



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 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.**

Name of Filing Committee, Candidate, or Lobbyist				
Bryan Callahan				
Reporting Cycle Name				
<input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary	<input 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 checked="" 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 Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a 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 Report is true and correct.

Daniel Krasnick

Printed Name

01/26/2026

Date (MM/DD/YYYY)

Bethlehem, PA, USA

Location (City/State/Country)



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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.

Signature of Treasurer, Candidate, or Lobbyist

01/26/2025

Date (MM/DD/YYYY)

Bryan Callahan

Printed Name

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)	Candidate	<input checked="" type="checkbox"/>	Committee	<input type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		2024	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures

From Date

1/1/2024

To Date

12/31/2024

For Office Use Only

A. Amount Brought Forward From Last Report	\$	655.56
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0
C. Total Funds Available (Sum of Lines A and B)	\$	655.56
D. Total Expenditures (From Schedule III)	\$	519.09
E. Ending Cash Balance (Subtract Line D from Line C)	\$	136.47
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0

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.

Area Code

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.

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 <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.

Filer 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]		\$		
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:									
------------------------------	--	--	--	--	--	--	--	--	--

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.

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

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]	\$
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 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 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							

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

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		Date [MM/DD/YYYY]	\$	
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		Date [MM/DD/YYYY]	\$	
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		Date [MM/DD/YYYY]	\$	
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		Date [MM/DD/YYYY]	\$	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business						Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	466766
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To Whom Paid		Morning Call- Yearly Subscription				Date [MM/DD/YYYY]	\$	
						Monthly		419.19
House #	101	Street Address	North 5th Street			Description of Expenditure		
City	Allentown	State	PA	Zip Code	18101			
						Local Newspaper		
To Whom Paid		Lehigh Valley News				Date [MM/DD/YYYY]	\$	
						05/24/202		100
House #	18	Street Address	Center Square			Description of Expenditure		
City	Easton	State	PA	Zip Code	18042			
						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				
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:	
-------------------------------------	--

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					



Pennsylvania Department of State

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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.

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 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 checked="" 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 Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a 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 Report is true and correct.

Daniel Krasnick

Printed Name

01/26/2026

Date (MM/DD/YYYY)

Bethlehem, PA, USA

Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement

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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.

01/26/2025

Date (MM/DD/YYYY)

Bryan Callahan

Printed Name

Bethlehem, PA, USA

Location (City/State/Country)



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

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

Filer Identification Number		Report Filed By (Mark X)	Candidate	<input type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
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- 6th Tuesday Pre-Primary	2- 2nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6th Tuesday Pre- Election	5- 2nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	2024	Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>	<input type="checkbox"/>
Summary of Receipts and Expenditures		From Date	To Date	For Office Use Only				
		1/1/2024	12/31/2024					
A. Amount Brought Forward From Last Report		\$	655.56					
B. Total Monetary Contributions and Receipts (From Schedule I)		\$	0					
C. Total Funds Available (Sum of Lines A and B)		\$	655.56					
D. Total Expenditures (From Schedule III)		\$	519.09					
E. Ending Cash Balance (Subtract Line D from Line C)		\$	136.47					
F. Value of In-Kind Contributions Received (From Schedule II)		\$	0					
G. Unpaid Debts and Obligations (From Schedule IV)		\$	0					
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.								
Area Code _____ Daytime Telephone Number 716 1681								
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 is amended.								
Sworn to and subscribed before me this								
_____ day of _____ 20____								
_____ Signature								
My Commission expires _____ MO. DAY YR.								

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 <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.

Filer 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]		\$		
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:	
------------------------------	--

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.

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

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]	\$
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 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 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							
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)		\$

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number: _____

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:	
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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]	\$
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		Date [MM/DD/YYYY]	\$
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		Date [MM/DD/YYYY]	\$
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		Date [MM/DD/YYYY]	\$
Employer Name				Occupation			
Employer Mailing Address / Principal Place of Business				Description of Contribution			

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	466766
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To Whom Paid		Morning Call- Yearly Subscription				Date [MM/DD/YYYY]		\$	419.19
						Monthly			
House #	101	Street Address	North 5th Street			Description of Expenditure			
City	Allentown	State	PA	Zip Code	18101	Local Newspaper			

To Whom Paid		Lehigh Valley News				Date [MM/DD/YYYY]		\$	100
						05/24/202			
House #	18	Street Address	Center Square			Description of Expenditure			
City	Easton	State	PA	Zip Code	18042	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					

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								