

Penrisylvania 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

		ndidate, or Lobby				
- W		Bryan Callahan				
Reporting Cycle	Nayrie					
☐ Cycle 1	☑ Cycle 2	☐ Cycle 3		Cycle 4	☐ Cycle 5	
6 th Tuesday	2 nd Friday	30 Day	6 th T	uesday	2 nd Friday	
Pre-Primary	, Pre-Primary	Post Primary	Pre-Election		Pre-Election	
☐ Cycle 6		☐ Cycle 8		☐ Cycle 9		
30 Day Post-Election	Annital Report	2 nd Friday Pre-Specia	l Election	30 Day Po	ost-Special Election	
Part I = If this for	ra is submitted	with a statement	in lieu i	of full rep	ort by a politica	
		here. If this form i				
		n here. If this form i candidate must sig				
	carraraace, crie	carrara a co inia o co. g				

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

	5/5/23
Signature of Treasurer, Candidate, or Lobbyist	Date (DD/MM/YYYY)
Bryan Callahan	Bethlehem/PA/USA
Printed Name	Location (City/State/Country)
	DSEB-503S

Updated 1/22/2020



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Name of Filing	Committee, Can	didate, or Lobby	ist		
		Bryan Callahan			
Reporting Cycle	Name				
☐ Cycle 1 6 th Tuesday Pre-Primary	Cycle 2 2 nd Friday Presprimary	☐ Cycle 3 30 Day Post Primary	6 th T	C ycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election
Cycle 6 30 Day Post-Election	☐ Cycle 7 Annital Report	☐ Cycle 8 2 nd Friday Pre-Specia	l Election	•	cle 9 ost-Special Election

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			ON BEHALF OF	CANDIDATE	. X сомміттев	2, LOBBYIST	3.
NAME OF FILING COMMI Bryan Calls		ANDIDATE OR LOBBYIST	- 155-1-1-1-1 (156-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			* :::::::::::::::::::::::::::::::::::::	
STREET ADDRESS 633 Main	St		,				
Bethlehen	1		STATE PA		ZIP CODE 18018		
TYPE OF REPO	RT	NAME OF OFFICE SOUGHT BY CANDIDATE Bethlehem City Council	DISTRICT NO.	Dem	DA MO:		I AR 023
6TH TUESDAY PRE-PRIMARY 2ND FRIL Y PRE-PRIMARY 30 DAY POST-PRIMARY 6TH TUESDAY PRE-ELECTION 2ND FRIDAY PRE-ELECTION	2. 3. 4.	DATES OF REP.SAT.//3 PERIOD OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIE AT THE END OF REPORTING PERIOD:				OFFICE USE ONLY	
30 DAY POST-E' ECTION ANNUAL REPORT	7.	AMENDMENT YES REPORT? YES TERMINATION REPORT?	NO X				

PARTI-

If statement is filed on behalf of a <u>Political Committee or Candidates's Committee</u>, the Treasurer must sign here. If statement is filed on behalf of a <u>Candidate</u>, the <u>Indidate must sign here</u>. If statement is filed on behalf of a <u>Contributing Lol byist</u>, the Lobbyist must sign here.



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.

6 th Tuesday 2 nd Friday 30 Day 6 th Tuesday 2 nd Fr			Callahan	nde of Bryan Calls	Erio	
☐ Cycle 1 ☑ Cycle 2 ☐ Cycle 3 ☐ Cycle 4 ☐ C 6 th Tuesday 2 nd Friday 30 Day 6 th Tuesday 2 nd Fre-Fl			Callariari	rius of Bryan Calla		
6 th Tuesday 2 nd Friday 30 Day 6 th Tuesday 2 nd Fr					Name	epoxting Cycle
Pre-Fl	☐ Cycle 5	Cycle 4	3 🗆	☐ Cycle 3		☐ Cycle 1
Pre-Primary Pre-Election Pre-El	2 nd Friday	uesday	6 th T	30 Day	2 nd Friday	6 th Tuesday
	Pre-Election	lection	rv Pre-l	Post Primary	Pre-Primary	Pre-Primary
					•	,
☐ Cycle 6 ☐ Cycle 7 ☐ Cycle 8 ☐ Cycle 9	☐ Cycle 9 30 Day Post-Special Electio		e 8	☐ Cycle 8	☐ Cycle 7	☐ Cycle 6
Day Post-Election Annual Report 2 nd Friday Pre-Special Election 30 Day Post-Special E			-Special Election	2 nd Friday Pre-Specia	Annual Report	Day Post-Election

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania

that the accompanying Campaign Finance Report is true and correct.

Λ:	5/5/23
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Celeste Dee	Bethlehem/PA/USA
Printed Name	Location (City/State/Country)



Pennsylvania Department of State

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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.

*	5/5/2023
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Bryan Callahan	Bethlehem/PA/USA
Printed Name	Location (City/State/Country)

Commonwealth of Pennsylvania



Campaign Finance Report

388638

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificat Number :	ion			Fi	eport iled B	у:		DIDA			сомм	TTEE	✓	LOBE	YIST	
Name of Filing	Committee, Candida	te ợr L	obbyist:	FR	IEND	S OF	BRYAN	CALL	AHAI	N						
Street Address:	633 MAIN ST		•												224	
City:	BEHTLEHEM						State:	P/	١			Zip Co	-	8018-3		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	OND FRIDAY	PRE-	2. X	30 DA PRIM		POS	T- 3	3.		AMENDI REPORT		Yes	No	Y
(place X to	6TH TUESDAY	4.	2%0 FRIDAY	PRE-	5.	30 D		POS	ST- 6	6.		TERMIN REPORT		Yes	No	4
the right of report type)	ANNUAL REPORT	7.	Year 2023			FILI	NG MET	THOD ONE				PAPER		1	DISKE	TTE
		<u></u>	1				DATE	335.5555		TIC	ON	District Numbe			rty Code	County Code
Name of Office	Sought by Candida	te:					МО	D	AY	Y	EAR			DE	М	48
								11		7	2023		(SEE 1	NSTRUCT	IONS FOR (ODES)
Summary o	Receipts and	МО	DAY	YEAR			МО	Mat 9	YA		EAR 2023		OR OFF	ICE US	E ONLY	pr. 12. (1)
Expenditur	es from:	<u> </u>	1 1	20	23	ΤΟ		5		1		-				
	rought Forward Fro					\dashv	\$				256.15	-1				
B. Total Mon	etary Contributions	And R	eceipts (From	Sched	lule I)		\$			13	,200.00	4				
C. Total Fund	is Available (Sum O	f Lines	A and B)				\$,456.15	-				
D. Total Exp	enditures (From Sch	nedule	112)				\$			5	,461.99	1				
E. Ending Ca	sh Balance (Subtra	ct Line	D From Line (C)			\$			10	,994.16	4				
	n-Kind Contribution				le II)		\$				0.00	4				
	ebts And Obligation						\$				0.00					
	1 1	1000	1/3/		TDAY	ITT C	ECTI	lino.		ibe 2		7	10	3		

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	Period		
FRIENDS OF BRYAN CALLAHAN	From:	1/1/20	<u>23</u> To:	5/1/2023
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reportin	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	250.00
All Other Contributions (Part P)			\$	1,150.00
TOTAL for the Reportin	g Period	(2)	\$	1,400.00
3. Contributions Received Over \$250.00 (7 rom Part C and Part D)				
Contributions Received From Political Committees (Part C)		-	\$	5,000.00
All Other Contributions (Part D)			\$	6,800.00
TOTAL for the Reportin	g Perioa	(3)	\$	11,800.00
4. Other Receipts, Refunds, Interes: Earned Returned Checks, Etc. (From Part E)			
TOTAL for the Reportin	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add a totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover P	nd enter am age, Item B	nount .)	\$	13,200.00

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.

Name of Filing Committee or Candida	া ড		Reporting	eporting Period							
FRIENDS OF BRYAN CALLAHAN			From:	1/1/20	1 <u>23</u> To:	:	5/1/2023				
y				DATE			AMOUNT				
Full Name of Contributing Committee Friends of Lisa Boscola			МО	DAY	YEAR						
Mailing Address 385 Palmetto ១រ				_		\$	250.00				
City Easton	State	Zip Code (Plus 4) 4	3	2023						
	PA	18042									

Enter Grand Total of Part A or. Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL250.00

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 Co	mmittee or Candidaa	2		Rep	orting Pe	riod			
FRIENDS OF BRY	AN CALLAHAN			Fron	n:	1/1/2	2 <u>023</u> To	:	5/1/2023
					1	DATE			AMOUNT
Full Name of Contril	butor								
Stephen Baratta					МО	DAY	YEAR		
Mailing Address	134 W Langhorne							\$	100.00
City Betinehem		State	Zip Code (Plus 4)		4	4	2023		,
		PA	18017						
Full Name of Contri	butor			The section of the	мо	DAY	YEAR		
Carol Ritter		•		O STATE OF THE STA					·
Mailing Address	419 Dewberry							\$	100.00
City Bethlehem		State	Zip Code (Plus 4)		4	4	2023		
beunienem		PA	18017						
Full Name of Contri Pat Breslin	butor	and the same of th		7000	МО	DAY	YEAR		
Mailing Address	4501 Easton Ave							\$	100.00
City Bethlehem		State	Zip Code (Plus 4)		4	4	2023		
		PA	18020						
Full Name of Contri	butor	·		200	мо	DAY	YEAR		
Jason Roader							1 6.71		
Mailing Address	610 Barclay	4			_			\$	100.00
City Bethlehem		State	Zip Code (Plus 4)		4	4	2023		
		PΛ	18020						
Full Name of Contri Francis Hackett	butor	4			МО	DAY	YEAR		
Mailing Address	201 Macada	WAY						\$	50.00
City Bethlehem		St/.te	Zip Code (Plus 4)		4	4	2023		
		fA	18017						

Full Name of Contri William Hailer	butor			МО	DAY	YEAR	
Mailing Address	1760 Wyndham						\$ 100.00
City Bethichem		State PA	Zip Code (Plus 4) 18017	4	4	2023	
Full Name of Contri Jennifer Mann	butor			МО	DAY	YEAR	
Mailing Address City Allentown	2945 Parkway Blv	State PA	Zip Code (Plus 4) 18104	4	14	2023	\$ 100.00
Full Name of Contr Kelly Ronalds	butor			МО	DAY	YEAR	
Mailing Address	448 Main St						\$ 250.00
City Bethlehem		Scate PA	Zip Code (Plus 4) 18018	4	17	2023	
Full Name of Contr	ibutor			МО	DAY	YEAR	
							1
Mailing Address	15742 Glenisle				14	2023	\$ 250.00

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

PAGE TOTAL \$ 1,150.00

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 from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	e	Reportin	g Period				
FRIENDS OF BRYAN CALLAHAN		From:	1/	1/2023	To:	5/1/2	2023
Annual Company of the			DA	TE		AMOUN	NT.
Full Name of Contributing Committee Operating Engineers Local 542			МО	DAY	YEAR		
Mailing Address 1375 Virginia Ave						\$	2,500.00
City Ft Washington	State	Zip Code (Plus 4)	- 3	31	2023	3	
· it washington	PA	19034					
Full Name of Contributing Committee IBEW LOCAL UNION #375 PAC			МО	DAY	YEAR		
Mailing Address 101 S 7TH ST	,					\$	2,500.00
City ALLENTOWN	State	Zip Code (Plus 4)	3	23	2023	3	
	₽A	18101					
``		•				PAG	GE TOTAL
Enter Grand Total of Part C on Sch		ed Summary Page, Section	on 3.			\$	5,000.00
,							

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 Canaldate	ame of Filing Committee of Canaldate			Reporting Period						
FRIENDS OF BRYAN CALLAHAN				Fron	n:	1/1/2	<u>023</u> To	:	5/1/2023	
					DA	TE		АМО	UNT	
Full Name of Contributor M Arif Fazil					мо	DAY	YEAR	nicoli informatea kilantiinii ka s		
Mailing One East Broad St	4.000							\$	500.00	
City Bethlenem	Statu PA			4)	4	3	2023			
Employer Name D'Huy	<u> </u>			Occupat	ion M	1anager	nent			
Employer Mailing Address/Principal Pla Business	śe oř.		City			State		Zip Code (Plus 4)	
1 Broad St			Bethleher	n		PA		18018		
Full Name of Contributor Doug Kelly					МО	DAY	YEAR			
Mailing Address 60 W Broad St								\$	500.00	
City Bethlehem	scate PA		p Code (Plus 3018	4)	4	3	2023			
Employer Name Emerald Realty	<u> </u>				Occupation Owner/Broker					
Employer Mailing Address/Principal Plu Business	ce. of		City			State		Zip Code (Plus 4)		
60 W Broat			Bethlehe	m		PA		18018		
Full Name of Contributor David Ronca					МО	DAY	YEAR			
Mailing 278 E Macada Rd								\$	500.00	
City Bethlehem	State PA	1	p Code (Plus 3015	: 4)	4	3	2023			
Employer Name M.F. Ronca & Sons					Occupat	ion N	ment			
Employer Mailing Address/Princips Pla Business	103 v /		City		-	State		Zip Code	Zip Code (Plus 4)	
179 Mikron Rd			Bethlehe					18015		

Full Name of Contribute	or					DAY	YEAR	Market Aria	
Joseph Posh					MO	DAT	TEAK		
Mailing 2216	Willow Park							\$	500.00
City Bethlehem		State	Zip	Code (Plus 4)	4	3	2023		
		PA	180	020					
Employer Name Posh	Properties				Occupat	ion N	1anagin	g Partner	
Employer Mailing Addre Business	ss/Principal Place	of of		City		State		Zip Code (Plus	4)
60 W Broad				Bethlehem		PA		18018	
Full Name of Contributo	or .								
Dino Cantelmi		1 d 18-18-18-18-18-18-18-18-18-18-18-18-18-1			МО	DAY	YEAR		
Mailing 2854 Address	Linden							\$	500.00
City Bethlenem		∳ cate	Zip	Code (Plus 4)	4	4	2023		•
· · · · · · ·		P/	18	018					
Employer Na Cant	Canisimi Funera Horne			Occupation Funeral Director/Own					
Employer Mailing Addre Business	ess/Principal Place	e of		City		State		Zip Code (Plus	4)
2854 Linden	•3	<i>y</i> .		Bethlehem		PA		18018	
		<u></u>							
Full Name of Contribute	or					DAY	VEAD		
Full Name of Contribute Louis Intile	or "				МО	DAY	YEAR		
Louis Intile	or . Chancellor						and the second	# # # # # # # # # # # # # # # # # # #	500.00
Louis Intile Mailing 1941		State	Zip	Code (Plus 4)	MO	DAY 4	YEAR 2023	1	500.00
Louis Intile Mailing 1941 Address		State PA		• Code (Plus 4) 055			and the second	1	500.00
Louis Intile Mailing 1941 Address	. Chancellor	,				4	and the second	1	500.00
Louis Intile Mailing 1941 Address 1941 City hellertown	Chancellor St Properties	PA			4	4	2023	1	
Louis Intile Mailing Address 1941 City hellertown Employer Name Fifth	Chancellor St Properties	PA		055	4	4 tion	2023		
Mailing 1941 Address 1941 City hellertown Employer Name Fifth Employer Mailing Address	Chancellor St Properties	PA		055 City	Occupat	4 tion State PA	2023 Dwner	Zip Code (Plus	
Mailing 1941 Address 1941 City hellertown Employer Name Fifth Employer Mailing Address 422 Thomas St Full Name of Contribute Dennis Benner	Chancellor St Properties ess/Principal Place	PA		055 City	4	4 tion (2023	Zip Code (Plus	
Mailing 1941 Address 1941 City hellertown Employer Name Fifth Employer Mailing Address 422 Thomas St Full Name of Contribute Dennis Benner	Chancellor St Properties	PA		055 City	Occupati	4 tion (2023 Owner	Zip Code (Plus 4	
Mailing Address 1941 City hellertown Employer Name Fifth Employer Mailing Address 422 Thomas St Full Name of Contribute Dennis Benner Mailing Address 2005	Chancellor St Properties ess/Principal Place	PA	18	055 City	Occupat	4 tion State PA	2023 Dwner	Zip Code (Plus 4	4)
Mailing Address 1941 City hellertown Employer Name Fifth Employer Mailing Address 422 Thomas St Full Name of Contribute Dennis Benner Mailing Address 2005	Chancellor St Properties ess/Principal Place	PA of	18	City Bethlehem	Occupati	4 tion (2023 Owner	Zip Code (Plus 4	4)
Mailing Address 1941 City hellertown Employer Name Fifth Employer Mailing Address 422 Thomas St Full Name of Contribute Dennis Benner Mailing Address 2005	Chancellor St Properties ess/Principal Place	PA State	18	City Bethlehem Code (Plus 4)	Occupati	4 State PA DAY	2023 Owner	Zip Code (Plus 4	4)
Mailing Address 1941 City hellertown Employer Name Fifth Employer Mailing Address 422 Thomas St Full Name of Contribute Dennis Benner Mailing Address 2005 City Bett lehem	St Properties ess/Principal Place	PA State PA	18	City Bethlehem Code (Plus 4)	Occupat	4 State PA DAY	2023 Owner YEAR 2023	Zip Code (Plus 4	500.00

Mark DiLuzio			мо	DAY	YEAR		
Train Dillatio	,		MO.				
Malling 2919 Lark Spur Lane				- A is a second in		\$ 500.00	
City Easton	State	Zip Code (Plus 4)	4	4	2023		
	PA	18042					
Employer Name None	Automobile and Automo	- A	Occupat	ion R	etired		
Employer Mailing Address/Principal Place Business	of	City		State		Zip Code (Plus 4)	
None		None		PA		18042	
Full Name of Contributo:			МО	DAY	YEAR		
Brooks Lawn Care i.LC			3	DAT	TEAR		
Mailing Address 2224 Whitehead RG	•					\$ 500.00	
City Nazareth	State	Zip Code (Plus 4)	1 4	4	2023		
	PA	18064					
Employer Name Sole Prop				Occupation N/A			
Employer Mailing Address/Principal Place Business	e of	City		State		Zip Code (Plus 4)	
NA		NA		PA		18064	
Full Name of Contributor					VEAD		
Full Name of Contributor Dominic Vilarii			МО	DAY	YEAR		
						\$ 300.00	
Dominic Vilarii Mailing 700 jennings place	State	Zip Code (Plus 4)	MO	DAY	YEAR 2023	1	
Dominic Vilani Mailing Address 709 jennings place	State PA	Zip Code (Plus 4) 18017				1	
Dominic Vilani Mailing Address 709 jennings place				4		1	
Dominic Vilani Mailing 709 jennings place City Bethlehem Employer Name na Employer Mailing Address/Principal Place	PA		4	4	2023	1	
Dominic Vilani Mailing 709 jennings place City Bethlehem Employer Name na	PA	18017	4	4 tion	2023		
Dominic Vilani Mailing 709 jennings place City Bethlehem Employer Name na Employer Mailing Address/Principal Place Business	PA	18017	Occupat	4 tion State PA	2023	Zip Code (Plus 4)	
Mailing 709 jennings place City Bethlehem Employer Name na Employer Mailing Address/Principal Place Business	PA	18017	4	tion F	2023	Zip Code (Plus 4)	
Mailing 709 jennings place Address 709 jennings place City Bethlehem Employer Name na Employer Mailing Address/Principal Place Business na Full Name of Contributor	PA e of	18017	4 Occupat	tion F State PA DAY	2023 Retired	Zip Code (Plus 4) 18017 \$ 1,000.00	
Mailing Address 709 jennings place City Bethlehem Employer Name na Employer Mailing Address/Principal Place Business na Full Name of Contributor Abraham Atiyeh Mailing 3660 Manor Rd	PA e of	18017	Occupat	4 tion State PA	2023	Zip Code (Plus 4) 18017 \$ 1,000.00	
Mailing Address 709 jennings place City Bethlehem Employer Name na Employer Mailing Address/Principal Place Business na Full Name of Contributor Abraham Atiyeh Mailing Address 3660 Manor Rd	PA e of	City	4 Occupat	tion F State PA DAY	2023 Retired	Zip Code (Plus 4) 18017 \$ 1,000.00	
Mailing Address 709 jennings place City Bethlehem Employer Name na Employer Mailing Address/Principal Place Business na Full Name of Contributor Abraham Atiyeh Mailing Address 3660 Manor Rd	PA e of	City na Zip Code (Plus 4)	- 4 Occupat	state PA DAY	2023 Retired	Zip Code (Plus 4) 18017 \$ 1,000.00	
Mailing Address 709 jennings place City Bethlehem Employer Name na Employer Mailing Address/Principal Place Business na Full Name of Contributor Abraham Atiyeh Mailing Address 3660 Manor Rd City Bethlehem	PA PA	City na Zip Code (Plus 4)	4 Occupat	state PA DAY	2023 Retired YEAR 2023	Zip Code (Plus 4) 18017 \$ 1,000.00	

Full Name of Contributor Brett Irwin	4				МО	DAY	YEAR	
Mailing 180 Ke	ettlebrook							\$ 500.00
City Mt Laurel	······································	State	Zij	Code (Plus 4)	7 4	4	2023	3
		No.	08	054				
Employer Name Requested				Occupat	tion R	lequest	ed	
Employer Mailing Addres Business	s/Principal Piac	e of		City		State		Zip Code (Plus 4)
Requested				xx		NC		08054
Full Name of Contribute	•				МО	DAY	YEAR	V 100 100 100 100 100 100 100 100 100 10
James Byszewski					mo .	7		
Mailing 16 Un	iversity Ave							\$ 500.00
City Chatham		State	Zi	p Code (Plus 4)	7 4	4	2023	3
		NJ	07	928				
Employer Name Reque	sted	· · · · · · · · · · · · · · · · · · ·			Occupat	tion	Jnknow	vn
Employer Mailing Address Business	s/Principal Plac	d of		City		State		Zip Code (Plus 4)
xx		·		xx		СИ		07928
Enter Grand Total of F	Part C on Scho	dus I De	tailed Sumr	mary Page Sect	ion 3		Γ	PAGE TOTAL
Enter Grand Total of F	art Con oche	uu si, De	.canea Jann	nary rage, sect				\$ 6,800.00

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.

Name of Filing Committee or Candi	date		Repor	ting Peri	od			
			From:			To:		
A. Y				D	ATE		AMOUNT	
Full Name				МО	DAY	YEAR		
Mailing Address		- Anterior Control of					\$ O	0.00
City	State	Zip Code (Plus 4)					
Receipt Description	-							
Futou Cura é Total a Port E an Cu	hadula (Dotnila	d Cummany Baga	Saction	. 1			PAGE TOTAL	
Enter Grand Total of Part E on Sc	reduie 1, Detaile	u Summary Page,	Section	1 7.			\$ 0.00)

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

Name of Filing Committee or Candidate	Reporting Perio	od	
FRIENDS OF BRYAN CALLAHAN	From:	<u>1/1/2023</u> To:	5/1/2023
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS	 PER CONTRIBUTOR		
TOTAL for the Reporting P	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PAR	RT F)		
TOTAL for the Reporting P	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting P	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD amount totals from Boxes 1,2, and 3; a'so enter on Page 1, Reports Cover Page,		\$	0.00

SCHEDULE II PART F

IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candida/2	Reportin	g Period			
	From:			То:	
		DATE		АМО	UNT
Full Name of Contributor	МО	DAY	YEAR		
Mailing Ad∗iress				\$	0.00
City State Zip Code (Plus 4)				
Description of Cont∗ibution:					
Enter Grand Total of Part F on Schedule II, In-Kind Contributions Det	ailed Sun	nmary Pa	ige,	PAGE	TOTAL
Section 2.		···		,	0.00

PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Ca	ndidate				Re	porting P	eriod			
					Fro	om:		To:		
	,						DATE			AMOUNT
Full Name of Contributor	,					мо	DAY	YEAR		
Mailing Address									\$	0.00
City	S'.zce		Zip Code(Plus 4)						•
Employer of Contributor		w. v				Occupa	tion		<u> </u>	
Employer Mailing Addioss/Princ Business	cipa ^j Place of	City		State		Zip 4)	Code(Plus	Descri	ption of	Contribution
Enter Grand Total of Part & Summary Page, Section 3.	on Schedule II	, In-Kind	Contributi	ions De	etail	ed		1		PAGE TOTAL 0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Cand	luate :		Reporti	ng Period			
FRIENDS OF BRYAN CALLAHAN			From	1/	1/2023	То:	<u>5/1/2023</u>
		······································		DATE			AMOUNT
To Whom Paid Go Daddy	·		МО	DAY	YEAR		
Mailing Address Pay online requ	uested address		2	21	2023	\$	40.34
City Requested	State PA	Zip Code (Plus 4) 00000	Descri Domaii	otion of Ex	penditure	1	
To Whom Paid Assurion			МО	DAY	YEAR		•
Mailing Address researching			2	28	2023	\$	26.49
City reserching	State TN	Zip Code (Plus 4) 00000		ption of Ex insurance	penditure	2	
To Whom Paid Assurion	· · · · · · · · · · · · · · · · · · ·		МО	DAY	YEAR		
Mailing Address researching			1	3	2023	\$	26.49
City resercting	S'ate TN	Zip Code (Plus 4) 00000	Descri Insura	ption of Ex	penditure	e	
To Whom Paid Assurion			MO	DAY	YEAR		
Mailing Address researching	ſ		1	31	2023	\$	26.49
City reserching	State TN	Zip Code (Plus 4) 00000	Descri Insura	ption of Ex	penditur	e	
To Whom Paid McNeill for PA			МО	DAY	YEAR		
Mailing Address Frent St			3	9	2023	\$	30.00
City Whitehall	State P,4	Zip Code (Plus 4) 18052	Descri Event	ption of Ex Ticket	penditur	e	11000

							Gr 10
To Whom Paid Assurion			МО	DAY	YEAR		
Mailing Address researching)		4	3	2023	\$	26.49
City reserching	Str.ce TN	Zip Code (Plus 4) 00000	Descri p	otion of Exp	penditure		
To Whom Paid Leukemia & Lymphoma Society	•		мо	DAY	YEAR		
Mailing Address 3 International	Dr		4	12	2023	\$	250.00
City Rye BrooK	State NY	Zip Code (Plus 4) 10573	Descrip Donation	otion of Exp	penditure		
To Whom Paid Dolce Mamme		•	МО	DAY	YEAR		
Mailing Address 4505 BAth Pike			4	2	2023	\$	1,500.00
City Bethlehem	State PA	Zip Code (Plus 4) 18020	Descrip Event f	ption of Ex	penditure		
To Whom Paid Bryan Callahan			мо	DAY	YEAR	E	
Mailing Address 633 Main St			3	7	2023	\$	30.00
City Bethlehem	-∫State ∂A	Zip Code (Plus 4) 18018		ption of Ex Reimburs			
To Whom Pald Bergman Zwerdling Direct			мо	DAY	YEAR		
Mailing Address 1350 Connection	cut Ave		4	28	2023	\$	3,505.69
City Washington	State DC	Zip Code (Plus 4) 20036	Descri Mailer	ption of Ex	penditure	:	· · · · · · · · · · · · · · · · · · ·
Enter Grand Total of Expenditu	res on Page 1, Re	eport Cover Page, Item C).			\$	PAGE TOTAL 5,461.99