

## **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 Committee, Candidate, or Lobbyist  Friends of Bryan Callahan  Reporting Cycle Name									
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<ul><li>Cycle 2</li><li>2<sup>nd</sup> Friday</li><li>Pre-Primary</li></ul>	Cycle 3 30 Day Post Primary	6 <sup>th</sup> T	Cycle 4  Cycle 5  2nd Friday re-Election  Pre-Election					
☐ Cycle 6 ☐ Cycle 7 ☐ Cycle 8 ☐ Cycle 9  30 Day Post-Election Annual Report 2 <sup>nd</sup> Friday Pre-Special Election 30 Day Post-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.

	05/07/2025					
Signature of Treasurer, Candidate, or Lobbyist  Daniel Krasnick	Date (MM/DD/YYYY)  Bethlehem, PA. USA					
Daille Masilick	Detilienen, i A. COA					
Printed Name	Location (City/State/Country)					

Location (City/State/Country)

DSEB-503S Updated 1/5/2022

**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.

Signature of Candidate

Bryan Callahan

**Printed Name** 

05/07/2025

Date (DD/MM/YYYY)

Bethlehem, PA. USA

Location (City/State/Country)



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

Filer Identificat	ar		Re	port File /lark X)	and the latest designation of	Candid		X	Com					Lob	byist	
Name of Filing Lobbyist		ndidate or	Frie	ends of Bry	yan Call	ahan			<u> </u>				<del>1,1,,,,,,,,,,</del> ,,,,,			
Street Address			633	3 Main Str	eet											
City	Betlehen	1		Sta			PA		Zip Code		1801	.8		1		
Type of Report	(Place x under	report type)														
1-6 <sup>th</sup> Tuesday	2. 2nd Eriday	2- 20 Day Por	+ A. G	th Tuesda	W E.	2 <sup>nd</sup> Friday	6-30 D	ay Post	7-An	leun	Cnar	tal of	Friday	Snor	cial 30	Day
Pre-Primary	Pre-Primary	Primary		- Election		e- Election			7-741	iluai	10000	Electi	and the second second		t-Elect	
	X															
Date Of Election (MM/DD/YYYY) 05/20			Yea	ar		2025	Amend Report				Tern Repo	ninati ort	ion			A State
Summary of Re Expenditures	celpts and	From Date		To Date			For Office Use Only					16				
		1/1/2025	,		5/5/20	025										
A. Amount Bro		\$	136.4	47							-	****				
B. Total Moneta (From Schedule		ns and Receipt	ts	\$	4250.	.00						,				
C. Total Funds A (Sum of Lines A		\$	4386.	.47												
D. Total Expend (From Schedule		\$	3175.	42												
E. Ending Cash I (Subtract Line D		\$	1211.05													
F. Value of In-Ki	nd Contributio	ns Received		\$												
(From Schedule G. Unpaid Debt		<b>70</b>		\$												
(From Schedule		115		7												
						Affidavit Se										
Part 1- If this is a C I swear (or affirm)	that this report	t, treasurer sign i	nere. If	this is a C	on pane	te report, ca	indidate sig	n here.	00 20d/h	oliof to	110 505	roct ar	nd complet	-		
Sworn to and subs			aurica (	ouncaules	on pupe	01, 13 to the	r	KIIOWEG	ge апр ц	cher tr	ue, con	ect ai	ia cympiei	G.		
day of_		20		. ,					_ ,							
			,	L			Si sniel Krasni	gnature	of Person	Subm	itting re	eport				
*****************	Signature		-				illet Krasili	LK	Printed	Nam	e					
My Commission ex	pires			•		48	84			456-	9681					
	MO.	DAY YR	•			A	rea Code			Day	time Te	lepho	ne Numbe	r		
Part II- If this is a ro I swear (or affirm) amended.								ated any	provisio	ns of t	he Act o	of June	3, 1937 (F	P.L. 133	3, NO.	320) as
Sworn to and subs	cribed before me	this											*			
day of		20		• 1												j
uuy oi_	· · · · · · · · · · · · · · · · · · ·			1.					ature of	Candid	late				1	
	Signature				-	Br	yan Callaha		Printed N	ame						
My Commission ex	pires					61	.0			730-86	558					
•	MO.	DAY YR.				A	rea Code		-	Dayti	me Tele	phon	e Number			

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number	(income la la constante la const	
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1	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	) \$	
		4
3. Contributions Over \$250.00 (From Part C and Part D)		
3. Contributions Over \$250.00 (From Part C and Part D)  Contributions Received from Political Committees (Part C)	\$	3500
	\$	3500 750
Contributions Received from Political Committees (Part C)	\$	750
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)	\$	750
Contributions Received from Political Committees (Part C)  All Other Contributions (Part D)  Total for the reporting period (3	\$	750

#### 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.

	entification Numb	er					
						Amount	
Full Na	me of Contribu	ting			Date [MM/DD/YYYY	/ <u>]</u>	
Commi	ittee						
House	#	Street Address			Date [MM/Db/YYY v	<u>i</u>	
City			State	Zip Code	Date [MM/DD/YYYY	1 \$	
Full Na	me of Contribu	ting	Anna de Capa Canada de Capa de	er - a regar <del>, as an ar aran</del> a	Date [MM/DD/YYYY	n   \$	
Commi		8				1	
House	#	Street Address			Date [MM/DD/YYYY	1 \$	
City			State	Zip Code	Date [MM/DD/YYYY	7 \$	
Full Na	me of Contribut	ing			Date [MM/DD/YYYY	1   5	representative consistent
Commi		5			Sate (may 55) TT	1 7	
House	#	Street Address		<del></del>	Date [MM/DD/YYYY	\$	
City			State	Zip Code	Date [MM/DD/YYYY	1 \$	
Full Na Commi	me of Contribut ittee	ing			Date [MM/DD/YYYY	] \$	
House	#	Street Address			Date [MM/DD/YYYY	<u> </u>	
City			State	Zip Code	Date [MM/DD/YYYY	] \$	
Euli Na	me of Contribut	ing			Date [MM/DD/YYYY	1   \$	
Commi		5			bace (min) bb) 1111	<u>-</u>	
House f	#	Street Address			Date [MM/DD/YYYY	\$	
City			State	Zip Code	Date [MM/DD/YYYY	] \$	
Full Nat Commit	me of Contribut ttee	ing		And the second of the second o	Date [MM/DD/YYYY	] \$	
House #	¥	Street Address			Date [MM/DD/YYYY]	1 \$	
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:

	gentanisti kinisti katalani katalan kinista kantar in mbunj						والمراسات المراسات	
Full Na	me of Contributor					Date [MM/DD/YYYY]	\$	
House #	# Str	reet Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Nar	me of Contributor					Date [MM/DD/YYYY]	\$	
House #	Str	reet Address	<u></u>			Date [MM/DD/YYYY]	\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Nar	me of Contributor		b Marie and a supply			Date [MM/DD/YYYY]	\$	
House #	Str	reet Address	,		Date [MM/DD/YYYY]	\$		
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Nar	me of Contributor				1	Date [MM/DD/YYYY]	\$	
House #	Str	reet Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code	Date [MM/DD/YYYY]		
Full Nar	me of Contributor					Date [MM/DD/YYYY]	\$	
House #	Stre	eet Address				Date [MM/DD/YYYY]	\$	
City			State		Zip Code	Date [MM/DD/YYYY]	\$	
	me of Contributor					Date [MM/DD/YYYY]	\$	
House #	Stre	eet 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.

	intification Numl	per:							
Full Na							Date [MM/DD/YYYY]	\$	
Contril	outing Committ	ee IBEW Local	Uniom 375				2/26/2025		1500
House	1	Street Address	1				Date [Wilvi/טט/זווז]	ذ ز	; !
	101		S. 7th Street						
City	Allentown		State	PA	Zip Code	18101	Date [MM/DD/YYYY]	\$	
Full Na	me of			. 1	Date [MM/DD/YYYY]	\$	! }		
Contril	outing Committ	ee IBEW PAC V	oluntary Fund	4/22/2025		500			
House	#	Street Address	:		Date [MM/DD/YYYY]	\$			
	900		Seventh Stre	et, NW					
City	Washington		State	DC	Zip Code	20001	Date [MM/DD/YYYY]	\$	
SCHOOL SE			and the state of t			20001			
Full Na							Date [MM/DD/YYYY]	\$	
Contrib	outing Committ	ee   Int'l Union o	of Operating E	ngineers			03/18/2025		1500
House	3	Street Address	J .				Date [MM/DD/YYYY]	\$	
	1375		Virginia Drive	•					
City	Fort Washington	)	State	PA	Zip Code	09034	Date [MM/DD/YYYY]	\$	
Full Na				a de la composição de la c			Date [MM/DD/YYYY]	\$	
Contrib	outing Committe	ee							
House	#	Street Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code	T	Date [MM/DD/YYYY]	\$	
Full Na							Date [MM/DD/YYYY]	\$	
Contrib	uting Committe	ee							
House	<b>‡</b>	Street Address					Date [MM/DD/YYYY]	\$	_
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Nar							Date [MM/DD/YYYY]	\$	
Contrib	uting Committe	ee							
House #	t	Street Address					Date [MM/DD/YYYY]	\$	
City			State		Zip Code		Date [MM/DD/YYYY]	\$	
1									

# 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:

Full Na	me of Contribu	utor							Date [MM/D	D/YYYY]	\$	
			Dino and Jo	oanna C	Cantelmi	i			04/07/	/2025		500
House #		Stre	et Address	<i>i</i>	·····		<del></del>		Date [MM/D	D/YYYY]	\$	
	541		!	Apollo	o Drive							
City	Bethlehem	1			State	PA	Zip Code	18017	Date [MM/D	D/YYYY]	\$	
Employ	yer Name	-	4	T		L	<u></u>		Occupation	I		<u> </u>
	yer Mailing Add											
PROPERTY IN THE PROPERTY IN	me of Contribu	None and the second		A					Date [MM/D	D/YYYY]	\$	
		1	Emerald Re	elaty Gr	/oup				03/20/	/2025	] '	250
House #	1	Stre	et Address	,[					Date [MM/D	D/YYYY]	\$	
	60		!	West	: Broad St	treet						
City	nLi-ham	Т			State		Zip Code	12040	Date [MM/D	D/YYYY]	\$	
	Bethlehem				!	PA		18018			<u> </u>	
Employ	er Name								Occupation			
	er Mailing Add al Place of Busi						And the second s			<u> </u>		
March Service September 1	al Place of Busi me of Contribu	فأجرت فأجرها	l		<u> Fernanda Antonio</u>				Date [MM/D	[γγγγ\α	\$	
	No C. C.				_							
House #	*	Stre	et Address						Date [MM/DI	D/YYYY]	\$	
			1									
City					State		Zip Code		Date [MM/DI	D/YYYY]	\$	
Fmnlov	er Name			<del></del>			<u></u>		Occupation	T		L
, ,		<del></del>	<del></del>						- Company	<u> </u>		
	er Malling Add al Place of Busi											
	me of Contribu	SpScanskin igens				granical solution (SAS)			Date [MM/DI	D/YYYY]	\$	
		J	1									İ
House #	<i>‡</i>	Stre	et Address						Date [MM/DI	D/YYYY]	\$	
	,			ĺ								ı
City		<u></u>		1	State		Zip Code		Date [MM/DI	D/YYYY]	\$	
Employ	er Name		,	$\Gamma$			L		Occupation		Щ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Employ	er Mailing Add	ress	<del>,      </del> '							<u></u>		
	al Place of Busin		ı									

#### 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 N	umber:			
Full Name				
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on .			
Full Name	Particular de la companya della companya della companya de la companya della comp	on American and the September 2015 of the September 2015 of the September 2015 of the September 2015 of the Sep	tigen i Statigner i serienne i Statigner i serien i Statigner som en en en en e	
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on selles.			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name			soft down in the sead of the first first the most of the sea	
House#	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	אָר		<u></u>	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			
Full Name				•
House #	Street Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	on			

#### 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 \$5	0.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$
2 IN WIND CONTRIBUTIONS DECEIVED VALUE OF \$50.01 TO \$250	OO / FROM RADT EL
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.	OU (FROIVI PART F)
TOTAL for the reporting period (2)	\$
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	л 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)	\$
on Page 1, Report Cover Page, Item F)	

## SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification	n Number:				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution				
Full Name of Co	intributor		The second second second	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C					
Full Name of Co	ntributor	-		Date [MM/DD/YYYY]	\$
House #	Street Address		***************************************	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C					
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				 

#### SCHEDULE II Part G

## **In-Kind Contributions Received**

			VALUE OVER \$250	,		
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				Occupation		
Employer Mailin Place of Busines	ng Address / Principal ss		Description of Contribution			
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Employer Name		1		Occupation		-
Employer Mailing Place of Business	ng Address / Principal ss			Description of Contribution		
Full Name of Con	ntributor			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	ng Address / Principal ss			Description of Contribution		
Full Name of Con	itributor			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	<del> </del>
City		State	Zip Code	Date [MM/DD/YYYY]	\$	-
Employer Name				Occupation		
Employer Mailing Place of Business	ig Address / Principal s			Description of		

Contribution

# Statement of Expenditures

Filer Identification Number:	
W.	

		Attending the process to the contract of the second of the contract of the con				parter programme and supple former and the S	70.00 (0.00 (0.00))		Constitution of the Consti	
To W	hom Paid	The Morning Call					Date [MM/DD/YYYY] 01/07/2025	\$	40	
					01/07/2025  Description of Expenditure					
	101	Street Address N. 6th Street					manarikasa.	Description of Expenditure		
City	Allentown		State	PA	Zip Code	18101	Local Newspaper		2744	
To W	hom Paid	The Morning Call	Salahan In Laborat Malant Incaling				Date [MM/DD/YYYY]	\$	40	
		_				02/04/2025		40		
House	101	Street Address N.	N. 6th Street				Description of Expendit	ture		
City	Allentown		State	PA	Zip Code	18101	Local Newspaper			
To W	hom Paid	Go Daddy	eggys grant o mad final passing				Date [MM/DD/YYYY]	\$	44.34	
		·					02/19/2025	<u> </u>	44.54	
House	14455	Street Address N. 1	layden Ro	oad			Description of Expendit	ture		
City	Scottsdale		State	AZ	Zip Code	85260	Web Hosting			
To W	nom Paid		giller) interesse sen				Date [MM/DD/YYYY]	\$	40	
		The Morning Call					03/20/2025	<u> </u>	40	
House	101	Street Address N.	6th Street				Description of Expendit	ture		
City	Allentown		State	PA	Zip Code	18101	Local Newspaper			
					1	1				
To Wi	nom Paid	White Mankat					Date [MM/DD/YYYY]	\$	121 07	
		Weis Market					03/25/2025		131.87	
To Wi		Street Address	oenersvill	e Road					131.87	
	· #	Street Address	oenersvill State	e Road	Zip Code	18017	03/25/2025		131.87	
House City	2425	Street Address Sch				18017	03/25/2025  Description of Expendit			
House City To Wi	Bethlehem	Street Address				18017	03/25/2025  Description of Expendit  Fundraiser Food  Date [MM/DD/YYYY]  03/25/2025	sure \$	523.25	
House City	Bethlehem	Street Address  Wine and Spirits  Street Address		PA		18017	03/25/2025  Description of Expendit  Fundraiser Food  Date [MM/DD/YYYY]	sure \$		
House City To Wi	2425 Bethlehem	Street Address  Wine and Spirits  Street Address	State	PA		18017	03/25/2025  Description of Expendit  Fundraiser Food  Date [MM/DD/YYYY]  03/25/2025	sure \$		
House City To Wi House City	Bethlehem hom Paid	Street Address Sch Wine and Spirits Street Address Sch	State	PA e Road	Code		03/25/2025  Description of Expendit  Fundraiser Food  Date [MM/DD/YYYY]  03/25/2025  Description of Expendit  Fundraiser Drinks  Date [MM/DD/YYYY]	sure \$	523.25	
House City To Wi House City	Bethlehem Paid  2289  Bethlehem  Bethlehem	Street Address Wine and Spirits Street Address Sch Tanczos Beverage	State	PA e Road	Code		03/25/2025  Description of Expendit  Fundraiser Food  Date [MM/DD/YYYY] 03/25/2025  Description of Expendit  Fundraiser Drinks  Date [MM/DD/YYYY] 03/27/2025	ture \$		
House City To Wi House City	Bethlehem Paid  2289  Bethlehem  Bethlehem	Street Address  Wine and Spirits  Street Address  Tanczos Beverage  Street Address	State	PA e Road PA	Zip Code		03/25/2025  Description of Expendit  Fundraiser Food  Date [MM/DD/YYYY]  03/25/2025  Description of Expendit  Fundraiser Drinks  Date [MM/DD/YYYY]	ture \$	523.25	
House City To Wi House City	Bethlehem  2425  Bethlehem  2289  Bethlehem  nom Paid	Street Address  Wine and Spirits  Street Address  Tanczos Beverage  Street Address	State Openersvill State	PA e Road PA	Code		03/25/2025  Description of Expendit  Fundraiser Food  Date [MM/DD/YYYY] 03/25/2025  Description of Expendit  Fundraiser Drinks  Date [MM/DD/YYYY] 03/27/2025	ture \$	523.25	
House City To Wi House City House City	Bethlehem  2289  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem	Street Address   Sch	State  ooenersvill  State  cksonville  State	e Road PA Road	Zip Code	18017	03/25/2025  Description of Expendit  Fundraiser Food  Date [MM/DD/YYYY]  03/25/2025  Description of Expendit  Fundraiser Drinks  Date [MM/DD/YYYY]  03/27/2025  Description of Expendit	ture \$	105.96	
House City To Wi House City To Wi	Bethlehem  Paid  # 2289  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem	Street Address Sch Wine and Spirits Street Address Sch Tanczos Beverage Street Address Jai	State  ooenersvill  State  cksonville  State	e Road PA Road	Zip Code	18017	03/25/2025  Description of Expendit  Fundraiser Food  Date [MM/DD/YYYY] 03/25/2025  Description of Expendit  Fundraiser Drinks  Date [MM/DD/YYYY] 03/27/2025  Description of Expendit  Fundraiser Drinks  Date [MM/DD/YYYY] 04/09/2025	\$ sure	523.25	
House City To Wi House City House City	Bethlehem  Paid  # 2289  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem  Bethlehem	Street Address  Wine and Spirits  Street Address  Sch  Tanczos Beverage  Street Address  Jan  Friends of Tina Canteln  Street Address	State  ooenersvill  State  cksonville  State	PA e Road PA Road	Zip Code	18017	03/25/2025  Description of Expendit  Fundraiser Food  Date [MM/DD/YYYY]  03/25/2025  Description of Expendit  Fundraiser Drinks  Date [MM/DD/YYYY]  03/27/2025  Description of Expendit  Fundraiser Drinks  Date [MM/DD/YYYY]	\$ sure	105.96	

# Statement of Expenditures

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Filer Identification Number:	
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TOW	nom Paid	PA Local Leaders DAG					Date [MM/DD/YYYY]	\$	
		PA Local Leaders PAC					04/23/2025		1000
House	632	Street Address	2nd Street				Description of Expend	iture	
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City	Philadelphia	and the second s	State	PA	Zip Code	19123	Political Donation		
To W	nom Paid	PA Local Leaders PAC			•		Date [MM/DD/YYYY]	\$	
		TA LOCAL LEAGETS FAC	•				04/29/2025	7	1000
House	632	Street Address	. 2nd Street	<del></del>			Description of Expendi	ture	<u> </u>
	032	l In				****			
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		Morning Call					04/29/2025	1	40
House	# 101	Street Address		· · · · · · · · · · · · · · · · · · ·			Description of Expendit	ture	L
	101	N.	6th Street						
City	Allentown		State	PA	Zip Code	18101	Local Newspaper	Local Newspaper	
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House	#	Street Address	· · · · · · · · · · · · · · · · · · ·				Description of Expenditu	ire	
City			State		Zip				
		entre Color Marie and Marie and St. Theory and American			Code				İ

#### **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.

			The second secon	
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt			
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]		(\$   (\$   (\$   (\$   (\$   (\$   (\$   (\$
City		State	Zip Code	
Description of I				
Name of Credit				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of F		State	Zip Code	
Description of D	And he			
Name of Credit		and the second control of the second control	The Ingra	Outstanding Balance of Debt
House#	Street Address	88	DATE DEBT INCURRED [MM/DD/YYYY]	<b>S</b> .
City		State	Zip Code	
Description of E	Jebt 1997			
Name of Credit	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D	Jebt	Annih di Bangara	*	
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<u> </u>
City	The state of the s	State	Zip Code	
Description of D				