

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 ST					
City	BETHLEHEM	State	PA	Zip Code	18018		

Type of Report (Place x under report type)								
1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)	5/21/2013	Year	2013		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
		01/01/2013	
A. Amount Brought Forward From Last Report	\$	0	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0	
C. Total Funds Available (Sum of Lines A and B)	\$	0	
D. Total Expenditures (From Schedule III)	\$	2100.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	-2100.00	
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

Sworn

My Co

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

Signature of Candidate

Printed Name

My Commission expires _____ MO. _____ DAY _____ YR.

Area Code

Daytime Telephone Number

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	0
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)	\$	0
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)	\$	0
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
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>		\$	0

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:	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	0
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 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]	\$	0
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 D
All Other Contributions**

Over \$250.00

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

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	0
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 B
All Other Contributions
 \$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from
 \$50.01 TO \$250 in the reporting period.
 (Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	⊕
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$

PART E

Other Receipts

REFUNDS, INTREST 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:	
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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:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ \emptyset

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ \emptyset

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ \emptyset

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)		\$ \emptyset
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SCHEDULE II
PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State		Zip Code	Date [MM/DD/YYYY]	\$		
Description of Contribution							

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

Filer Identification Number:	
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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:	
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To Whom Paid		FRIENDS OF BRYAN CALLAHAN				Date [MM/DD/YYYY]	\$
						03/01/2013	100.00
House #	633	Street Address	MAIN ST			Description of Expenditure	
City	BETHLEHEM	State	PA	Zip Code	18018	LOAN	

To Whom Paid		FRIENDS OF BRYAN CALLAHAN				Date [MM/DD/YYYY]	\$
						03/06/2013	2000.00
House #	633	Street Address	MAIN ST			Description of Expenditure	
City	BETHLEHEM	State	PA	Zip Code	18018	LOAN	

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							

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

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 type="checkbox"/>	Committee	<input checked="" type="checkbox"/>	Lobbyist	<input type="checkbox"/>
Name of Filing Committee, Candidate or Lobbyist		FRIENDS OF BRYAN CALAHAN					
Street Address		633 MAIN ST.					
City	BETHLEHEM	State	PA	Zip Code	18018		

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year		Amendment Report		Termination Report		
5/21/2013		2013		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date		For Office Use Only	
A. Amount Brought Forward From Last Report	01/01/2013	05/06/2013	\$ 0		
B. Total Monetary Contributions and Receipts (From Schedule I)			\$ 13,485.00		
C. Total Funds Available (Sum of Lines A and B)			\$ 13,485.00		
D. Total Expenditures (From Schedule III)			\$ 3812.92		
E. Ending Cash Balance (Subtract Line D from Line C)			\$ 9692.08		
F. Value of In-Kind Contributions Received (From Schedule II)			\$ 0		
G. Unpaid Debts and Obligations (From Schedule IV)			\$ 2100.00		

Affidavit Section

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear that this report, including the attached schedules, is correct and true, and I believe the information is true, correct and complete.

Sworn and signed before me on this _____ day of _____, 2013, by _____, Treasurer of the _____, and _____, Candidate.

My Commission Expires _____

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

[REDACTED SIGNATURE]

My Commission Expires Jul 7, 2014

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)	\$	1910.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	100.00
All Other Contributions (Part B)		\$	7475.00
Total for the reporting period	(2)	\$	7575.00
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	0
All Other Contributions (Part D)		\$	4000.00
Total for the reporting period	(3)	\$	4000.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	0
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>		\$	13,485.00

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	
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							Amount
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	100.00
FRIENDS OF LISA BOSCOLA					04/03/2013		
House #	Street Address				Date [MM/DD/YYYY]	\$	
385	PALMETTO DR.						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
EASTON	PA	18045					
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code			Date [MM/DD/YYYY]	\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
SEAN A. BOYLE					04/03/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2516	LUDWIG CT						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
MACUNGIE	PA	18062					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
JOHN E. FREUND III					04/03/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1	12. BROAD ST STE 700						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
DONALD F. SPRY II					04/03/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
3503	MARGATE RD						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18020					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
JAMES G. PETRUCCI					03/28/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
171	STATE ROUTE 173 # 201						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
ASBURY	NJ	08802					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
BRANDON M. BENNER					04/03/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2005	CITY LINE RD SUITE 106						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
GARRETT R. BENNER					04/03/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2005	CITY LINE RD SUITE 106						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18017					

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]	\$	
CHARLES T. CALLAHAN					04/03/2013		200.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
3601	NITARO RD						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18020					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
JEFFREY A. PARKS					04/01/2013		200.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
223	E. CHURCH ST						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
SCOTT B ALINSON					04/03/2013		150.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
1611	POND RD STE 300						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
ALLENTOWN	PA	18104					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
RICHARD MASTER					04/03/2013		150.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
2280	NEWLINS MILL RD						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
EASTON	PA	18045					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
J.B. HOFFMEIER					04/03/2013		150.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
74	W. BROAD ST SUITE 200						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
DAVID M. ROMANELI					04/03/2013		150.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
105	HOFFMAN LN						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
GLEN GARDNER	NJ	08826					

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]		\$	
MARTIN COHEN		04/02/2013		\$	100.00
House #	Street Address	Date [MM/DD/YYYY]		\$	
2851	BAGLYOS CIRCLE SUITE 200			\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18020		\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
RODNEY HOLT		04/03/2013		\$	100.00
House #	Street Address	Date [MM/DD/YYYY]		\$	
519	11TH AVE			\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18018		\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
JOSEPH STELLATO		04/03/2013		\$	100.00
House #	Street Address	Date [MM/DD/YYYY]		\$	
4348	REXFORD DR			\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18020		\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
JASON ROEDER		04/03/2013		\$	100.00
House #	Street Address	Date [MM/DD/YYYY]		\$	
610	BARCLAY DR			\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18017		\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
ROBERT A. MELOSKY		04/03/2013		\$	100.00
House #	Street Address	Date [MM/DD/YYYY]		\$	
876	HILTON ST.			\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18017		\$	
Full Name of Contributor		Date [MM/DD/YYYY]		\$	
JEFFREY R. KARAM		04/03/2013		\$	100.00
House #	Street Address	Date [MM/DD/YYYY]		\$	
4082	MECKES DR			\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
WALNUT PORT	PA	18088		\$	

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]	\$	
VITO VILLANI					04/03/2013		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
334	E. ETTWEIN ST						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
DANNY SCHAFFER					04/03/2013		150.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
535	MAIN ST						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
GREG BUTZ					04/03/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1636	BARKWOOD DR.						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
OREFIELD	PA	18069					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
JOHN GALLAGHER					04/03/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
711	FOREST DR						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
HARRISBURG	PA	17112					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
LEO DE VITO					04/03/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
38	W. MARKET ST						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
DINO CANELMI					04/03/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2854	LINDEN ST						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18017					

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]	\$	
ANTHONY G. STELLAR					04/30/2013		250.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
5190	MEMORIAL RD						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
SCHNECKSVILLE	PA	18078					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
JAMES HICKEY					04/30/2013		250.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
KEVIN SERFASS					04/22/2013		250.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
3704	OREFIELD RD						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
ALLENTOWN	PA	18104					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
JOE ULIANA					04/26/2013		250.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
2571	BAGLYOS CR. B20						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
BETHLEHEM	PA	18020					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
RALPH CAIZZO					04/28/2013		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
553	MAIN ST						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
BETHLEHEM	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
JOE D'AMBROSIO					04/28/2013		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
315	S. NEW ST						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
BETHLEHEM	PA	18015					

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
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Full Name of Contributor					Date [MM/DD/YYYY]	\$	
WILLIAM T. SOFRANEK					04/03/2013		75.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2955	HODLE AVE						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
EASTON	PA	18045					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
SHARON L RICCIONE					04/03/2013		75.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
4665	COLLEEN DR						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
SCHNECKSVILLE	PA	18078					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
VANESSA LAPORTA					04/03/2013		75.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
4/20	SUNCREST LN						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18020					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
IONNA KOUNOUPIS					04/05/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
10	E. BROAD ST						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
WILLIAM KOUNOUPIS					04/05/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
10	E. BROAD ST						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
CHARLES KELLY					04/05/2013		75.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
1236	DALEHURST DR						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18018					

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	House #	Street Address	City	State	Zip Code	Date [MM/DD/YYYY]	\$
ED THOMANN						04/05/2013	200.00
	2954	E. MARKET ST	WARREN	OH	44383		
DR. MARK J. AUGELLO						04/06/2013	100.00
	1578	EASTON AVE	BETHLEHEM	PA	18017		
JAMES BYSZEWSKI						04/19/2013	250.00
	11	BRANDYWINE CT	WHIPPANY	NJ	07981		
LOUIS S. INTILE						04/19/2013	250.00
	11	BRANDYWINE CT	WHIPPANY	NJ	07981		
DANIEL KRASNICK						04/19/2013	200.00
	1160	GASPAR AVE	BETHLEHEM	PA	18017		
PATRICK RUGGTERIO						04/29/2013	250.00
	930	E. MARKET ST	BETHLEHEM	PA	18018		

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]	\$
RICHARD D. RITTER					04/04/2013	75.00
House #	Street Address				Date [MM/DD/YYYY]	\$
405	EYE COURT					
City	State	Zip Code		Date [MM/DD/YYYY]		\$
BATH	PA	18014				
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]	\$	
MURAT M GUZEL					04/03/2013		1,000.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
52	E. UNION BLVD						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18018					
Employer Name			Occupation				
NIMEKS ORGANICS			OWNER CEO				
Employer Mailing Address / Principal Place of Business							
52 E. UNION BLVD., BETHLEHEM PA 18018							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
SCOTT G. HOMEL					04/03/2013		500.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
491	OLD YORK RD. SUITE 200						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
JENKINTOWN	PA	19046					
Employer Name			Occupation				
PINTZUK BROWN REALTY GROUP			REALTOR				
Employer Mailing Address / Principal Place of Business							
491 OLD YORK RD, JENKINTOWN, NJ 19046							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
JOHN J. TALLARICO, JR					04/03/2013		500.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
274	WEDGEWOOD RD						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18017					
Employer Name			Occupation				
SELF-EMPLOYED							
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
DENNIS E. BENNER					04/03/2013		500.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
2005	CITY LINE RD, SUITE 106						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18017					
Employer Name			Occupation				
SELF-EMPLOYED			ATTORNEY				
Employer Mailing Address / Principal Place of Business							

**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]		\$
FREDERICK S BRACALENTE					04/08/2013		500.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
2203	WILLIAMS CHURCH RD						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
HELLERTOWN	PA	18055					
Employer Name			Occupation				
RCB PAVING			OWNER				
Employer Mailing Address / Principal Place of Business							
2203 WILLIAMS CHURCH RD, HELLETTOWN, PA 18055							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
SEAN BOYLE					04/08/2013		1,000.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
2516	LUDWIG CT						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
MACLURGIE	PA	18062					
Employer Name			Occupation				
BOYLE CONSTRUCTION MANAGEMENT			PRESIDENT				
Employer Mailing Address / Principal Place of Business							
1209 HAUSMAN RD, SUITE B, ALLENTOWN, PA 18104							

Full Name of Contributor					Date [MM/DD/YYYY]		\$
LEO DELONG					04/08/2013		1,000.00
House #	Street Address		Date [MM/DD/YYYY]		\$		
55	HIDDEN MEADOW DR						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
EASTON	PA	18042					
Employer Name			Occupation				
ASHLEY DEVELOPEMENT			OWNER				
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, INTREST 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		N/A					
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							
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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)	\$	0
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2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	0
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3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	0
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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)		\$	0
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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]	\$
N/A					
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]		\$
W/A						
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:	
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To Whom Paid		BETHLEHEM BREW WORKS			Date [MM/DD/YYYY]	\$	300.00
House #	569	Street Address	MAIN ST		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018	DEPOSIT	
To Whom Paid		TARGET			Date [MM/DD/YYYY]	\$	21.66
House #	912	Street Address	AIRPORT CENTER RD		Description of Expenditure		
City	ALLENTOWN	State	PA	Zip Code	18109	ENVELOPES	
To Whom Paid		CVS			Date [MM/DD/YYYY]	\$	10.58
House #	1457	Street Address	8TH AVE		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018	STATIONARY	
To Whom Paid		CAPITOL PROMOTIONS			Date [MM/DD/YYYY]	\$	774.02
House #		Street Address	PO. BOX 231		Description of Expenditure		
City	GLENSIDE	State	PA	Zip Code	19038	YARD SIGNS	
To Whom Paid		SHAWN YETTER			Date [MM/DD/YYYY]	\$	350.00
House #	603	Street Address	POPLAR ST		Description of Expenditure		
City	CATASAUGUA	State	PA	Zip Code	18032	SIGN & PALMCARD DESIGN	
To Whom Paid		BLASI PRINTING			Date [MM/DD/YYYY]	\$	779.30
House #	1490	Street Address	SANS SOUCI PKWY		Description of Expenditure		
City	HANOVER TOWNSHIP	State	PA	Zip Code	18706	PRINTING	
To Whom Paid		UNITED STATES POSTAL SERVICE			Date [MM/DD/YYYY]	\$	46.00
House #	535	Street Address	WOOD ST		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018	STAMPS	
To Whom Paid		PARTY CITY			Date [MM/DD/YYYY]	\$	21.20
House #	2404	Street Address	CATASAUGUA RD		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018	BALLOONS	

SCHEDULE III
Statement of Expenditures

Filer Identification Number:									
To Whom Paid					Date [MM/DD/YYYY]		\$		
BETHLEHEM BREW WORKS					04/03/2013		612.60		
House #	Street Address		Description of Expenditure						
569	MAIN ST		CAMPAIGN EVENT						
City	State		Zip Code						
BETHLEHEM	PA		18018						
To Whom Paid					Date [MM/DD/YYYY]		\$		
BETHLEHEM CITY DEMOCRATIC COMM.					04/04/2013		60.00		
House #	Street Address		Description of Expenditure						
315	HAMILTON AVE		DONATION						
City	State		Zip Code						
BETHLEHEM	PA		18017						
To Whom Paid					Date [MM/DD/YYYY]		\$		
BILL HOY					04/06/2013		200.00		
House #	Street Address		Description of Expenditure						
390	PINE TOP TRAIL		WEB PAGE DESIGN						
City	State		Zip Code						
BETHLEHEM	PA		18017						
To Whom Paid					Date [MM/DD/YYYY]		\$		
UNITED STATES POSTAL SERVICE					04/11/2013		18.40		
House #	Street Address		Description of Expenditure						
535	WOOD ST		STAMPS						
City	State		Zip Code						
BETHLEHEM	PA		18018						
To Whom Paid					Date [MM/DD/YYYY]		\$		
PA DEMOCRATIC STATE COMM					04/12/2013		212.00		
House #	Street Address		Description of Expenditure						
300	N 2ND ST, 8TH FL		VOTE BUILDER						
City	State		Zip Code						
HARRISBURG	PA		17101						
To Whom Paid					Date [MM/DD/YYYY]		\$		
BLACK & GOLD GRIDIRON CLUB / FREEDOM H.S.					04/14/2013		100.00		
House #	Street Address		Description of Expenditure						
3149	CHESTER RD		PROGRAM AD						
City	State		Zip Code						
BETHLEHEM	PA		18020						
To Whom Paid					Date [MM/DD/YYYY]		\$		
HISPANIC CENTER OF LEHIGH VALLEY					04/16/2013		125.00		
House #	Street Address		Description of Expenditure						
520	E. FOURTH ST		PROGRAM AD						
City	State		Zip Code						
BETHLEHEM	PA		18015						
To Whom Paid					Date [MM/DD/YYYY]		\$		
TARGET					04/15/2013		12.70		
House #	Street Address		Description of Expenditure						
912	AIRPORT CENTER RD		STATIONARY						
City	State		Zip Code						
ALLENTOWN	PA		18109						

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid	UNITED STATES POSTAL SERVICE	Date [MM/DD/YYYY]	04/25/2013	\$	19.46
House #	535	Street Address	WOOD ST	Description of Expenditure	
City	BETHLEHEM	State	PA	Zip Code	18018
POSTAGE					

To Whom Paid	J.G. GREEN / ED O'BRIEN DINNER	Date [MM/DD/YYYY]	05/06/2013	\$	150.00
House #	53	Street Address	E. LEHIGH ST.	Description of Expenditure	
City	BETHLEHEM	State	PA	Zip Code	18018
PROGRAM AD					

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		BRYAN CALLAHAN				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
633	MAIN ST	03/01/2013					
City	State	Zip Code					100.00
BETHLEHEM	PA	18018					
Description of Debt		LOAN					

Name of Creditor		BRYAN CALLAHAN				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$	
633	MAIN ST	03/06/2013					
City	State	Zip Code					2000.00
BETHLEHEM	PA	18018					
Description of Debt		LOAN					

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							