

COMMONWEALTH OF PENNSYLVANIA
CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	REPORT FILED ON BEHALF OF	CANDIDATE <input checked="" type="checkbox"/>	COMMITTEE ² <input type="checkbox"/>	LOBBYIST ³ <input type="checkbox"/>			
NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST Bryan Callahan							
STREET ADDRESS 633 1/2 Main St.							
CITY Bethlehem		STATE PA	ZIP CODE 18018 -				
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE City Council	DISTRICT NO.	PARTY Dem	DATE OF ELECTION			
				MO.	DAY	YEAR	
6TH TUESDAY PRE-PRIMARY ¹				5	16	2017	
2ND FRIDAY PRE-PRIMARY ² <input checked="" type="checkbox"/>							
30 DAY POST-PRIMARY ³							
6TH TUESDAY PRE-ELECTION ⁴							
2ND FRIDAY PRE-ELECTION ⁵							
30 DAY POST-ELECTION ⁶							
ANNUAL REPORT ⁷							
DATES OF REPORTING PERIOD		MO. DAY YEAR		TO		MO. DAY YEAR	
		1 1 17				5 1 17	
CASH BALANCE AT END OF REPORTING PERIOD:				\$ Ø			
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:				\$ Ø			
AMENDMENT REPORT?		YES	NO	<input checked="" type="checkbox"/>			
TERMINATION REPORT?		YES	NO	<input checked="" type="checkbox"/>			
AFFIDAVIT SECTION							

PART I -

the Treasurer must sign here

CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number: ▶		Report Filed By: ▶		CANDIDATE ^{1.}		COMMITTEE ^{2.} <input checked="" type="checkbox"/>		LOBBYIST ^{3.}	
Name of Filing Committee, Candidate or Lobbyist: <u>Friends of Bryan Callahan</u>									
Street, Address: <u>633 1/2 Main St</u>									
City: <u>Bethlehem</u>				State: <u>PA</u>		Zip Code: <u>18018</u>			
TYPE OF REPORT (place X to the right of report type)	8TH TUESDAY PRE-PRIMARY ^{1.}	2ND FRIDAY PRE-PRIMARY ^{2.} <input checked="" type="checkbox"/>	30 DAY POST PRIMARY ^{3.}	AMENDMENT REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
	8TH TUESDAY PRE-ELECTION ^{4.}	2ND FRIDAY PRE-ELECTION ^{5.}	30 DAY POST ELECTION ^{6.}	TERMINATION REPORT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
	ANNUAL REPORT ^{7.}	YEAR ▶	FILING METHOD () CHECK ONE ▶		PAPER <input checked="" type="checkbox"/> DISKETTE <input type="checkbox"/>				
Name of Office Sought by Candidate: <u>City Council</u>				DATE OF ELECTION MO. DAY YEAR <u>5 16 2017</u>		District Number	Office Code	Party Code <u>Dem</u>	County Code
(SEE INSTRUCTIONS FOR CODES)									
Summary of Receipts and Expenditures from: ▶				MO. DAY YEAR <u>1 1 2017</u> To <u>5 1 2017</u>		FOR OFFICE USE ONLY			
A. Amount Brought Forward From Last Report				\$ <u>18,142.97</u>					
B. Total Monetary Contributions and Receipts (From Schedule I)				\$ <u>850.00</u>					
C. Total Funds Available (Sum of Lines A and B)				\$ <u>18,992.97</u>					
D. Total Expenditures (From Schedule III)				\$ <u>1,634.18</u>					
E. Ending Cash Balance (Subtract Line D from Line C)				\$ <u>17,358.79</u>					
F. Value of In-Kind Contributions Received (From Schedule II)				\$ <u>0</u>					
G. Unpaid Debts and Obligations (From Schedule IV)				\$ <u>0</u>					

CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate <u>Amigo of Bryan Callahan</u>	Reporting Period From <u>1-1-17</u> To <u>5-1-17</u>
---	---

1. UNITEMIZED CONTRIBUTIONS AND RECEIPTS - \$50.00 OR LESS PER CONTRIBUTOR		
	TOTAL for the Reporting Period	(1) \$ <u>0</u>

2. CONTRIBUTIONS \$50.01 TO \$250.00 (FROM PART A AND PART B)		
Contributions Received from Political Committees (Part A)		\$ <u>0</u>
All Other Contributions (Part B)		\$ <u>350.00</u>
	TOTAL for the Reporting Period	(2) \$ <u>350.00</u>

3. CONTRIBUTIONS OVER \$250.00 (FROM PART C AND PART D)		
Contributions Received from Political Committees (Part C)		\$ <u>0</u>
All Other Contributions (Part D)		\$ <u>500.00</u>
	TOTAL for the Reporting Period	(3) \$ <u>500.00</u>

4. OTHER RECEIPTS - REFUNDS, INTEREST EARNED, RETURNED CHECKS, ETC. (FROM PART E)		
	TOTAL for the Reporting Period	(4) \$ <u>0</u>

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.)	\$ <u>850.00</u>
---	------------------

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A.)

Name of Filing Committee or Candidate <u>Friends of Bryan Callahan</u>	Reporting Period From <u>1-1-17</u> To <u>5-1-17</u>
---	---

	DATE	AMOUNT
Full Name of Contributor	MO. DAY YEAR	
<u>Luke Cunningham</u>	<u>3</u> <u>20</u> <u>2017</u>	\$ <u>250.00</u>
Mailing Address <u>1325 Clay St</u>	MO. DAY YEAR	\$
City <u>Bethlehem</u> State <u>PA</u> Zip Code (Plus 4) <u>18018 -</u>	MO. DAY YEAR	\$
<u>Gregory Zebrowski</u>	<u>4</u> <u>24</u> <u>2017</u>	\$ <u>100.00</u>
Mailing Address <u>23 Dewberry Ave</u>	MO. DAY YEAR	\$
City <u>Bethlehem</u> State <u>PA</u> Zip Code (Plus 4) <u>18017 -</u>	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$
Full Name of Contributor	MO. DAY YEAR	\$
Mailing Address	MO. DAY YEAR	\$
City	MO. DAY YEAR	\$

Enter Grand Total of Part B on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL
\$ 350.00

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.

Name of Filing Committee or Candidate <i>Friends of Bryan Callahan</i>	Reporting Period From <i>1-1-17</i> To <i>5-1-17</i>
---	---

				DATE	AMOUNT
Full Name of Contributing Committee	MO.	DAY	YEAR		
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					\$
Zip Code (Plus 4)					\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					\$
Zip Code (Plus 4)					\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					\$
Zip Code (Plus 4)					\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					\$
Zip Code (Plus 4)					\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					\$
Zip Code (Plus 4)					\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					\$
Zip Code (Plus 4)					\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					\$
Zip Code (Plus 4)					\$
Full Name of Contributing Committee	MO.	DAY	YEAR		\$
Mailing Address	MO.	DAY	YEAR		\$
City	MO.	DAY	YEAR		\$
State					\$
Zip Code (Plus 4)					\$

PAGE TOTAL
 \$ 0.00

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate <i>Friends of Bryan Callahan</i>	Reporting Period From <i>1-1-17</i> To <i>5-1-17</i>
---	---

	DATE			AMOUNT
	MO.	DAY	YEAR	
Full Name of Contributor <i>Dennis Benner</i>	<i>3</i>	<i>20</i>	<i>2017</i>	\$ <i>500.00</i>
Mailing Address <i>2005 City Line Rd</i>				\$
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18017</i>		\$
Employer Name <i>Self employed Attorney</i>	Occupation <i>Attorney</i>			
Employer Mailing Address/Principal Place of Business <i>Same as Above</i>				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				
Full Name of Contributor				\$
Mailing Address				\$
City	State	Zip Code (Plus 4)		\$
Employer Name	Occupation			
Employer Mailing Address/Principal Place of Business				

Enter Grand Total of Part D on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ *500.00*

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.

Name of Filing Committee or Candidate <i>Friends of Bryan Callahan</i>	Reporting Period From <i>1-1-17</i> To <i>5-1-17</i>
---	---

Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						
Full Name						
Mailing Address						
City	State	Zip Code (Plus 4)	MO.	DAY	YEAR	Amount \$
Receipt Description						

PAGE TOTAL
\$ <i>0.00</i>

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

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

Name of Filing Committee or Candidate <i>Friends of Bryan Callahan</i>	Reporting Period From <i>1-1-17</i> To <i>5-1-17</i>
---	---

1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the Reporting Period	(1)	\$ <i>/</i>

2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the Reporting Period	(2)	\$ <i>/</i>

3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the Reporting Period	(3)	\$ <i>/</i>

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.)		\$ <i>0.00</i>
--	--	----------------

SCHEDULE II
PART F
IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candidate <i>Friends of Bryan Callahan</i>	Reporting Period From <i>1-1-17</i> To <i>5-1-17</i>
---	---

Full Name of Contributor	DATE			AMOUNT
	MO.	DAY	YEAR	
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				
Mailing Address	MO.	DAY	YEAR	\$
City	MO.	DAY	YEAR	\$
Description of Contribution:				

Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.

PAGE TOTAL
\$ *0.00*

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate <i>Friends of Bryan Callahan</i>	Reporting Period From <u>1-1-17</u> To <u>5-1-17</u>
---	---

				DATE			AMOUNT
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			
Full Name of Contributor				MO.	DAY	YEAR	\$
Mailing Address				MO.	DAY	YEAR	\$
City	State	Zip Code (Plus 4)		MO.	DAY	YEAR	\$
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business				Description of Contribution			

Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate Friends of Bryan Callahan	Reporting Period From 1-1-17 To 5-1-17
---	---

To Whom Paid The Morning Call	MO. 1	DAY 4	YEAR 17	Amount \$ 15.96
Mailing Address -				
Description of Expenditure Subscription				
City Allentown	State PA	Zip Code (Plus 4) 18102 -		

To Whom Paid The Morning Call	MO. 1	DAY 31	YEAR 17	Amount \$ 15.96
Mailing Address -				
Description of Expenditure Subscription				
City Allentown	State PA	Zip Code (Plus 4) 18102 -		

To Whom Paid Celeste Dec / Advantage REP.	MO. 2	DAY 23	YEAR 17	Amount \$ 150.00
Mailing Address 2285 Schoenersville Rd # 207				
Description of Expenditure Campaign Svc				
City Bethlehem	State PA	Zip Code (Plus 4) 18017 -		

To Whom Paid The Morning Call	MO. 2	DAY 28	YEAR 17	Amount \$ 15.96
Mailing Address -				
Description of Expenditure Subscription				
City Allentown	State PA	Zip Code (Plus 4) 18102 -		

To Whom Paid The Brick	MO. 3	DAY 9	YEAR 17	Amount \$ 175.69
Mailing Address 1 W. Broad St				
Description of Expenditure Campaign Meeting				
City Bethlehem	State PA	Zip Code (Plus 4) 18018 -		

To Whom Paid CVS Pharmacy	MO. 3	DAY 13	YEAR 17	Amount \$ 79.68
Mailing Address -				
Description of Expenditure Parade Candy				
City Bethlehem	State PA	Zip Code (Plus 4) 18017 -		

To Whom Paid USPS	MO. 3	DAY 15	YEAR 17	Amount \$ 29.40
Mailing Address PO 41 4395				
Description of Expenditure Stamp				
City Bethlehem	State PA	Zip Code (Plus 4) 18018 -		

To Whom Paid Friends of Michael Recchiuti	MO. 3	DAY 24	YEAR 17	Amount \$ 500.00
Mailing Address 4209 Alora Lane				
Description of Expenditure Donation				
City Bethlehem	State PA	Zip Code (Plus 4) 18017 -		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL \$ 982.65
---	--------------------------------

SCHEDULE III
STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate <i>Friends of Bryan Callahan</i>	Reporting Period From <i>1-1-17</i> To <i>5-1-17</i>
---	---

To Whom Paid <i>The Morning Call</i>	MO. <i>3</i>	DAY <i>31</i>	YEAR <i>17</i>	Amount <i>\$15.96</i>
Mailing Address		Description of Expenditure <i>Subscription</i>		
City <i>Allentown</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18107-</i>		

To Whom Paid <i>Friends of Basillo Berilla</i>	MO. <i>4</i>	DAY <i>11</i>	YEAR <i>17</i>	Amount <i>\$200.00</i>
Mailing Address <i>428 Grandview Blvd</i>		Description of Expenditure <i>Donation</i>		
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18018-</i>		

To Whom Paid <i>Bryan Callahan</i>	MO. <i>1</i>	DAY <i>1</i>	YEAR <i>17</i>	Amount <i>\$435.57</i>
Mailing Address <i>6334 Main St</i>		Description of Expenditure <i>Expenses Reimbursements Loan Repayment Campaign Food Petition Fees et Al</i>		
City <i>Bethlehem</i>	State <i>PA</i>	Zip Code (Plus 4) <i>18018-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <i>-</i>		

To Whom Paid	MO.	DAY	YEAR	Amount <i>\$</i>
Mailing Address		Description of Expenditure		
City	State	Zip Code (Plus 4) <i>-</i>		

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	PAGE TOTAL <i>\$651.53</i>
---	-------------------------------