

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 Callaha	n			
Reporting Gran	- Name □ Cycle 2	□ Cuelo 2		6 -1 - 4		
6 th Tuesday Pre-Primary	2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 Tuesday Election	☐ Cycle 5 2 nd Friday Pre-Election	
☐ Cycle 6 30 Day Post-Election	Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special	Election	-	cle 9 st-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.

	01/26/2026
	Date (MM/DD/YYYY)
Daniel Krasnick	Bethlehem, PA, USA
Printed Name	Location (City/State/Country)

DSEB-502R Updated 1/5/2022



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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

Signature of Treasurer, Candidate, or Loppyist

Date (MM/DD/YYYY)

Bryan Callahan

Printed Name

Bethlehem, PA, USA

Location (City/State/Country)



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Docot Fare	D = -
Reset Form	Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed) Filer Identification Report Filed By Candidate Number Lobbyist (Mark X) Name of Filing Com...... Lobbyist Bryan Callahan **Street Address** 633 Main Street City Bethlehem State Zip Code PΑ 18018 Type of Report (Place x under report type) 1-6th Tuesday 2- 2nd Friday 3-30 Day Post 4-6th Tuesday 5- 2nd Friday 6-30 Day Post Special 2nd Friday 7- Annual **Pre-Primary** Pre-Primary Special 30 Day **Primary** Pre- Election **Pre-Election** Election Pre-Election Post-Election Date Of Election Year Amendment (MM/DD/YYYY) Termination 2024 Report Report Summary of Receipts and From Date To Date For Office Use Only **Expenditures** 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 1- 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 Signature My Commission expires_ MO. DAY YR. Area Códe 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 Sworn to and subscribed before me this day of Signature My Commission expires DAY YR.

SCHEDULE I Contributions and Receipts

Detailed Summary Page

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	te open generalen i Mendelle op det sterre en gebour i de Marie en se et de Marie en se et de Marie en de de M
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		- Transc	
Contributions Received from Political Committees (Part A)	e i despira	\$	
All Other Contributions (Part B)		\$	
Total for the reporting period	(2)	\$	9 f ag
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)	:	\$	
All Other Contributions (Part D)		\$	
, — , — , — , — , — , — , — , — , — , —		1	
Total for the reporting period	(3)	\$	
Total for the reporting period		\$	
		\$	

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 Con Committee	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	tributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Cont Committee	ributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Control Committee	ributing			Date [MM/DD/YYYY]	\$
House #	Street Address	70 74 74 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contr Committee	ibuting			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contri 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 Identificati	ion Number:				
Full Name of C	Contributor				
	-VIILI IDULUI			Date [MM/DD/YYYY	<u> </u>
House #	Street Addre	SS		Date [MM/DD/YYYY	1 \$
City	The state of the s	State	Zip Code	Date [MM/DD/YYYY]	
Full Name of C	ontributor		Date [MM/DD/YYYY]	S	
House #	Street Addres	is		Date [MM/DD/YYYY]	s
City	A Villagly rough the paper	State	Zip Code	Date [MM/DD/YYYY]	_ \$
Full Name of Co	ontributor			Date [MM/DD/YYYY]	
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City	1. 1924 (1974 B. 1974)	State	Zip Code	Date [MM/DD/YYYY]	S
Full Name of Co	ntributor			Date [MM/DD/YYYY]	S
House # Street Address				Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	
Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
House#	Street Address			Date [MM/DD/YYYY]	\$
ity		State	Zip Code	Date [MM/DD/YYYY]	\$
ull Name of Con	tributor			Date [MM/DD/YYYY]	
louse#	Street Address			Date [MM/DD/YYYY]	\$
ity	1 多次在2000年度是	State	Zip Code	Date [MM/DD/YYYY]	\$

PART C

Contributions Received From Political Committees

Over \$250.00

Filer Identification Number:

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	1 \$
House #	Street Addres	\$ 5		Date [MM/DD/YYYY]] \$
City	P	State	Zip Code	Date [MM/DD/YYYY]	J. S
Full Name of Contributing Co	ommittee		Total and services	Date [MM/DD/YYYY]	\$
House #	Street Addres	is		Date [MM/DD/YYYY]	\$
City.	THE WE HAVE TRINGEN AND	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	mmittee		The study or rappe	Date [MM/DD/YYYY]	_ \$
House #	Street Address	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$.
Full Name of Contributing Committee				Date [MM/DD/YYYY]	
House #	Street Address	1		Date [MM/DD/YYYY]	\$
City	Mag New York Consequence	State	Zip Code	Date [MM/DD/YYYY]	5
Full Name of Contributing Con	nmittee		The Control of the Co	Date [MM/DD/YYYY]	
louse#	Street Address			Date [MM/DD/YYYY]	S
City	1.444.43.4.43	State	Zip Code	Date [MM/DD/YYYY]	\$
ull Name of ontributing Com	nmittee		in Country of the	Date [MM/DD/YYYY]	\$
louse#	Street Address			Date [MM/DD/YYYY]	\$
ity	Takin yan ba vo	State	Zip Code	Date [MM/DD/YYYY]	S
				1	/ 첫번

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]	S
			\(\frac{1}{1}\)	
House # Street Add	dress		Date [MM/DD/YYYY]	S
			<u> </u>	11
City	State	Zip Code	Date [MM/DD/YYYY]	
			Date from 1 - 2/11 - 1/2	
Employer Name		April magazine v com	Occupation	
Employer Mailing Address /	148241 1984 - 1984 1984 - 1984			
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Add	iress		Date [MM/DD/YYYY]	
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name			Occupation	6
Employer Mailing Address /	13 (2 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4		The model, and	
Principal Place of Business				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
			1	
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name		1	Occupation	3-3-1
Employer Mailing Address /			The Programme	
Principal Place of Business Full Name of Contributor				
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addr	ess		Date [MM/DD/YYYY]	\$
	프랑크 로봇 기			
City	State	Zip Code	Date [MM/DD/YYYY]	\$:
			10 to 45 10 to 145 45 1 to 45 4	
mployer Name		1 part of section part	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 Addre	ess		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	nc	\$200 A. S. C.	A Control of the Control	
Full Name				
House #	Street Addre	25S		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descriptio	in	The state of	hate the section of	PM
Full Name				
House #	Street Addres	SS		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	n	3.4.1) We sa	1 2020,000	A. A
Full Name				
House #	Street Addres	ss		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description	a	<u> </u>		
Full Name				
House #	Street Address	s		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1 *** ** 1	1923/93	1 27
Full Name				
House #	Street Address	5		
City		State	Zip	Date [MM/DD/YYYY] \$
Receipt Description		- 基标签279	Code	23%

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 CONTRIE	BUTIONS RECEIVED-VAL	JE OF \$50,00 OR LESS PER COI	NTRIBUTOR
TOTAL for the reporting period	(1)	\$	
2. IN-KIND CONTRIBUTIONS RECE	EIVED-VALUE OF \$50.01	TO \$250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEIVE	VED-VALUE OVER \$250.	00 (FROM PART G)	
TOTAL for the reporting period	(3)	[\$]	 With the destruction of the design and product and the destruction of the destruction of the design and the destruction of the destruction of the design and the destruction of the destructio
TOTAL VALUE OF IN-KIND CONTRIBUTION PERIOD (Add and enter amount totals fro 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 Contribut	tor			Date [MM/DD/YYYY]	ALL WAR
				Date figural political] \$
House #	Street Address			Date [MM/DD/YYYY]	_
				Committee of the second	131
City	MANUTE OF THE PARTY OF THE PART	State	Zip Code	Date [MM/DD/YYYY]	S
Description of Contribu			-		
Full Name of Contribut	or			Date [MM/DD/YYYY]	\$
House # S	Street Address	***************************************		Date [MM/DD/YYYY]	
City		State	Zip Code	Date [MM/DD/YYYY]	\$
 	A STATE OF S			,	
Description of Contribu					
Full Name of Contributo	N. Committee of the com			Date [MM/DD/YYYY]	\$
House # S1	treet Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribut	-1 2				TAA HARA HARA
ull Name of Contributo				Date [MM/DD/YYYY]	\$
louse# St	treet Address			Date [MM/DD/YYYY]	S
ity		State	Zip Code	Date [MM/DD/YYYY]	\$
escription of Contributi	ion				
ull Name of Contributor				Date [MM/DD/YYYY]	\$
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
ouse# Str	reet Address			Date [MM/DD/YYYY]	\$
ty					
y		State	Zip Code	Date [MM/DD/YYYY]	\$
AANAN .	on				

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$250

Filer Identification Number:			
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Addres	!SS		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name			Occupation
Employer Mailing Address / Principa Place of Business	al		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	.s		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		7 (S. 1739 - O. 1841)	Occupation
Employer Mailing Address / Principa Place of Business			Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street Address	5		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Law Williams Town Town	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		1 450 17 AN ET 1	Occupation
Employer Mailing Address / Principal Place of Business		-	Description of Contribution

Statement of Expenditures

The state of the s		
	entroping the party of the party of the second property of the party o	2 telephone and an entire of decided 4 decision of an extension of the control of the entire of decided 4.
Filer Identification Number:		
l 466766		
[정보통 전통 [[명호 하고 등 10] 경기 하고 있는데 하다 []		

To Whom Paid					Date [MM/DD/YYYY]	\$	
	Morning Call- Year	rly Subscriptio	n		Monthly		419.19
House # 101	Street Address	North 5th Str	reet		Description of Expend	iture	
City Allentown		State	PA	Zip Code 18101	Local Newspaper		
To Whom Paid	Lehigh Valley New	s		and the second s	Date [MM/DD/YYYY]	\$	100
	Y.				05/24/202	Sil	100
House # 18	Street Address	Center Squar	re		Description of Expendi	ture	
City Easton		State	PA	Zip Code 18042	Local Newspaper		
To Whom Paid		<u> 1855 - 155 V 45</u>			Date [MM/DD/YYYY]	\$	
House #	Street Address			- V-Cooole Halmennimen - Acc - VIV-A-Missian	Description of Expendi	ture	1
City		State		Zip Code			
To Whom Paid		ekseye iin day ara e day araba	er i wasanan a	4 100-12/2-5-1	Date [MM/DD/YYYY]	\$	
House #	Street Address			— //	Description of Expendi	ture	
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address		•		Description of Expendi	ture	
City		State		Zip Code			
To Whom Paid		e et til en fin findamen er medjade gift den fin fin			Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendit	ture	
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendit	ure	
City		State		Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$	
House #	Street Address				Description of Expendit	ure	
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 Credit	ior			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of I	Debt		- Landing Street Conference of the Conference of	
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			
Name of Credito	or			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of D				
Name of Credito				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of D		State	Zip Code	
Name of Credito	"			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
and the second s		State	Zip Code	-
	Fig. 11 March			
	ebt			
Description of Do				Outstanding Balance of Debt
City Description of Do Name of Credito House #			DATE DEBT INCURRED [MM/DD/YYYY]	Outstanding Balance of Debt



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.

Hillife of Filing	Committee, Com					
Friends of Bryan Callahan Reporting Cycle Name						
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	0 Day 6 th Tuesday		☐ Cycle 5 2 nd Friday Pre-Election	
☐ Cycle 6 30 Day Post-Election	Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Specia	l Election	-	cle 9 st-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.

	01/26/2026
	Date (MM/DD/YYYY)
Daniel Krasnick	Bethlehem, PA, USA
Printed Name	Location (City/State/Country)

DSEB-502R Updated 1/5/2022



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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)



Commonwealth of Pennsylvania - Campaign Finance Report

This report must be clear and legible. It should be typed) Filer Identification Report Filed By Candidate Committee Lobbyist Number (Mark X) Name of Filing Committee, Candidate or Friends of Bryan Callahan Lobbyist **Street Address** 633 Main Street City State Zip Code Bethlehem PA 18018 Type of Report (Place x under report type) 1-6th Tuesday 2- 2nd Friday 3- 30 Day Post 4- 6th Tuesday 5- 2nd Friday 6-30 Day Post 7- Annual Special 2nd Friday Special 30 Day **Pre-Primary Pre-Primary** Election **Primary Pre-Election** Pre- Election **Pre-Election Post-Election Date Of Election** Year Amendment Termination 2024 (MM/DD/YYYY) Report Report Summary of Receipts and From Date To Date For Office Use Only **Expenditures** 1/1/2024 12/31/2024 A. Amount Brought Forward From Last Report 655.56 **B. Total Monetary Contributions and Receipts** \$ 0 (From Schedule I) C. Total Funds Available \$ 655.56 (Sum of Lines A and B) D. Total Expenditures \$ 519.09 (From Schedule III) E. Ending Cash Balance \$ 136.47 (Subtract Line D from Line C) F. Value of In-Kind Contributions Received \$ 0 (From Schedule II) G. Unpaid Debts and Obligations \$ 0 (From Schedule IV) Affidavit Section Part 1- 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_ Signature My Commission expires) (6 | 168 | Daytime Telephone Number 101 MO. DAY YR. Area Code 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 commit 1222 NO 320) as amended. Sworn to and subscribed before me this _day of_ Signature My Commission expires_

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor				Section 1997	
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)		\$			ANTONINO ANA
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)		\$		James - His March (1994)	
All Other Contributions (Part D)		\$	······································		
Total for the reporting period	(3)	\$			
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)				
Total for the reporting period	(4)	\$			
Total Monetary Contributions and Receipts during this reporting period (Add and		Ś	 		

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 Ide	entification Number				
					Amount
Full Na	nme of Contributing			Date [MM/DD/YYYY]	
2 15 T					
House #	# Street /	Address		Date [MM/DD/YYYY]	\$ 7
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nar Commit	me of Contributing ittee			Date [MM/DD/YYYY]	\$
House #	f Street /	Address		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nan Commit	me of Contributing ttee			Date [MM/DD/YYYY]	\$
House #	Street A	lddress		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Committ				Date [MM/DD/YYYY]	\$
House #	Street Ad	ddress		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Nam Committ	ne of Contributing tee			Date [MM/DD/YYYY]	\$
House #	Street Ac	ddress		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Committe				Date [MM/DD/YYYY]	\$
House #	Street Ad	Idress		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	ı Number:				
Full Name of Co	-weithings			the board	
run wante.	Atributor			Date [MM/DD/YYYY]	
**			× 10 10 10 10 10 10 10 10 10 10 10 10 10	·	
House #	Street Addres	3S		Date [MM/DD/YYYY]	1 \$
City		State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
Full Name of Co	ntributor			Date [MM/DD/YYYY]	
House #	Street Address	ss		Date [MM/DD/YYYY]	
City	1 (2000)	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Con	ntributor		260044204424	Date [MM/DD/YYYY]	\$
House #	Street Address	iS		Date [MM/DD/YYYY]	NAC
City	(Karayin en	State	Zip Code	Data (BANA/DD/WWW)	
			Zip Coue	Date [MM/DD/YYYY]	\$
Full Name of Con	tributor			Date [MM/DD/YYYY]	2 S
House #	Street Address	:<		Date [MM/DD/YYYY]	
				Date [www/DD/1111]	
City		State	Zip Code	Date [MM/DD/YYYY]	No.
Full Name of Con	tributor			Date [MM/DD/YYYY]	
House#	Street Address			Date [MM/DD/YYYY]	S
City		State	Zip Code	Date [MM/DD/YYYY]	\$
full Name of Cont	cributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	188
City	是自治量如何 Fe State	State	Zip Code	Date [MM/DD/YYYY]	\$
		10,6766			

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 Nun	iber:	and the second of the second o	ALL TO THE WAR THE CONTROL OF THE CO		
Full Name of		er en spirit de la grande de la g		Deta fata / DD / 2000	
Contributing Commit	tee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	_ \$
City		State	Zip Code	Date [MM/DD/YYYY]	<u> </u>
Full Name of		Back Back			
Contributing Commit	tee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$.
Full Name of Contributing Commit	tee			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	(2) 2000年[2-13]	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committ	ee			Date [MM/DD/YYYY]	.
House #	Street Address			Date [MM/DD/YYYY]	S
City	I was a second	State	Zip Code	Date [MM/DD/YYYY]	Š
Full Name of Contributing Committ	ee			Date [MM/DD/YYYY]	\$
House #	Street Address	3000-012	4-0-1	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$ \$ ***
full Name of Contributing Committe	ee		Zavistania Propher zav specce popular	Date [MM/DD/YYYY]	\$
louse #	Street Address			Date [MM/DD/YYYY]	\$ \$ #0
lity		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:

	The state of the s				
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
- Into Alamo					
Employer Name				Occupation	_
Employer Mailin Principal Place o		1			
Full Name of Co				Date [MM/DD/YYYY] \$	Market Control of the
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				Date (Manal Pol 1111)	
Employer Name			Later Topics	Occupation	
Employer Mailin					
Principal Place o	of Business				
Full Name of Cor	ıtributor			Date [MM/DD/YYYY] \$	
louse#	Street Address		THE STATE OF THE S	Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Employer Name				Occupation	
Employer Mailing Principal Place of		***************************************			
Full Name of Con	ıtributor			Date [MM/DD/YYYY] \$	
louse #	Street Address			Date [MM/DD/YYYY] \$	NAME OF THE OWNER OWNER OF THE OWNER OWNE
City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	Date [MM/DD/YYYY] \$	
mployer Name				Occupation	
mployer Mailing Principal Place of					
rincipai riace oi	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		10.	
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	ption	ALTOLISE V		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion	(\$C6446740)		
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	tion		1. Eq. 40 E m	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descript	ion		1.00 38 3	
uli Name				
douse #	Street Address		, , , , , , , , , , , , , , , , , , ,	
ity		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descripti	on			
ull Name				
ouse#	Street Address			
ty		State	Zip Code	Date [MM/DD/YYYY] \$
eceipt Descriptio	on	T Space of		

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 CONTRIB	ITTONIC DECENTED MALLEY		
TOTAL for the reporting period	(1)	\$50.00 OR LESS PER CONTRIBUT	ŌR
2. IN-KIND CONTRIBUTIONS RECEIVE	VED-VALUE OF \$50.01 TO	250.00 (FROM PART F)	
TOTAL for the reporting period	(2)	\$	
3. IN-KIND CONTRIBUTION RECEIVE	ED-VALUE OVER \$250.00 (I	OM PART G)	
TOTAL for the reporting period	(3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS PERIOD (Add and enter amount totals from on Page 1, Report Cover Page, Item F)	DURING THIS REPORTING n boxes 1, 2, and 3; also en	\$ er	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Full Name of Contributor				
			Date [MM/DD/YYYY	 \$
House #	2.000			
House # Street Add	iress		Date [MM/DD/YYYY]	\$
City				
	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Contribution				
ull Name of Contributor			Date (MM/DD house	
			Date [MM/DD/YYYY]	\$
louse # Street Add	ress			
			Date [MM/DD/YYYY]	\$
ity	State	Zip Code		
		Zip Code	Date [MM/DD/YYYY]	\$
escription of Contribution				# 1000 # 1000 # 1000 # 1000
ill Name of Contributor			Date [MM/DD/YYYY]	8
ouse # Street Addre	ess		Date [MM/DD/YYYY]	
	XX		Date [min/DD/1111]	\$
у	State	Zip Code	Date [MM/DD/YYYY]	
			Date [WINI/DD/YYYY]	\$
scription of Contribution				
Name of Contributor				
			Date [MM/DD/YYYY]	\$
use # Street Addre				1 kg
Sueet Addre	SS		Date [MM/DD/YYYY]	\$
[- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				(1) 구성
	State	Zip Code	Date [MM/DD/YYYY]	\$
cription of Contribution				
Name of Contributor			Date [MM/DD/YYYY] 5	
se # Street Addres	s		Date [MM/DD/YYYY] \$	
			Date [MM/DD/YYYY] \$	
			1	1
	State	Zip Code	Date [MM/DD/YYYY] \$	

SCHEDULE II

Part G

Filer Identification Number:

In-Kind Contributions Received

VALUE OVER \$250

Full Name of Contributor			Date [MM/DD/YYYY]	\$
			ance family and the fill	
House # Street Addre	ess		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$ \$
Employer Name				
Employer Mailing Address / Princip	al		Occupation	
Place of Business		Description of Contribution		
Full Name of Contributor			Date [MM/DD/YYYY]	\$
House # Street Addres	ss		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$ - \$
Employer Name		A distribution of 1	Occupation	
mployer Mailing Address / Principa Place of Business	1		Description of Contribution	
ull Name of Contributor			Date [MM/DD/YYYY]	<u> </u>
House # Street Address			Date [MM/DD/YYYY]	\$
ity	State	Zip Code	Date [MM/DD/YYYY]	
mployer Name			Occupation	
mployer Mailing Address / Principal lace of Business			Description of Contribution	
all Name of Contributor			Date [MM/DD/YYYY]	\$
ouse # Street Address			Date [MM/DD/YYYY]	\$
y	State	Zip Code	Date [MM/DD/YYYY]	\$
ployer Name		Toper prosegues as	Occupation	
mployer Mailing Address / Principal lace of Business		Description of Contribution		

Statement of Expenditures

A CONTRACTOR OF THE PROPERTY O	
Filer Identification Number:	
I met inetititieation tantinet.	4
# [설명/일본 전] 보고 (10년 급명 전 10년 12년 12년 12년 12년 12년 12년 12년 12년 12년 12	466766
# 나를 다른 경기를 받는 것이 되는 것이 없는 데 되고 있다. [2]	1400/00
# 중요하다[18] 20 전 10 대한 10 H - 10 H	
2.00	

To Whom Paid	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			Date [MM/DD/YYYY] \$
	Morning Call- Yearl	y Subscription	1		Monthly 419.19
House # 101	Street Address	Address North 5th Street			Description of Expenditure
City Allentown		State	PA	Zip Code 18101	Local Newspaper
To Whom Paid	Lehigh Valley News	S	AND SOLD SERVICE		Date [MM/DD/YYYY] \$ 100
House #	Street Address	Center Square	·		05/24/202 100 Description of Expenditure
City Easton	· 经营工程的 (金融)	State	PA	Zip 18042	Local Newspaper
			PA	Code 18042	
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City	Construction of the second	State		Zip Code	The Part Control of the Control of t
To Whom Paid				**************************************	Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City	TOTAL BANK	State		Zip Code	
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City		State		Zip Code	A STANCE OF THE PROPERTY OF THE ACTION OF THE ACTION AND THE ACTION OF T
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	A STATE OF THE STA
To Whom Paid			ne vo prost of table galactic con-		Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City		State		Zip Code	Section As the transfer of payings of the section of the Astrago

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.

Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of [Debt	100 395 V 19]	(CODE V	
Name of Credit	tor			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of D	Poble	State	Zip Code	
Name of Credito				Outstanding Balance of Debt
House #	Street Address	17	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of D		State	Zip Code	School
Name of Credito	Propiet and the Comment of the Comme			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED	S S
			[MM/DD/YYYY]	
City		State	Zip Code	
Description of De				<u> </u>
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of De		State	Zip Code	- 180 - 180
Jescripuon on oc	abt desired			
Name of Creditor	1.000			Outstanding Balance of Debt
louse #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
lity		State	Zip Code	