

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 | REPORT FILED ON BEHALF OF | <input type="checkbox"/> CANDIDATE | <input checked="" type="checkbox"/> COMMITTEE ¹ | <input type="checkbox"/> LOBBYIST ¹ | | | |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Bryan Callahan | | | | | | | |
| STREET ADDRESS 633 Main St | | | | | | | |
| CITY Bethlehem | | STATE PA | ZIP CODE 18015 - | | | | |
| TYPE OF REPORT (CHECK ONE) | NAME OF OFFICE SOUGHT BY CANDIDATE | | DISTRICT NO. | PARTY | DATE OF ELECTION | | |
| | City Council | | - | Dem | MO. | DAY | YEAR |
| | 6TH TUESDAY PRE-PRIMARY | 1. | | | | | |
| | 2ND FRIDAY PRE-PRIMARY | 2. | | | | | |
| | 30 DAY POST-PRIMARY | 3. | | | | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | | | | | |
| | 2ND FRIDAY PRE-ELECTION | 5. | | | | | |
| 30 DAY POST-ELECTION | 6. | | | | | | |
| ANNUAL REPORT | 7. | | | | | | |
| | | DATES OF REPORTING PERIOD | | FOR OFFICE USE ONLY | | | |
| | | MO. | DAY | YEAR | | | |
| | | 1 | 1 | 19 | TO | | |
| | | MO. | DAY | YEAR | | | |
| | | 1 | 23 | 19 | | | |
| | | CASH BALANCE AT END OF REPORTING PERIOD: | | \$ | Ø | | |
| | | TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: | | \$ | Ø | | |
| | | AMENDMENT REPORT? | YES | NO | <input checked="" type="checkbox"/> | | |
| | | TERMINATION REPORT? | YES | NO | <input checked="" type="checkbox"/> | | |

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.

Commonwealth of Pennsylvania

**Campaign Finance Report**

818488

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

| | | | | | | | | | | |
|---|--------------------------|-----------------------------------|-------------------------|--|----------------------|---|---|-------------|---------------------|-------------|
| Filer Identification Number: 20180371 | | Report Filed By: CANDIDATE | | COMMITTEE <input checked="" type="checkbox"/> | | LOBBYIST | | | | |
| Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF BRYAN CALLAHAN | | | | | | | | | | |
| Street Address: 633 MAIN ST | | | | | | | | | | |
| City: BEHTLEHEM | | | | State: PA | | Zip Code: 18018-3801 | | | | |
| TYPE OF REPORT (place X to the right of report type) | 6TH TUESDAY PRE-PRIMARY | 1. | 2ND FRIDAY PRE-PRIMARY | 2. | 30 DAY POST-PRIMARY | 3. | AMENDMENT REPORT? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| | 6TH TUESDAY PRE-ELECTION | 4. | 2ND FRIDAY PRE-ELECTION | 5. | 30 DAY POST-ELECTION | 6. | TERMINATION REPORT? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| | ANNUAL REPORT | 7. X | Year 2019 | FILING METHOD () CHECK ONE | | PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/> | | | | |
| Name of Office Bought by Candidate: | | | | DATE OF ELECTION | | | District Number | Office Code | Party Code | County Code |
| | | | | MO | DAY | YEAR | | | | |
| | | | | 11 | 5 | 2019 | | | | |
| | | | | | | | (SEE INSTRUCTIONS FOR CODES) | | | |
| Summary of Receipts and Expenditures from: | | MO | DAY | YEAR | TO | MO | DAY | YEAR | FOR OFFICE USE ONLY | |
| | | 11 | 26 | 2019 | TO | 12 | 31 | 2019 | | |
| A. Amount Brought Forward From Last Report | | | | \$ | | 15,904.40 | | | | |
| B. Total Monetary Contributions And Receipts (From Schedule I) | | | | \$ | | 13,750.00 | | | | |
| C. Total Funds Available (Sum Of Lines A and B) | | | | \$ | | 29,654.40 | | | | |
| D. Total Expenditures (From Schedule III) | | | | \$ | | 3,854.01 | | | | |
| E. Ending Cash Balance (Subtract Line D From Line C) | | | | \$ | | 25,800.39 | | | | |
| F. Value Of In-Kind Contributions Received (From Schedule II) | | | | \$ | | 0.00 | | | | |
| G. Unpaid Debts And Obligations (From Schedule IV) | | | | \$ | | 0.00 | | | | |

AFFIDAVIT SECTION

PART I. If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

| | | | |
|---|--|---|--------------|
| Name of Filing Committee or Candidate FRIENDS OF BRYAN CALLAHAN | | Reporting Period From: 11/26/2019 To: 12/31/2019 | |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | |
| | | TOTAL for the Reporting 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) | | | \$ 300.00 |
| All Other Contributions (Part B) | | | \$ 1,850.00 |
| | | TOTAL for the Reporting Period (2) | \$ 2,150.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | |
| Contributions Received From Political Committees (Part C) | | | \$ 6,600.00 |
| All Other Contributions (Part D) | | | \$ 5,000.00 |
| | | TOTAL for the Reporting Period (3) | \$ 11,600.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | |
| | | TOTAL for the Reporting Period (4) | \$ 0.00 |
| 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.) | | | \$ 13,750.00 |

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 Candidate FRIENDS OF BRYAN CALLAHAN | Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u> |
|---|--|

| | | | DATE | AMOUNT |
|--|----|-----|------|----------|
| Full Name of Contributing Committee Friends of Joshua Siegel | MO | DAY | YEAR | \$ 50.00 |
| Mailing Address 1314 E Woodlawn St. Apt. 204 | 12 | 20 | 2019 | |
| City Allentown State PA Zip Code (Plus 4) 18109 | | | | |

| | | | | |
|--|----|-----|------|-----------|
| Full Name of Contributing Committee LABORERS LOCAL 1174 POL ACTION COM | MO | DAY | YEAR | \$ 250.00 |
| Mailing Address 465 ALLENTOWN DR | 12 | 20 | 2019 | |
| City ALLENTOWN State PA Zip Code (Plus 4) 18109 | | | | |

| |
|-------------------|
| PAGE TOTAL |
| \$ 300.00 |

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

PART B
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 Committee or Candidate FRIENDS OF BRYAN CALLAHAN | Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u> |
|---|--|

| | | | DATE | | | AMOUNT |
|---|----|-----|------|----|----|-----------|
| Full Name of Contributor | MO | DAY | YEAR | | | |
| J&Z Professional Services LLC | | | | | | |
| Mailing Address 2510 Penn Hillis Dr. | | | | | | \$ 100.00 |
| City Bartonsville | | | | 12 | 20 | 2019 |
| State PA | | | | | | |
| Zip Code (Plus 4) 18321 | | | | | | |

| | | | | | | |
|---|----|-----|------|----|----|-----------|
| Full Name of Contributor Garrett Benner | MO | DAY | YEAR | | | |
| Mailing Address 2005 City Line Rd | | | | | | \$ 250.00 |
| City Bethlehem | | | | 12 | 20 | 2019 |
| State PA | | | | | | |
| Zip Code (Plus 4) 18017 | | | | | | |

| | | | | | | |
|---|----|-----|------|----|----|-----------|
| Full Name of Contributor Brandon Benner | MO | DAY | YEAR | | | |
| Mailing Address 2005 City Line Rd | | | | | | \$ 250.00 |
| City Bethlehem | | | | 12 | 20 | 2019 |
| State PA | | | | | | |
| Zip Code (Plus 4) 18017 | | | | | | |

| | | | | | | |
|---|----|-----|------|----|----|-----------|
| Full Name of Contributor Dominic Villani, Jr. | MO | DAY | YEAR | | | |
| Mailing Address 709 Jennings Place | | | | | | \$ 250.00 |
| City Bethlehem | | | | 12 | 20 | 2019 |
| State PA | | | | | | |
| Zip Code (Plus 4) 18017 | | | | | | |

| | | | | | | |
|---|----|-----|------|----|----|-----------|
| Full Name of Contributor Mark Augello | MO | DAY | YEAR | | | |
| Mailing Address 1578 Easton Ave | | | | | | \$ 100.00 |
| City Bethlehem | | | | 12 | 20 | 2019 |
| State PA | | | | | | |
| Zip Code (Plus 4) 18017 | | | | | | |

| Full Name of Contributor | | | MO | DAY | YEAR | |
|--------------------------------------|----------|-------------------------|----|-----|------|-------------------|
| John Callahan | | | 12 | 20 | 2019 | |
| Mailing Address 329 Blerys Bridge Rd | | | | | | |
| City Bethlehem | State PA | Zip Code (Plus 4) 18017 | | | | |
| Full Name of Contributor | | | MO | DAY | YEAR | |
| Tina Recchluti | | | 12 | 20 | 2019 | |
| Mailing Address 1422 Monocacy St. | | | | | | |
| City Bethlehem | State PA | Zip Code (Plus 4) 18018 | | | | |
| Full Name of Contributor | | | MO | DAY | YEAR | |
| Carol Ritter | | | 12 | 20 | 2019 | |
| Mailing Address 419 Dewberry Ave | | | | | | |
| City Bethlehem | State PA | Zip Code (Plus 4) 18017 | | | | |
| Full Name of Contributor | | | MO | DAY | YEAR | |
| Meghan Hoffner | | | 12 | 20 | 2019 | |
| Mailing Address 475 Pine Top Trl | | | | | | |
| City Bethlehem | State PA | Zip Code (Plus 4) 18017 | | | | |
| Full Name of Contributor | | | MO | DAY | YEAR | |
| Dino Cantelmi | | | 12 | 20 | 2019 | |
| Mailing Address 2854 Linden St. | | | | | | |
| City Bethlehem | State PA | Zip Code (Plus 4) 18017 | | | | |
| | | | | | | PAGE TOTAL |
| | | | | | | \$ 1,850.00 |

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

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 FRIENDS OF BRYAN CALLAHAN | Reporting Period From: <u>11/26/2019</u> To: <u>12/31/2019</u> |
|---|--|

| | | | DATE | | | AMOUNT |
|--|----|-----|------|----|----|-------------|
| Full Name of Contributing Committee | MO | DAY | YEAR | | | |
| INTERNATIONAL UNION OF OPERATING ENGINEERS | | | | | | |
| Mailing Address 1375 Virginia Dr. Ste 100 | | | | | | \$ 2,500.00 |
| City Fort Washington | | | | 12 | 20 | 2019 |
| State PA | | | | | | |
| Zip Code (Plus 4) 19034 | | | | | | |
| Friends of Maureen Madden | | | | | | |
| Mailing Address PO Box 1186 | | | | | | \$ 1,000.00 |
| City Stroudsburg | | | | 12 | 20 | 2019 |
| State PA | | | | | | |
| Zip Code (Plus 4) 18360 | | | | | | |
| ALLENTOWN FIREFIGHTERS IAFF LOCAL 302 PUBLIC SAFETY PAC FUND | | | | | | |
| Mailing Address 723 W CHEW STREET SUITE 302 | | | | | | \$ 600.00 |
| City ALLENTOWN | | | | 12 | 20 | 2019 |
| State PA | | | | | | |
| Zip Code (Plus 4) 18102-4085 | | | | | | |
| IBEW LOCAL UNION #375 PAC | | | | | | |
| Mailing Address 101 S 7TH ST | | | | | | \$ 2,500.00 |
| City ALLENTOWN | | | | 12 | 20 | 2019 |
| State PA | | | | | | |
| Zip Code (Plus 4) 18101 | | | | | | |

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

| |
|-------------------|
| PAGE TOTAL |
| \$ 6,600.00 |

PART D 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 Candidate FRIENDS OF BRYAN CALLAHAN | Reporting Period From: 11/26/2019 To: 12/31/2019 |
|---|---|

| Full Name of Contributor | DATE | | | AMOUNT |
|--|------|---------------------------------|-----------------|--------------------------------|
| | MO | DAY | YEAR | |
| Zest Bar & Grill | 12 | 20 | 2019 | \$ 500.00 |
| Mailing Address 306 S New St. | | | | |
| City Bethlehem State PA Zip Code (Plus 4) 18015 | | | | |
| Employer Name Self | | Occupation Self | | |
| Employer Mailing Address/Principal Place of Business Same | | City Same | State PA | Zip Code (Plus 4) 18015 |
| Dennis Benner | 12 | 20 | 2019 | \$ 1,000.00 |
| Mailing Address 2005 City Line Rd | | | | |
| City Bethlehem State PA Zip Code (Plus 4) 18017 | | | | |
| Employer Name Self | | Occupation Attorney | | |
| Employer Mailing Address/Principal Place of Business Same | | City Same | State PA | Zip Code (Plus 4) 18017 |
| Mark Peplone | 12 | 20 | 2019 | \$ 1,500.00 |
| Mailing Address 2285 Schoenersville Rd | | | | |
| City Bethlehem State PA Zip Code (Plus 4) 18017 | | | | |
| Employer Name Self | | Occupation Self-Employed | | |
| Employer Mailing Address/Principal Place of Business Same | | City Same | State PA | Zip Code (Plus 4) 18017 |

Enter Grand Total of Part C on Set 1

PAGE 8

| | | | | | | |
|--|-------------|----------------------------|-----------------------------|-------------|----------------------------|-----------|
| Full Name of Contributor David Ronca | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 276 E Macada Rd. | | | 12 | 20 | 2019 | |
| City Bethlehem | State PA | Zip Code (Plus 4) 18017 | | | | |
| Employer Name Self | | | Occupation Self-Employed | | | |
| Employer Mailing Address/Principal Place of Business Same | | | City Same | State PA | Zip Code (Plus 4) 18017 | |
| Full Name of Contributor Louis Intle | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 1941 Chancellor St. | | | 12 | 20 | 2019 | |
| City Hellertown | State PA | Zip Code (Plus 4) 18055 | | | | |
| Employer Name Self | | | Occupation Self-Employed | | | |
| Employer Mailing Address/Principal Place of Business 422 Thomas St. | | | City Bethlehem | State PA | Zip Code (Plus 4) 18015 | |
| Full Name of Contributor James Byszewski | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address 16 University Ave | | | 12 | 20 | 2019 | |
| City Chatham | State NJ | Zip Code (Plus 4) 07928 | | | | |
| Employer Name Self | | | Occupation Self-Employed | | | |
| Employer Mailing Address/Principal Place of Business Same | | | City Same | State NJ | Zip Code (Plus 4) 07928 | |
| Full Name of Contributor Kathleen Venuti | | | MO | DAY | YEAR | \$ 500.00 |
| Mailing Address PO Box 511 | | | 12 | 20 | 2019 | |
| City Sewell | State NJ | Zip Code (Plus 4) 08080 | | | | |
| Employer Name Self | | | Occupation Self-Employed | | | |
| Employer Mailing Address/Principal Place of Business Same | | | City Same | State NJ | Zip Code (Plus 4) 08080 | |

Enter Grand Total of Part C on Schedule 1, Detailed Summary Page, Section 3.

| | |
|-------------------|----------|
| PAGE TOTAL | |
| \$ | 5,000.00 |

**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.

| | | |
|---------------------------------------|------------------|-----|
| Name of Filing Committee or Candidate | Reporting Period | |
| | From: | To: |

| Full Name | DATE | | | AMOUNT |
|---------------------|-------------------|-----|------|---------|
| | MO | DAY | YEAR | |
| Mailing Address | | | | \$ 0.00 |
| City | | | | |
| State | Zip Code (Plus 4) | | | |
| Receipt Description | | | | |

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

| |
|-------------------|
| PAGE TOTAL |
| \$ 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 Period | |
| FRIENDS OF BRYAN CALLAHAN | | From: <u>11/26/2019</u> To: <u>12/31/2019</u> | |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR | | | |
| TOTAL for the Reporting Period | | (1) | \$ 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F) | | | |
| TOTAL for the Reporting Period | | (2) | \$ 0.00 |
| 3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G) | | | |
| TOTAL for the Reporting Period | | (3) | \$ 0.00 |
| 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, Reports Cover Page, Item F.) | | | \$ 0.00 |

**SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OF \$50.01 TO \$250.00**

| | |
|--|-------------------------|
| Name of Filing Committee or Candidate | Reporting Period |
| | From: _____ To: _____ |

| | DATE | | | AMOUNT | | | |
|---|--------------|--------------------------|--------------------------|------------------------------|--|--|--|
| Full Name of Contributor | MO | DAY | YEAR | | | | |
| Mailing Address | | | | \$ 0.00 | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%; padding: 5px;">City</td> <td style="width:15%; padding: 5px;">State</td> <td style="width:55%; padding: 5px;">Zip Code (Plus 4)</td> </tr> </table> | City | State | Zip Code (Plus 4) | | | | |
| City | State | Zip Code (Plus 4) | | | | | |
| Description of Contribution: | | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2. | | | | PAGE TOTAL \$ 0.00 | | | |

**SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00**

| | | |
|---------------------------------------|------------------|-----|
| Name of Filing Committee or Candidate | Reporting Period | |
| | From: | To: |

| | | | | | DATE | | | AMOUNT |
|---|-------|------------------|------|-------|------------------|-----|-----------------------------|---------|
| Full Name of Contributor | | | | | MO | DAY | YEAR | \$ 0.00 |
| Mailing Address | | | | | | | | |
| City | State | Zip Code(Plus 4) | | | | | | |
| Employer of Contributor | | | | | Occupation | | | |
| Employer Mailing Address/Principal Place of Business | | | City | State | Zip Code(Plus 4) | | Description of Contribution | |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3. | | | | | | | PAGE TOTAL | |
| | | | | | | | 0.00 | |

**SCHEDULE III
STATEMENT OF EXPENDITURES**

| | |
|---|--|
| Name of Filing Committee or Candidate FRIENDS OF BRYAN CALLAHAN | Reporting Period From <u>11/26/2019</u> To <u>12/31/2019</u> |
|---|--|

| | | | | DATE | | | AMOUNT |
|--------------------------------|----------|-------------------------|--|------|-----|------|-------------|
| To Whom Paid | | | | MO | DAY | YEAR | |
| The Morning Call | | | | | | | |
| Mailing Address 6th St | | | | 11 | 30 | 2019 | \$ 19.96 |
| City Allentown | State PA | Zip Code (Plus 4) 18105 | Description of Expenditure Subscription | | | | |
| To Whom Paid Paul Rosko Ins | | | | MO | DAY | YEAR | |
| Mailing Address Broad st | | | | 12 | 3 | 2019 | \$ 10.00 |
| City Bethelhem | State PA | Zip Code (Plus 4) 18015 | Description of Expenditure Notary service | | | | |
| To Whom Paid Pat's Pizza | | | | MO | DAY | YEAR | |
| Mailing Address Broad St | | | | 12 | 3 | 2019 | \$ 29.32 |
| City Bethlehem | State PA | Zip Code (Plus 4) 18015 | Description of Expenditure Campaign Finance Lunch | | | | |
| To Whom Paid Doice Mamma | | | | MO | DAY | YEAR | |
| Mailing Address Bath Pike | | | | 12 | 5 | 2019 | \$ 1,200.00 |
| City Bethlehem | State PA | Zip Code (Plus 4) 18015 | Description of Expenditure Holiday Party Food & Bev | | | | |
| To Whom Paid LV4All | | | | MO | DAY | YEAR | |
| Mailing Address 55 Lehigh St | | | | 12 | 4 | 2019 | \$ 15.00 |
| City BETHelhem | State PA | Zip Code (Plus 4) 18015 | Description of Expenditure Holiday Party | | | | |

| | | | | | | |
|--|-------------|----------------------------|---|-----|------|--|
| To Whom Paid Roy Ramos | | | MO | DAY | YEAR | |
| Mailing Address 7404 Ventnor | | | 12 | 5 | 2019 | |
| City Tobyhanna | State PA | Zip Code (Plus 4) 18466 | Description of Expenditure Entertainment for Holiday Party | | | |
| To Whom Paid Celeste Dee | | | MO | DAY | YEAR | |
| Mailing Address 647 W Union St | | | 12 | 5 | 2019 | |
| City Whitehall | State PA | Zip Code (Plus 4) 18052 | Description of Expenditure Political & Finance Consulting | | | |
| To Whom Paid Giant | | | MO | DAY | YEAR | |
| Mailing Address Store #6123 | | | 12 | 19 | 2019 | |
| City Bethlehem | State PA | Zip Code (Plus 4) 18018 | Description of Expenditure Fuel | | | |
| To Whom Paid Lehigh Valley Print Center | | | MO | DAY | YEAR | |
| Mailing Address 1701 Union Blvd | | | 12 | 18 | 2019 | |
| City Allentown | State PA | Zip Code (Plus 4) 18103 | Description of Expenditure Community Holiday Cards | | | |
| To Whom Paid Johnny's Bagels | | | MO | DAY | YEAR | |
| Mailing Address Main St | | | 12 | 19 | 2019 | |
| City Bethlehem | State PA | Zip Code (Plus 4) 18018 | Description of Expenditure Breakfast Meeting | | | |
| To Whom Paid Go Daddy | | | MO | DAY | YEAR | |
| Mailing Address 7145 E 1st St | | | 12 | 23 | 2019 | |
| City Scottsdale | State AZ | Zip Code (Plus 4) 85251 | Description of Expenditure Web hosting | | | |

| | | | | | | |
|---|----------|-------------------------|--|-----|------|---------------------------|
| To Whom Paid The Morning Call | | | MO | DAY | YEAR | |
| Mailing Address 6th St | | | 12 | 30 | 2019 | \$ 19.96 |
| City Allentown | State PA | Zip Code (Plus 4) 18105 | Description of Expenditure Subscription | | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | | | | PAGE TOTAL \$ 3,854.01 |