	1		\				J,
Part 1- If this is a Committe					Affidavit S		1					: 35. '5

#### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number		Services Land	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
		-	
Total for the reporting period	(1)	\$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	159.54
All Other Contributions (Part B)		\$	1,750.00
Total for the reporting period	(2)	\$	1,909.54
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	5,000.00
All Other Contributions (Part D)		\$	6,000.00
Total for the reporting period	(3)	\$	11,000.00
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 (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Rep Cover Page, Item B)	port	\$	

#### 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 ide	munc	ation Numb	e.									
	(400 <b>4</b> 084)656.											Amount
		f Contribu	ting							Date [MM/DD/YYYY]	\$	\$159.54
Commi	ittee			Friends	of Bill N	ИсGee				09/26/2023		\$139.54
House			Street #	Address	1					Date [MM/DD/YYYY]	\$	
	-	169			W 29th	h Street						
City	Nor	thampton			S	State	PA	Zip Code	18067	Date [MM/DD/YYYY]	\$	
Full Na Comm		of Contribu	ting							Date [MM/DD/YYYY]	\$	
House	#		Street /	Address						Date [MM/DD/YYYY]	\$	
110030	"			100,000							-	
City	T '		<b></b>		S	State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	me d	of Contribu	ting		ndpd=podioid					Date [MM/DD/YYYY]	\$	
Comm	ittee										1	
House	#		Street	Address	5					Date [MM/DD/YYYY]	\$	
											]	
City	T		<u>.</u>		1:	State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na Comm		of Contribu	ting							Date [MM/DD/YYYY]	\$	
House	#		Street	Address	5					Date [MM/DD/YYYY]	\$	
			]		<u> </u>	<b></b>	т	1 71 - C- 4-		Date [MM/DD/YYYY]	\$	
City					1	State		Zip Code		Date [WWW/DD/1111]	,	
Full Na Comm		of Contribu	iting							Date [MM/DD/YYYY]	\$	
Comm	ittee	1										
House	#		Street	Address	5					Date [MM/DD/YYYY]	\$	
City	T '		<u> </u>		<del>                                     </del>	State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na	ame	of Contribu	iting							Date [MM/DD/YYYY]	\$	
Comm			₹								1	
House	#		Street	Address	S					Date [MM/DD/YYYY]	\$	
City	$T^\perp$		<u></u>		1:	State	<u> </u>	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:	

Full Na	me of Contri	butor					Date [MM/DD/YYYY]	\$	
		Bruce Haines					09/26/2023		\$200
House	23.34	Street Address				11.11.11.11.11.11.11.11.11.11.11.11.11.	Date [MM/DD/YYYY]	\$	
	15742	G	lenisle Way						
City	Fort Myers		State	FL	Zip Code	33912-3922	Date [MM/DD/YYYY]	\$	
Full Na	me of Contri	butor					Date [MM/DD/YYYY]	\$	
		Stephen Barat	ta				09/26/2023		\$200
House	# 134	Street Address	V Langhorne	Avenue			Date [MM/DD/YYYY]	\$	
City	Bethlehem	Tay liming Falling a clear	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Full Na	ame of Contri	butor			1		Date [MM/DD/YYYY]	\$	
	Greg Salamoni						09/25/2023		\$450
House	#	Street Address					Date [MM/DD/YYYY]	\$	
	895		Vest Macada	Road					
City	933 <u> </u>	19 2 5 6 1 4 2 1 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State		Zip Code		Date [MM/DD/YYYY]	\$	
	Bethlehem			PA		18017			
Full Na	ame of Contri	butor					Date [MM/DD/YYYY]	\$	
		John Freund					09/26/2023		\$100
House	#	Street Address					Date [MM/DD/YYYY]	\$	
	One	V	Vest Broad St	reet					
City	Bethlehem		State	PA	Zip Code	40040	Date [MM/DD/YYYY]	6	
	1888							\$	
Full Na	ame of Contr	butor				18018	Date [MM/DD/YYYY]	\$	
Full Na	ame of Contr	ibutor Mark & Nuria				18018	Date [MM/DD/YYYY] 09/26/2023		\$175
Full Na House	·#					18018			\$175
		Mark & Nuria				18018	09/26/2023	\$	\$175
House	·#	Mark & Nuria	Diluzio  .ark Spur Lane		Zip Code	18018	09/26/2023	\$	\$175
House	2919	Mark & Nuria  Street Address	Diluzio  .ark Spur Lane	e	Zip Code		09/26/2023  Date [MM/DD/YYYY]	\$	
House	2919 2919 Easton	Mark & Nuria  Street Address	Diluzio  .ark Spur Lane	e	Zip Code		09/26/2023  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	\$175
House City Full Na	2919 Easton ame of Contr	Street Address Libutor William Hoy Street Address	Diluzio  .ark Spur Land State	e PA	Zip Code		Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	\$	
House	2919 Easton arme of Contr	Street Address Libutor William Hoy Street Address	Diluzio  .ark Spur Lane	e PA	Zip Code		09/26/2023  Date [MM/DD/YYYY]  Date [MM/DD/YYYY]  09/26/2023	\$	

#### 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	n Number:						
earth gas A. V. Dallace Market	estant, conteste						
Full Name of Co	ntributor				Date [MM/DD/YYYY]	\$	
	Timothy & Ga	il Schoenenberger			09/26/2023		\$175
House #	Street Address				Date [MM/DD/YYYY]	\$	
920	F	ernwood Street					
City Bethlehe	em	State PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Co	ntributor				Date [MM/DD/YYYY]	\$	
	Robert & Susa	an Virgilio			09/15/20223		\$100
House #   518	Street Address	ong Street			Date [MM/DD/YYYY]	\$	
City Bethlehe	em   masteristicos sees	State PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor				Date [MM/DD/YYYY]	\$	
	Jeanne McNe	ill			09/26/2023		\$250
House #	Street Address				Date [MM/DD/YYYY]	\$	
941		Long Street					
City Fountain	n Hill	State PA	Zip Code	18015	Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor				Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	Light the shall have	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor		100000000000000000000000000000000000000		Date [MM/DD/YYYY]	\$	
House#	Street Address				Date [MM/DD/YYYY]	\$	
City	***************************************	State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of C	ontributor				Date [MM/DD/YYYY]	\$	
House#	Street Address				Date [MM/DD/YYYY]	\$	
City	for every management	State	Zip Code		Date [MM/DD/YYYY]	\$	
					· · · · · · · · · · · · · · · · · · ·	1	

#### 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 Ide	ntification Numb	er:		en entre e						
Full Nar	me of	2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						Date [MM/DD/YYYY]	\$	
	uting Committ	ee Plumbe	ers Union Local	860				09/20/2023	1	\$1,500
House #	2791	Street Add	ress Southam	ptor	n Road			Date [MM/DD/YYYY]	\$	
City	Philadelphia		Sta	te	PA	Zip Code	19154	Date [MM/DD/YYYY]	\$	
- 11.11		Margarity is	- B.B.					Date [MM/DD/YYYY]	\$	
Full Nar Contrib	me or uting Committ	ee Interna	itional Union o	f Op	erating Er	ngineers		09/21/2023	3	\$2,500
House #	1375	Street Add	ress Virginia	Drive	<u> </u>			Date [MM/DD/YYYY]	\$	
City	Fort Washingto	n	Sta	ite	PA	Zip Code	19034-3257	Date [MM/DD/YYYY]	\$	
Full Na	me of							Date [MM/DD/YYYY]	\$	
Contributing Committee Western Pennsylvania Laborers								09/20/2023		\$500
House #	12	Street Add	ress 8th Stree	et				Date [MM/DD/YYYY]	\$	
City	Pittsburgh	- September 2 - 100 pt	Sta	ite	PA	Zip Code	15222	Date [MM/DD/YYYY]	\$	
Full Na	me of		İ	video roja				Date [MM/DD/YYYY]	\$	
Contrib	uting Commit	tee Labore	rs Local 1174					09/19/2023		\$500
House :	465	Street Add	ress Allentov	vn D	rive			Date [MM/DD/YYYY]	\$	
City	Allentown	Heliana and	Sta	ate	PA	Zip Code	18109-9121	Date [MM/DD/YYYY]	\$	
Full Na Contrib	l me of outing Commit	tee						Date [MM/DD/YYYY]	\$	
House		Street Add	Iress					Date [MM/DD/YYYY]	\$	
City		1 Manageria	St	ate		Zip Code		Date [MM/DD/YYYY]	\$	
Full Na Contrib	me of outing Commit	tee		507550				Date [MM/DD/YYYY]	\$	
House		Street Add	Iress					Date [MM/DD/YYYY]	\$	
City			St	ate		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)

MILITARITIE OF COL	ributor					Date [MM/DD/YYYY]	\$	V-2-2-0-5
	James By	szewski				09/26/2023		\$500
House #	Street Addres	SS				Date [MM/DD/YYYY]	\$	
300		Morris Avenu	2					
City Mountain	Lake	State	NJ	Zip Code	07046	Date [MM/DD/YYYY]	\$	
Employer Name		Unknown	1	1,000,000,000,000,000,000,000,000,000,0		Occupation Unaffiliated		
Employer Mailing Principal Place of						- Salanayanaya		
Full Name of Con						Date [MM/DD/YYYY]	\$	
	Louis Inti	ile				09/26/2023		\$500
House #	Street Addre	ss	<del></del>			Date [MM/DD/YYYY]	\$	
1941		Chancellor St	reet					
City Hellertow	1	State	PA	Zip Code	18055	Date [MM/DD/YYYY]	\$	
Employer Name		Unknown	1			Occupation Unaffiliate	<u>.</u>	L
Employer Mailing								<u> </u>
Principal Place of						D		
Full Name of Con	tributor Ralph Ca	iazzo				Date [MM/DD/YYYY] 09/27/2023	\$	\$2,500
House #	Street Addre	ss				Date [MM/DD/YYYY]	\$	
8606		Sickle Road						
City Bath	\$100 HILLS - 18 HILLS	State	PA	Zip Code	18104	Date [MM/DD/YYYY]	\$	
Employer Name		Annabella, In	.l			Occupation Chef-Maar	ager	
	Address /			hem, PA 18017	<u></u>	The submer that days		
Employer Mailing		10.00				Date [MM/DD/YYYY]	\$	
Employer Mailing Principal Place of	Business		,,,,				T	\$2,500
Employer Mailing Principal Place of	Business tributor	ae Martin				09/27/2023		1 ' '
Employer Mailing Principal Place of Full Name of Con	Business tributor Britneyra				<del></del>	09/27/2023	Ġ	
Employer Mailing Principal Place of Full Name of Con	Business tributor				, <u></u>	09/27/2023  Date [MM/DD/YYYY]	\$	
Employer Mailing Principal Place of Full Name of Con House #	Business tributor Britneyra	ss	PA	Zip Code	18014		\$	
Employer Mailing Principal Place of Full Name of Con House # 8606	Business tributor Britneyra	Sickle Road	PA	Zip Code	18014	Date [MM/DD/YYYY]		

Newark, NJ

**Principal Place of Business** 

#### PART E

#### **Other Receipts**

REFUNDS, INTEREST 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 Nur	muer:			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			<del></del>	
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	1			
Full Name		200		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	0			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	<b>n</b>			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	n seet			

#### 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:		
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 \$25	D.00 (FROM PART F)	
TOTAL for the reporting period (2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FRO	MA DAPT G)	
3. IN-MIND CONTRIBOTION RECEIVED-VALUE CASH ASSOCIO (1 III		
TOTAL for the reporting period (3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also ente	r   \$   r	
on Page 1, Report Cover Page, Item F)		

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

full Name of Contributor			Date [MM/DD/YYYY]	\$
douse # 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]	S
iouse# Street Address			Date [MM/DD/YYYY]	\$
				### ###
City	State	Zip Code	Date [MM/DD/YYYY]	5
Description of Contribution				<u> </u>
Full Name of Contributor			Date [MM/DD/YYYY]	\$
louse #   Street Address			Date [MM/DD/YYYY]	\$
			Sate (MM/SS/TTT)	
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]	<b>S</b> .
ity	State	Zip Code	Date [MM/DD/YYYY]	<b>S</b>
Description of Contribution		The production of the producti		

## SCHEDULE II Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:					
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		The state of the s	Occupation		
Employer Mailing Address / Principal			Description		
Place of Business			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	No. 1976 1984 - 197 1984 - 198		Occupation		
Employer Mailing Address / Principal			Description		
Place of Business		of Contribution			
Full Name of Contributor			Date [MM/DD/YYYY] \$		
House # Street Address			Date [MM/DD/YYYY] \$		
Street Audiess					
City (	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name			Occupation		
Employer Mailing Address / Principal Place of Business	- 4,740.4 - 1,747.4 - 1,740.5		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		A CONTRACTOR OF THE CONTRACTOR	Description		
Place of Business			of		
	333 GM	Contribution			

# SCHEDULE III Statement of Expenditures

Filer Identification Number:	
	i e de la companya d

To Wh	om Paid	_					Date [MM/DD/YYYY]	<b>\$</b>	100.00	
Freedom HS Basketball (		l Golf Sponsership			08/15/2023		100.00			
House	3149	3149 Street Address Chester Avenue					Description of Expenditure			
City	City Bethlehem State PA Zip Code 18020				Sponsorship					
To Whom Paid Freedom HS Fall Football Program						Date [MM/DD/YYYY]	\$	425.00		
		Treedom no ram roote	all i rogial				08/18/2023		125.00	
House	3149	Street Address Ch	ester Aver	iue			Description of Expenditure			
City	Bethlehem		State	PA	Zip Code	18020	Advertisement			
To W	nom Paid						Date [MM/DD/YYYY]	\$		
		Assurion					08/31/2023		26.49	
House	648	Street Address Gra	ssmere Pa	ark			Description of Expendi	ture		
City	Nashville		State	TN	Zip Code	37211	Insurance	, A		
To Wi	nom Paid						Date [MM/DD/YYYY]	\$		
		Sunoco					07/21/2023		18.00	
House	2450	Street Address Ca	tasauqua f	Road			Description of Expenditure			
City	Bethlehem		State	PA	Zip Code	18018	Gas			
To Whom Paid					Date [MM/DD/YYYY]	\$				
	Assurion						07/31/2023		26.49	
House	House # 648 Street Address Grassmere Park						Description of Expendi	ture		
City	Nashville	y d	State	TN	Zip Code	37211	Insurance			
To W	nom Paid					Date [MM/DD/YYYY]	\$			
		Freedom HS Football	Golf Outin	g Sponsorshij	р		06/06/2023		510.00	
House	3149	Street Address Ch	ester Aver	ıve			Description of Expenditure			
City	Bethlehem		State	PA	Zip Code	18020	Sponsorship			
To W	nom Paid	5 1 1 0					Date [MM/DD/YYYY]	\$		
455		Fegley's Brew					06/14/2023		72.00	
House # 559 Street Address Main Street				Description of Expenditure						
City	Bethlehem		State	PA	Zip Code	18018	Campaign Meeting			
To W	hom Paid	Apollo Grill					Date [MM/DD/YYYY]	\$	176.26	
House	## (***********************************	Strong Address					06/14/2023  Description of Expendi	ture		
riousi	85	Street Address W	est Broad	Street			pesciption of exhellin	-uiC		
City	Bethlehem		State	PA	Zip Code	18018	Campaign Meeting			

# Statement of Expenditures

Filer Identification Number:	
	,

To Wi	nom Paid		• • • • • • • • • • • • • • • • • • •			ng tang a <del>n ang ang ang ang ang ang ang ang ang an</del>	Date [MM/DD/YYYY]	\$		
		Assurion					09/02/2023		26.49	
House	648	Street Address Grassmere Park					Description of Expenditure			
City	Nashville		State	TN	Zip Code	37211	Insurance			
To W	nom Paid	Lehigh Valley Print Cer				Date [MM/DD/YYYY]	\$	755 70		
		Leingh Valley Finit Cer	itei				09/22/2023		755.78	
House	1701	Street Address Un	ion Boulev	ard			Description of Expenditure			
City	Bethlehem		State	PA	Zip Code	18018	Yard Signs			
To W	hom Paid						Date [MM/DD/YYYY]	\$	405.00	
		Dan Krasnick					09/26/2023		125,00	
House	1316	Street Address Bev	erly Aveni	ne			Description of Expendi	ture		
City	Bethlehem		State	PA	Zip Code	18018	Accounting-Campaign Final	nce M	lanager	
To W	hom Paid					Date [MM/DD/YYYY]	\$			
		Party City					09/27/2023		83.32	
House	e# 2404	Street Address Ca	tasauqua F	Road			Description of Expenditure			
City	Bethlehem		State	PA	Zip Code	18018	Balloons for Fund Raiser			
To Whom Paid						Date [MM/DD/YYYY]	\$			
		Assurion					10/02/2023		26.49	
Hous	e# 648	Street Address Gr	assmere Pa	ark			Description of Expendi	ture		
City	Nashville		State	TN	Zip Code	37211	Insurance			
To W	To Whom Paid						Date [MM/DD/YYYY]	\$		
		Dolce Mama					10/06/2023		500.00	
Hous	e# 4505	Street Address Ba	th Pike				Description of Expenditure			
City	Bethlehem		State	PA	Zip Code	18017	Campaign Fund Raiser			
To W	hom Paid						Date [MM/DD/YYYY]	\$		
		Urbano					09/22/2023		175.97	
House # 526 Street Address Main Street					Description of Expendi	ture				
City	Bethlehem		State	PA	Zip Code	18018	Campaign Meeting			
To W	hom Paid	Bergmann Zwerdling	Direct				Date [MM/DD/YYYY] 10/20/2023	\$	12,112.65	
Hous	e#   1350	Street Address Co	nnecticut	Avenue			Description of Expendi	ture		
City	Washington	graves or colline to the	State	DC	Zip Code	20036	Campaign Mailers			

#### 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 Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	
City	THE PARTY OF THE P	State	Zip 🔠	
		State	Code Code	
Description of De	bt			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	1.87	DATE DEBT INCURRED	\$
	Street Address		[MM/DD/YYYY]	
				44
City		State	Zip Code	
Description of De	bt			· · · · · · · · · · · · · · · · · · ·
Name of Creditor	· 33			Outstanding Balance of Debt
House #	Street Address	17	DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	- 1
City		State	Zip	1
			Code	
Description of De				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
		<u> </u>	[MM/DD/YYYY]	18
City		State	Zip	13
Description of De	iht sees		Code	1 70
Sestipuon oi DE				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	\$
			[MM/DD/YYYY]	4
City	- 1000 Repaired	State	Zip	
			Code	
Description of De	ebt			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address	Total	DATE DEBT INCURRED	\$
	Street Address		[MM/DD/YYYY]	11
City	10.00	State	Zip	130