



Pennsylvania Department of State

Bureau of Campaign Finance & Lobbying Disclosure

500 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 Committee, Candidate, or Lobbyist				
Friends of Bryan Callahan				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input checked="" type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary	<input type="checkbox"/> Cycle 3 30 Day Post Primary	<input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election	<input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election
<input type="checkbox"/> Cycle 6 30 Day Post-Election	<input type="checkbox"/> Cycle 7 Annual Report	<input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election	<input type="checkbox"/> Cycle 9 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.

Signature of Treasurer, Candidate, or Lobbyist
Daniel Krasnick

Printed Name

05/07/2025

Date (MM/DD/YYYY)
Bethlehem, PA. USA

Location (City/State/Country)

DSEB-503S
Updated 1/5/2022



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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.

Signature of Candidate

Bryan Callahan

Printed Name

05/07/2025

Date (DD/MM/YYYY)

Bethlehem, PA. USA

Location (City/State/Country)



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 (Mark X)	<input checked="" type="checkbox"/> Candidate	<input type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist	Friends of Bryan Callahan				
Street Address	633 Main Street				
City	Bethlehem	State	PA	Zip Code	18018

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	05/20	Year	2025	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	1/1/2025	5/5/2025	
A. Amount Brought Forward From Last Report	\$	136.47	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	4250.00	
C. Total Funds Available (Sum of Lines A and B)	\$	4386.47	
D. Total Expenditures (From Schedule III)	\$	3175.42	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	1211.05	
F. Value of In-Kind Contributions Received (From Schedule II)	\$		
G. Unpaid Debts and Obligations (From Schedule IV)	\$		

Affidavit Section

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

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____ MO. DAY YR.

Signature of Person Submitting report

Daniel Krasnick

Printed Name

484

Area Code

456-9681

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

_____ day of _____ 20____

Signature

My Commission expires _____ MO. DAY YR.

Signature of Candidate

Bryan Callahan

Printed Name

610

Area Code

730-8658

Daytime Telephone Number

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)		\$	3500
All Other Contributions (Part D)		\$	750
Total for the reporting period	(3)	\$	
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	4250
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	

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.

Committee Identification Number									
---------------------------------	--	--	--	--	--	--	--	--	--

										Amount
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$			
House #		Street Address				Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$			
House #		Street Address				Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$			
House #		Street Address				Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$			
House #		Street Address				Date [MM/DD/YYYY]	\$			
City				State		Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee						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:	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City			State		Zip Code	Date [MM/DD/YYYY]		\$
Full Name of 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.

Identification Number:	
------------------------	--

Full Name of Contributing Committee		IBEW Local Union 375				Date [MM/DD/YYYY]	\$	1500
						2/26/2025		
						Date [MM/DD/YYYY]	\$	
House #	101	Street Address		S. 7th Street				
City	Allentown		State	PA	Zip Code	18101	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		IBEW PAC Voluntary Fund				Date [MM/DD/YYYY]	\$	500
						4/22/2025		
						Date [MM/DD/YYYY]	\$	
House #	900	Street Address		Seventh Street, NW				
City	Washington		State	DC	Zip Code	20001	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		Int'l Union of Operating Engineers				Date [MM/DD/YYYY]	\$	1500
						03/18/2025		
						Date [MM/DD/YYYY]	\$	
House #	1375	Street Address		Virginia Drive				
City	Fort Washington		State	PA	Zip Code	09034	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
						Date [MM/DD/YYYY]	\$	
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
						Date [MM/DD/YYYY]	\$	
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$	
						Date [MM/DD/YYYY]	\$	
House #		Street Address						
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 Number:	
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Full Name of Contributor		Dino and Joanna Cantelmi				Date [MM/DD/YYYY]	\$	500
						04/07/2025		
House #	541	Street Address	Apollo Drive			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
Full Name of Contributor		Emerald Relaty Group				Date [MM/DD/YYYY]	\$	250
						03/20/2025		
House #	60	Street Address	West Broad Street			Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Employer Name						Occupation		
Employer Mailing Address / Principal Place of Business								
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 Place of Business								
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 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 Number:	
------------------------------	--

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											
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											
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											

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:	
------------------------------	--

1. 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 \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM 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)		\$
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SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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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]	\$	
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]	\$	
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							

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		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City				State		Zip Code		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City				State		Zip Code		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City				State		Zip Code		\$
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		The Morning Call				Date [MM/DD/YYYY]		\$		40	
		01/07/2025									
House #	101	Street Address	N. 6th Street				Description of Expenditure				
City	Allentown	State	PA	Zip Code	18101		Local Newspaper				
To Whom Paid		The Morning Call				Date [MM/DD/YYYY]		\$		40	
		02/04/2025									
House #	101	Street Address	N. 6th Street				Description of Expenditure				
City	Allentown	State	PA	Zip Code	18101		Local Newspaper				
To Whom Paid		Go Daddy				Date [MM/DD/YYYY]		\$		44.34	
		02/19/2025									
House #	14455	Street Address	N. Hayden Road				Description of Expenditure				
City	Scottsdale	State	AZ	Zip Code	85260		Web Hosting				
To Whom Paid		The Morning Call				Date [MM/DD/YYYY]		\$		40	
		03/20/2025									
House #	101	Street Address	N. 6th Street				Description of Expenditure				
City	Allentown	State	PA	Zip Code	18101		Local Newspaper				
To Whom Paid		Weis Market				Date [MM/DD/YYYY]		\$		131.87	
		03/25/2025									
House #	2425	Street Address	Schoenersville Road				Description of Expenditure				
City	Bethlehem	State	PA	Zip Code	18017		Fundraiser Food				
To Whom Paid		Wine and Spirits				Date [MM/DD/YYYY]		\$		523.25	
		03/25/2025									
House #	2289	Street Address	Schoenersville Road				Description of Expenditure				
City	Bethlehem	State	PA	Zip Code	18017		Fundraiser Drinks				
To Whom Paid		Tanczos Beverage				Date [MM/DD/YYYY]		\$		105.96	
		03/27/2025									
House #	2330	Street Address	Jacksonville Road				Description of Expenditure				
City	Bethlehem	State	PA	Zip Code	18017		Fundraiser Drinks				
To Whom Paid		Friends of Tina Cantelmi				Date [MM/DD/YYYY]		\$		250	
		04/09/2025									
House #	131	Street Address	Moreland Avenue				Description of Expenditure				
City	Vethlehem	State	PA	Zip Code	18016		Campaign Donation				

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		PA Local Leaders PAC				Date [MM/DD/YYYY]		\$		1000	
		04/23/2025									
House #	632	Street Address		N 2nd Street				Description of Expenditure			
City	Philadelphia	State	PA	Zip Code	19123	Political Donation					
To Whom Paid		PA Local Leaders PAC				Date [MM/DD/YYYY]		\$		1000	
		04/29/2025									
House #	632	Street Address		N. 2nd Street				Description of Expenditure			
City	Philadelphia	State	PA	Zip Code	19123	Political Donation					
To Whom Paid		Morning Call				Date [MM/DD/YYYY]		\$		40	
		04/29/2025									
House #	101	Street Address		N. 6th Street				Description of Expenditure			
City	Allentown	State	PA	Zip Code	18101	Local Newspaper					
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address						Description of Expenditure			
City		State		Zip Code							
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address						Description of Expenditure			
City		State		Zip Code							
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address						Description of Expenditure			
City		State		Zip Code							
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address						Description of Expenditure			
City		State		Zip Code							
To Whom Paid						Date [MM/DD/YYYY]		\$			
House #		Street Address						Description of Expenditure			
City		State		Zip Code							

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.

Filer Identification Number:	
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Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code		
Description of Debt						

Name of Creditor					Outstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$	
City			State	Zip Code		
Description of Debt						