

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 stutement 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, Cand	didate, or Lobby	ist		
		Celeste Dee			
Reporting Cycle	Name			A	The Secretary Secretary
☐ Cycle 1 6 th Tuesday Pre-Primary	☑ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	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	-	ost-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.

	5/5/23
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Celeste Dee	Bethlehem/PA/USA
Printed Name	Location (City/State/Country)

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D	ese	.+ [AF	m
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Print Form



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

Filer Identification Number			Repo (Ma	ort Filed By rk X)	1	Candidat	е	X	Comm	ittee			Lobbyist			
Name of Filing Comr Lobbyist	mittee, Can	didate or	Celes	ste Dee												
Street Address		rest!	305 F	Prospect A	ve											
City	Bethlehe	m				State	PA		Zip Co	000	18018					
Type of Report (Plac	e x under r	eport type)								N. 10.0		ow end	One siel 20 Day			
1-6 th Tuesday 2-	2 nd Friday	3-30 Day Post	4- 6th Pre- I	Tuesday Election		nd Friday - Election	6-30 Elect	Day Post on	7- An	nual	Special Pre-Ele	2 nd Friday ction	Special 30 Day Post-Election			
	X				10,000				-							
Date Of Election (MM/DD/YYYY)	1. 1	05/16/23	Yea	r		2023	Ame Repo	ndment ort			Termin Report	ation				
Summary of Receip	ts and	From Date		To Date	9					For	Office Us	e Only				
Expenditures	*	1/1/23		5	/1/2	023										
A. Amount Brough	t Forward F	ron Last Repo	t	8	0.0	00										
B. Total Monetary (From Schedule I)	Contribution	ons and Receipt	\$	8	0.0	00										
C. Total Funds Ava (Sum of Lines A an		1/4		8	0.0	00										
D. Total Expenditu). Total Expenditures From Schedule III)		5,00		8	5,000.0								
E. Ending Cash Bal (Subtract Line D fr	ance om Line C)			8	-5,00	00.00										
F. Value of In-Kind Contributions Received (From Schedule II)			8 0.00													
G. Unpaid Debts a (From Schedule IV	nd Obligati	lonc		\$	0.	.00										
	100					Affidavit	ection	to sign har	•							
Part 1- If this is a Cor I swear (or affirm) th	mmittee report	t, including the ai	rached	If this is a Call schedules	ULLD	applificato, ci	O DOGE			d belie	f true, corr	ect and comp	olete.			



Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

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Name of Filing	Committee, Can	didate, or Lobby	ist		
	1	Dee for Bethleher	n		
Reporting Cycle	: Name				
□ Cycle 1 6 th Tuesday Pre-Primary	☑ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	6 th T	Cycle 4 uesday Election	☐ Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Specia	I Election	,	rcle 9 ost-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.

	5/5/23	
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)	
Michael Recchiuti	Bethlehem/PA/USA	
Printed Name	Location (City/State/Country)	



Pennsylvania Department of State

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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.

- CANADA TA	5/5/2023
Signature of Treasurer, Candidate, or Lobbyist	Date (MM/DD/YYYY)
Celeste Dee	Bethlehem/PA/USA
Printed Name	Location (City/State/Country)



Print Form



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

Filer Identificati Number			Report Filed By Candidate (Mark X)		te	Committee	\times	Lobbyist
Name of Filing C Lobbyist	Committee, (Candidate or	Dee for Bethle	ehem				
Street Address		,	305 Prospect	Ave				
City	Bethle	hem		State	PA	Zip Code	18018	
Type of Report ((Place x unde	er report type)						
1- 6 th Tuesday Pre-Primary		ay 3- 30 Day Post y Primary	4- 6 th Tuesday Pre- Election	7 5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
	X							
Date Of Election		05/16/23	Year	2023	Amendment Report		Termination Report	
Summary of Re	ceipts and	From Date	To Da	ite		For	Office Use Only	
Expenditures		1/1/23		5/1/2023				
A. Amount Bro	ught Forwar	d From Last Repor	rt 8	0.00				
B. Total Monet (From Schedule		tions and Receipt	s 8	6,000.00				
C. Total Funds (Sum of Lines A			8	6,000.00				
D. Total Expend (From Schedule		6	8	3,079.23				
E. Ending Cash (Subtract Line	D from Line	C) /	8	2,920.77				
(From Schedul	e II)	utions Received	8	0.00				
G. Unpaid Deb (From Schedul		ations //	8	0.00				
			have If this is a	Affidavit S				
Part 1- If this is a	Committee r	eport, treasurer sign fort, including the at	nere. If this is a tached schedule:	s on paper, is to th	e best of my knowle	edge and belief	true, correct and comp	lete.
Sworn to and sul					, and the state of the state of	2	7	

SCHEDULE I Contributions and Receipts Detailed Summary Page

Annan Againm Joseph Lancas and Annan Carlo	
Filer Identification Number	
	Dee for Bethlehem
5.5	

1.Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor		
Total for the reporting period (1)	\$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	500.00
All Other Contributions (Part B)	\$	
Total for the reporting period (2)	\$	500.00
3. Contributions Over \$ 250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	8	0.00
All Other Contributions (Part D)	8	5,500.00
Total for the reporting period (3)	8	5,500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	8	0.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	6,000.00

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.

Dee for Bethleh	nem		
		EDANTMATTER VARIANCE	
Full Name of Contributing Committee Bridge Across F	PA	Date [MM/DD/YYYY] 8 500.00	
		Date [MM/DD/YYYY] 8	
House # Street Address Broad	ad St		
City. Philadelphia	State PA Zip Code 19107	Date [MM/DD/YYYY] 8	
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$	
House # Street Address	<u> </u>	Date [MM/DD/YYYY] 8	-
City	State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributing Committee		Date [MM/DD/YYYY] 8	
House # Street Address		Date [MM/DD/YYYY] 8	
City	State Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Committee		Date [MM/DD/YYYY] 8	
House # Street Address		Date [MM/DD/YYYY] 8	_
City	State Zip Code .	Date [MM/DD/YYYY] 8	
Full Name of Contributing Committee		Date [MM/DD/YYYY] \$	-
House # Street Address		Date [MM/DD/YYYY] 8	
City	State Zip Code	Date [MM/DD/YYYY] 8	
Full Name of Contributing Committee		Date [MM/DD/YYYY] 3	
House # Street Address		Date [MM/DD/YYYY] \$	
City	State Zip Gode	Date [MM/DD/YYYY] 8	

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: Dee for	Bethlehem	
Full Name of Contributor	2 Crazione	Date [MM/DD/YYYY] \$ 500.00
100	a Graziano	4/21/23
House # Streat Addr	Getz Ave	
Clty Staten Island	State NY Zip Code	Date [MM/DD/YYYY] 3
Employer Name	Retired	Occupation Candidate Aunt
Employer Mailing Address / Principal Place of Business		
Full Name of Contributor Celes	te Dee	Date [MM/DD/YYYY]
House # Street Add	Prospect Ave	Date [MM/DD/YYYY] \$
City Bethlehem	State PA Zip Code 18018	Date [MM/DD/YYYY] 8
Employer Name		Occupation Political Consultant
Employer Mailing Address / Principal Place of Business	Same as above (Candidate Investment)	
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add	ress	Date [MM/DD/YYYY] 8
City.	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	[Assembly approximate and a second se	Occupation
Employer Mailing Address 7. Principal Place of Business	(4.1) V-3	
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Add		Date [MM/DD/YYYY] 8
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	10	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 Nur	mber!					
Full Name		,				
House #		Address				
City		State	Zi	p'. gde	Date [MM/DD/YYYY] 8	
Receipt Description	n	: See		100 mm (100 mm	[1000220]	
Full Name	1					
House #	11/1/2	Address			·.	
City		State	1 0	p ode	Date [MM/DD/YYYY] \$	
Receipt Description	n	Designation				
Full Name						
House#	Strep	t Address			Data (MM/NN/WWV)	
City		State		lp ode	Date [MM/DD/YYYY] 8	
Receipt Description	m .	1	1950			
Full Name		4				
House #	Stree	t Address				
City		State		Zip Gode	Date [MM/DD/YYYY] 8	
Receipt Description	on ·	1				
Full Name						
		ot Address		715	Date [MM/DD/YYYY] 8	
House #		Stat	20007	Zip Code	Date [MM/DD/YYYY] \$	l
Receipt Description	on	12				
Full Name						
Ноизе#	Stre	at Addzess	288	71~*******	Date [MM/DD/YYYY] 8	ı
City	7.	Stat		Zip Gode	Date [MM/DD/YYYY] \$	
Receipt Descripti	lon					

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:	
	OO OD LEGO DED AGAITEID ITOD
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.	NO OU TESS LEV COM LUIDO LOV
TOTAL for the reporting period (1)	\$
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.0	00 (FROM PART F)
TOTAL for the reporting period (2)	8
3. IN-KIND CONTHIBUTION RECEIVED-VALUE OVER \$250,00 (FROM	M 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 N	lumber;			
Full Name of Cont	ributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] \$
Description of Co	ntribution			
Full Name of Con	tributo)			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] 8.
Description of Co	intribution			
Full Name of Con	tributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] 8
City		State	Zip Code	Date [MM/DD/YYYY] 8
Description of Co	ontribution			
Full Name of Cor	ntributor		· in	Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City	- Comment of the Comm	State	Zip Code	Date [MM/DD/YYYY] 8
Description of C	1. 3. 5. 6. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] 8
Description of C	Contribution (7)			

SCHEDULE II Part G In-Kind Contributions Received VALUE OVER \$ 250

	Court and the first result and the recommendation of the court of the
and the state of t	•
Filer Identification Number:	
	Contraction of Administration of the Contraction

Full Name of Contributor		Date [MM/DD/YYYY] 8
House # Street Address		Date [MM/DD/YYYY] : 8
House # Street Address		
Clty	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Principal		Description
Place of Business		of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] 8
House # Street Address	:	Date [MM/DD/YYYY] \$
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Control of the Contro	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] 8.
City	State Zip Code	Date [MM/DD/YYYY] \$
Employer Name		Occupation
Employer Mailing Address / Prin/Apal Place of Business		Description of Contribution
Full Name of Contributor		Date [MM/DD/YYYY] 8.
House # Street Address		Date [MM/DD/YYYY] 8
City	State Zip Code	Date [MM/DD/YYYY] 8
Employer Name	The second secon	Occupation
Employer Mailing Address / Princinal Place of Business		Description of Contribution

Statement of Expenditures

Filer Identification Number;	A Charles and the Charles and
Dee for Bethlehem	

To Whom Pald	Date [MM/DD/YYYY] \$
Lehigh Valley Print Center	4/22/23 477.00
House # 1701 Street Address Union Blvd	Description of Expenditure
City Allentown State PA Zip. 18109	Campaign Material Printing
To Whom Paid, Lehigh Valley Print Center	Date [MM/DD/YYYY] 8 2217.23
	Description of Expenditure
1701 Union Bivd	
City Allentown State PA Code 18018	Mail Printing and Postage
To Whom Paid Ed O'Brien Dinner	Date [MM/DD/YYYY]
House # 53 Street Address/ Lehigh St	Description of Expenditure
City Bethlehem State PA Zip 18015	Ad & Dinner
To Whom Pald	Date [MM/DD/YYYY]
Bailey Singhas,	4/28/23 Description of Expenditure
House # 305 Street Address Prospect Ave	Dosarption of Experience
City Bethlehem State PA Zip Code 18018	Sign Assembly & Palm Card Bundling
To Whom Pald	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 Pald	Date [MM/DD/YYYY] \$
House # Street Address	Description of Expenditure
City State Zip Code	
To Whom Paid	Date [MM/DD/YYYY] 3
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.

USB 1119 92611511 I	o itellike ali uliban	dobto and obligations which are carefully at the
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The second secon	and in the second of the seco	
THE REPORT OF THE PERSON OF PERSONS ASSESSED TO PROPERTY AND PERSONS ASSESSED.		
Filer Identification Number:		
	Dee for B≎thlehem	
	Dec to bounchem	·
	, · ·	
	Characteristics and addition of the collection o	

Name of Creditor		2	Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip :: i	
Description of Debt		Code	, t
Description of Deor			
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	8
City	State	Zip Gode	
Description of Debi			
Name of Greditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip Code	
Description of Deb	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	A Contract C	Control of the Contro
Name of Creditor			Outstanding Balance of Debt
House #	Street Addrass	DATE DEBT INCURRED [MM/DD/YYYY]	
City	State	Zip Code	
Description of Deb	1		
Name of Creditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	8
City	State	Zip Code	
Description of Det	1	(Artica) bearing and an artical artica	
Name of Greditor			Outstanding Balance of Debt
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]	8
City	State	Zip Code	
Description of Del	ot .		

Statement of Expenditures

Filer Identification Number:	
Celecte Dec	

To Whom Dold			ela mentenga sen dibanga asar isi		Date [MM/DD/YYYY]	186
To Whom Paid	Dee for Bethlehem				4/22/23	5,000.00
House #	House # 305 Street Address Prospect Ave				Description of Expendi	ture
City 305	Pro	State	Zip	<u></u>		. Candidata
Bethlehem	NOTE OF THE PARTY	PA	Code 18	8018	Campaign Donation from	ı Candidate
To Whom Paid					Date [MM/DD/YYYY]	- ¹
House#	Street Address				Description of Expendi	ture
	Street Address		7/2		San	
City		State	Zlp Code	Software		
To Whom Pald					Date [MM/DD/YYYY]	8.
House #	Stree* Address				Description of Expendi	ture .
City		State	Zlp Code			
To Whom Pald	Contract and Contract	anamang (2) and anamang (2)			Date [MM/DD/YYYY]	8.
House #	Street Address				Description of Expend	lture
City	A STORY	State	Zip Code			
To Whom Paid					Date [MM/DD/YYYY]	\$.
House #	Street Address				Description of Expand	liture
City		State	Zip Code			75 kg 105
To Whom Paid	(Date [MM/DD/YYYY]	
House #	Street Address				Description of Expend	liture
City		State	Zip Code			
To Whom Pald					Date [MM/DD/YYYY]	
House #	Street Address		1972		Description of Expend	diture
City		State	Zip Code			
To Whom Pald					Date [MM/DD/YYYY]	re l
House #	Street Address				Description of Expen	diture
City		State	Zip Code			