

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.

Name of Filing Reporting Cycle		didate, or Lobby	st		
☐ Cycle 1 6 th Tuesday Pre-Primary	□ Cycle 2 2 nd Friday Pre-Primary	Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election
Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Specia	l Election		cle 9 ost-Special Election

Part I – If 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.

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

DSEB-503S Updated 1/22/2020





Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification		i i	•	ort Filed E	Зy	Ca	andida	late 🗸		Committee			Lobbyist	
Number			(Ma	ark X)							<u></u>			
Name of Filing Comm	nittee, Ca	ndidate or	Bryan	Callahan										
Lobbyist			-, yan											
Street Address			633 N	Aain Street										
City	Bethleher	m				St	tate	PA		Zip Code	18018			
Type of Report (Place														
1-6 th Tuesday 2- 2	2 nd Friday	3- 30 Day Post 4	1- 6 th	Tuesday	5- 2	2 nd F	riday	6- 30 Da	•	7- Annual	Special 2 ⁿ	•	Special 30	•
	-Primary	1 1		lection		e- Ele	ection	Election	۱ ا		Pre-Election	on	Post-Electi	ion
			Ī						1					:
Date Of Election		 	Year		 			Amenda	nent		Terminati	on		
(MM/DD/YYYY)	į							Report			Report			
Summary of Receipt	s and	From Date		To Date	6	ologiesile.				For	Office Use C)nly	<u> </u>	
Expenditures			_					ł				•		
		10/24/2023		11	/27/2	2023		•						
A. Amount Brought	Forward F	rom Last Report	\$	3,496.55						***,-				
B. Total Monetary Co	ontributio	ns and Receipts	\$				1							
(From Schedule I)					0			1						
C. Total Funds Availa			\$	\$ 3,496.55			l							
(Sum of Lines A and			\perp	1	J,496			ł						
D. Total Expenditure	25		\$		1,389	1.08		Į						
	(From Schedule III)				ţ									
E. Ending Cash Balance \$ (Subtract Line D from Line C)		2,107	1.47		Į									
F. Value of In-Kind Contributions Received \$		 				ł								
(From Schedule II)		+					•							
G. Unpaid Debts and	d Obligation	ons	\$	1	***********			1						
(From Schedule IV)								•						
					N. P. S.	Affic	davit Se	ction						
Part 1- If this is a Comm	nittee renor	rt, treasurer sign hor	ra If i	hir la a sa		м.								-

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)	\$
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$
All Other Contributions (Part B)	\$
Total for the reporting period (2)	\$
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$
All Other Contributions (Part D)	\$
Total for the reporting period (3)	\$
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, Report Cover Page, Item B)	\$

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.

					District Company of the Company of t
					Amount
Full Name of Con Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cor Committee	ntributing			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:

					erekustakan pa	
					VACEDAMENTAL COLUMN	
Full Name o	f Contributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name o	f Contributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name o	f Contributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name o	f Contributor			Date [MM/DD/YYYY]	\$	
House #	Street Address		· · · · · · · · · · · · · · · · · · ·	Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name o	f Contributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	-
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name o	f 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	n Number:				
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	Sa pada paga nawa sansa kecama na ngenjama
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY] \$	
House#	Street Address			Date [MM/DD/YYYY] \$	
City	I	State	Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Co	ommittee			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	n Number:				
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	a · · · · · ·			Occupation	
Employer Maili	ng Address /			Occupation	
Principal Place of Full Name of Co				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Principal Place	of Business				
Full Name of Co	intributor			Date [MM/DD/YYYY]	\$
House #	Street Address		Annual designation of the second seco	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	e			Occupation	
Employer Maili Principal Place					, ,
Full Name of Co	ontributor		evente la referencia de la companya	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	e			Occupation	
Employer Maili Principal Place					

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 Number:			
Full Name		See a se	The server of contrast to the desired contrast the desired to the server of the server
House # Stre	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Stre	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
		Code	
Receipt Description			
Full Name			
House # Stre	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Stre	eet Address		
City	State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description			
Full Name			
House # Stre	eet 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:	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50	1.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.0	00 (FROM PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	1 PART G)
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 enter on Page 1, Report Cover Page, Item F)	\$

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Ident	tification Number:							
Full Name	e of Contributor				Dat	te [MM/DD/YYYY]	\$	And the second s
House #	T	lot Address			Det	te [MM/DD/YYYY]	\$	
. 10use #	Stre	eet Address			Dal	t	-	
City	<u> </u>		State	Zip Code	Dat	te [MM/DD/YYYY]	\$	
Description	ion of Contributio	n						
Full Name	ne of Contributor				Dat	te [MM/DD/YYYY]	\$	
						-	1	
House #	Stro	eet Address			Dat	te [MM/DD/YYYY]	\$	
City	<u> </u>		State	Zip Code	Dat	te [MM/DD/YYYY]	\$	
Descripti	ion of Contributio	on .						
Full Nam	ne of Contributor				Dat	te [MM/DD/YYYY]	\$	
House #	Stro	eet Address			Dai	te [MM/DD/YYYY]	\$	
City			State	Zip Code	Date	te [MM/DD/YYYY]	\$	
Descripti	ion of Contribution	on				***************************************		110.70
	ne of Contributor				Dat	ite [MM/DD/YYYY]	\$	
							1	
House #	Str	reet Address			Da	ite [MM/DD/YYYY]	\$	
City		L	State	Zip Code	Da	ate [MM/DD/YYYY]	\$	
Descript	tion of Contribution	on		<u> </u>			Ь	<u>I</u>
Full Nam	ne of Contributor				Da	ate [MM/DD/YYYY]	\$	
House #	Str	reet Address			Da	ate [MM/DD/YYYY]	\$	
City			State	Zip Code	Do	ate [MM/DD/YYYY]	\$	
			State	zip code	DE	(
Descript	tion of Contributi	on					*********	

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Nu	mber:				
]				
Full Name of Contr	butor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MINI/DD/1111]	_ •
Employer Name				Occupation	<u> </u>
Employer Mailing A Place of Business	Address / Principal			Description of Contribution	
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing A Place of Business	Address / Principal			Description of Contribution	
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing / Place of Business	Address / Principal			Description of Contribution	
Full Name of Contr	ibutor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name				Occupation	
Employer Mailing / Place of Business	Address / Principal			Description of Contribution	

Statement of Expenditures

Filer Identification Number:	
Thei identification (differ:	<u> </u>
<i>i</i> '	l '
<i>1</i> '	<u> </u>
4	i e e e e e e e e e e e e e e e e e e e

To Whom Paid							Date [MM/DD/YYYY]	\$		
to which rate		Apollo Grill					10/27/20223	7	323.22	
House	e#	Street Address					Description of Expendi	ture	<u> </u>	
	85		West Broad S	itreet				Description of Expenditure		
City	Bethlehem		State	PA	Zip Code	18018	Pre-election meeting			
To Whom Paid		The Mercing Call					Date [MM/DD/YYYY]	\$		
		The Morning Call					10/31/2023		27.72	
House	101	Street Address	N. 6th Street	n Street			Description of Expenditure			
City	Allentown		State	PA	Zip Code	18101	Subscription	Subscription		
To Whom Paid		Assurian					Date [MM/DD/YYYY]	\$	26.49	
							11/03/2023			
House	648	Street Address	Grassmere Pa	ark			Description of Expendi	ture		
City	Nashville		State	TN	Zip Code	37211	Insurance	Insurance		
To Whom Paid							Date [MM/DD/YYYY]	\$		
		Dolce Mama					11/08/2023		318.17	
House	e# 4505	Street Address	Bath Pike				Description of Expenditure			
City	Bethlehem		State	PA	Zip Code	18017	Post Election Celebration			
To Whom Paid										
To Wi	hom Paid						Date [MM/DD/YYYY]	\$		
To Wi	hom Paid	Apollo Grill					Date [MM/DD/YYYY] 11/09/2023	\$	203.34	
To Wi		Street Address	West Broad s	treet					203.34	
	e#	Street Address	West Broad s	treet	Zip Code	18018	11/09/2023		203.34	
House City	e# 85	Street Address	State	PA		18018	11/09/2023 Description of Expendi			
House City	85 Bethlehem	Street Address	State	PA		18018	11/09/2023 Description of Expendi Meeting	ture	203.34	
House City	Bethlehem	Street Address BECCA Girl's Basket Street Address	State	PA		18018	Description of Expendition Meeting Date [MM/DD/YYYY]	ture \$		
House City To Wi	Bethlehem	Street Address BECCA Girl's Basket Street Address	State ball Sponsors	PA		18018	Description of Expendition Meeting Date [MM/DD/YYYY] 11/13/2023	ture \$		
House City To Wi House City	Bethlehem hom Paid 2133	Street Address BECCA Girl's Basket Street Address	State ball Sponsors Madison Ave	PA ship nue	Code		Description of Expendi Meeting Date [MM/DD/YYYY] 11/13/2023 Description of Expendi	ture \$	200.00	
House City To Wi House City	Bethlehem hom Paid 2133 Bethlehem	Street Address BECCA Girl's Basket Street Address	State ball Sponsors Madison Ave	PA ship nue	Code		Date [MM/DD/YYYY] Sponsorship Date [MM/DD/YYYY] 11/13/2023 Description of Expendi	\$ ture		
House City To Wi House City	Bethlehem hom Paid ## 2133 Bethlehem hom Paid	Street Address BECCA Girl's Basket Street Address	State ball Sponsors Madison Ave	PA ship nue PA	Code		Date [MM/DD/YYYY] 11/13/2023 Description of Expendi 11/13/2023 Description of Expendi Sponsorship Date [MM/DD/YYYY]	\$ ture	200.00	
House City To Wi House City	Bethlehem hom Paid e# 2133 Bethlehem hom Paid	Street Address BECCA Girl's Basket Street Address Apollo Grill	State ball Sponsors Madison Ave	PA ship nue PA	Code		Date [MM/DD/YYYY] Sponsorship Date [MM/DD/YYYY] 11/13/2023 Description of Expendi	\$ ture	200.00	
House City House City To Wi	Bethlehem hom Paid e # 2133 Bethlehem hom Paid e # 85	Street Address BECCA Girl's Basket Street Address Apollo Grill	State ball Sponsors Madison Ave State West Broad	PA ship nue PA Street	Zip Code	18017	Description of Expendi Meeting Date [MM/DD/YYYY] 11/13/2023 Description of Expendi Sponsorship Date [MM/DD/YYYY] 11/15/2023 Description of Expendi	\$ ture	200.00	
House City House City To Wi	Bethlehem hom Paid Bethlehem hom Paid Bethlehem hom Paid Bethlehem hom Paid	Street Address BECCA Girl's Basket Street Address Apollo Grill	State ball Sponsors Madison Ave State West Broad	PA ship nue PA Street	Zip Code	18017	Description of Expendi Meeting Date [MM/DD/YYYY] 11/13/2023 Description of Expendi Sponsorship Date [MM/DD/YYYY] 11/15/2023 Description of Expendi Meeting	\$ ture	200.00	
House City To Will House City To Will House City	Bethlehem hom Paid Bethlehem hom Paid Bethlehem hom Paid Bethlehem hom Paid	Street Address BECCA Girl's Basket Street Address Apollo Grill Street Address	State ball Sponsors Madison Ave State West Broad	PA ship nue PA Street	Zip Code	18017	Description of Expendi Meeting Date [MM/DD/YYYY] 11/13/2023 Description of Expendi Sponsorship Date [MM/DD/YYYY] 11/15/2023 Description of Expendi Meeting Date [MM/DD/YYYY]	\$ ture	200.00	

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.

rner identification					
Name of Credito	or			Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of D	Debt				
Name of Credito	or			Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]		
City		State	Zip Code		
Description of D					
Name of Credito	or			Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of D	Pebt				
Name of Credito	or			Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of D	Debt				
Name of Credito	or			Outstanding Balance of Debt	
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City		State	Zip Code		
Description of D	Pebt				
Name of Credito	or			Outstanding Balance of Debt	
House # Street Addre			DATE DEBT INCURRED [MM/DD/YYYY]		
City		State	Zip Code	-	
Description of E	Debt				