

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	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		FRIENDS OF 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		11/05/2013	Year	2013	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	FOR Office Use Only
	06/11/2013	10/21/2013	
A. Amount Brought Forward From Last Report	\$	2499.51	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	8539.76	
C. Total Funds Available (Sum of Lines A and B)	\$	11,039.27	
D. Total Expenditures (From Schedule II)	\$	2748.36	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	8290.91	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	2000.00	

Affidavit Section

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

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

29
 My Commission Expires Jul 7, 2014

Part II- I swear (or affirm) that to the best of my knowledge and belief the report and schedules have not been amended.

Sworn to and subscribed before me this

29
 My Commission Expires Jul 7, 2014

My Commission Expires Jul 7, 2014

20F16

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)	\$	130.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	450.00
All Other Contributions (Part B)		\$	2454.76
Total for the reporting period	(2)	\$	2904.76
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	2000.00
All Other Contributions (Part D)		\$	3500.00
Total for the reporting period	(3)	\$	5500.00
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	
Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i>		\$	8539.76

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]	\$
FRIENDS OF J. WILLIAM REYNOLDS						09/23/2013	250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
34	W. ELIZABETH AVE						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18018					
Full Name of Contributing Committee						Date [MM/DD/YYYY]	\$
BETHLEHEM CITY DEMOCRATIC COMM						09/29/2013	200.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
	PO BOX 1792						
City	State	Zip Code		Date [MM/DD/YYYY]		\$	
BETHLEHEM	PA	18016					
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 w

\$50.01 TO \$250 in the report

(Exclude contributions from political comm

Filer Identification Number:							
Full Name of Contributor		DONALD F. SPRY II		Date [MM/DD/YYYY]	\$	250.00	
House #	3503	Street Address	MARGATE RD	Date [MM/DD/YYYY]	\$		
City	BETHLEHEM	State	PA	Zip Code	18020	Date [MM/DD/YYYY]	\$
Full Name of Contributor		JOHN J MCGEEHAN		Date [MM/DD/YYYY]	\$	250.00	
House #	375	Street Address	13TH AVE	Date [MM/DD/YYYY]	\$		
City	BETHLEHEM	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributor		JEFFREY A PARKS		Date [MM/DD/YYYY]	\$	200.00	
House #	223	Street Address	E. CHURCH ST	Date [MM/DD/YYYY]	\$		
City	BETHLEHEM	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributor		KATHERINE E HILGERT		Date [MM/DD/YYYY]	\$	200.00	
House #	1160	Street Address	YORKSHIRE RD	Date [MM/DD/YYYY]	\$		
City	BETHLEHEM	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributor		GERALD J. GREEN		Date [MM/DD/YYYY]	\$	200.00	
House #	219	Street Address	MOUNT AIRY AVE	Date [MM/DD/YYYY]	\$		
City	BETHLEHEM	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$
Full Name of Contributor		MICHELLE PORTNOFF		Date [MM/DD/YYYY]	\$	100	
House #	1124	Street Address	STONY LANE	Date [MM/DD/YYYY]	\$		
City	GLADWYNE	State	PA	Zip Code	19035	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]	\$	
ANGIE V BRONG					09/15/2013		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
264	WEDGEWOOD RD						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18017					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
BIANCA VIUANI					09/24/2013		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
334	E STIWEIN ST						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
BRUNO D. SCIPEONE JR.					09/15/2013		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
4034	EASTON AVE						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
BETHLEHEM	PA	18020					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
SCOTT B. ALINSON					09/23/2013		150.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
1611	POND RD. SUITE 300						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
ALLENTOWN	PA	18104					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
J. B. NOFFMEIER, JR.					09/23/2013		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]	\$	
FRANK J. KORPICKS, JR					09/30/2013		100.00
House #	Street Address			Date [MM/DD/YYYY]	\$		
145	WOODLAND RD						
City	State	Zip Code			Date [MM/DD/YYYY]	\$	
HELLERTOWN	PA	18055					

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]	\$	
DAVID M. ROMANELLI					09/23/2013		150.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
105	HOFFMAN LN						
City	State	Zip Code				\$	
GLEN GARDNER	NJ	08826					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
LEO DEVITO					09/16/2013		250.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
38	W. MARKET ST						
City	State	Zip Code				\$	
BETHLEHEM	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
ROBERT VIDONI					08/18/2013		154.76
House #	Street Address				Date [MM/DD/YYYY]	\$	
600	SPRING ST						
City	State	Zip Code				\$	
BETHLEHEM	PA	18018					
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code				\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code				\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	State	Zip Code				\$	

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		FRIENDS OF BOB DONCHEZ			Date [MM/DD/YYYY]	\$	500.00
House #	377	Street Address	DEVONSHIRE DR		Date [MM/DD/YYYY]	\$	
City	BETHLEHEM	State	PA	Zip Code	18017	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		FRIENDS OF JOHN CALLAHAN			Date [MM/DD/YYYY]	\$	1,500.00
House #		Street Address	PO BOX 1403		Date [MM/DD/YYYY]	\$	
City	BETHLEHEM	State	PA	Zip Code	18016	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]		\$	
SEAN A BOYLE						09/06/2013		500.00	
House #	Street Address					Date [MM/DD/YYYY]		\$	
2516	LUDWIG COURT								
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
MACUNGIE	PA		18062						
Employer Name						Occupation			
BOYLE CONSTRUCTION MGMT.						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, JR.						09/17/2013		1,000.00	
House #	Street Address					Date [MM/DD/YYYY]		\$	
55	HIDDEN MEADOW LN								
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
EASTON	PA		18049						
Employer Name						Occupation			
ASHLEY DEVELOPMENT						OWNER			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
JOHN J. GALLAGHER						09/20/2013		500.00	
House #	Street Address					Date [MM/DD/YYYY]		\$	
711	FORREST RD								
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
HARRISBURG	PA		17112						
Employer Name						Occupation			
SELF						ATTORNEY			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
DINO P. CANTELMINI						09/23/2013		500.00	
House #	Street Address					Date [MM/DD/YYYY]		\$	
2854	LINDEN ST								
City	State		Zip Code		Date [MM/DD/YYYY]		\$		
BETHLEHEM	PA		18017						
Employer Name						Occupation			
CANTELMINI HARDWARE						OWNER			
Employer Mailing Address / Principal Place of Business									
521 E 4TH ST, BETHLEHEM, PA 18015									

**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]		\$	
DENNIS BENNER				09/23/2013			1,000.00
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			ATTORNEY				
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business							
Full Name of Contributor				Date [MM/DD/YYYY]		\$	
House #	Street Address		Date [MM/DD/YYYY]		\$		
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Employer Name			Occupation				
Employer Mailing Address / Principal Place of Business							

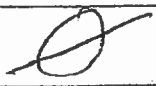
PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
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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)	\$ 0

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART F)		
TOTAL for the reporting period	(2)	\$ 0

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

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	
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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			

14 of 12

SCHEDULE III
Statement of Expenditures

Filer Identification Number:	
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To Whom Paid		BRYAN CALAHAN			Date [MM/DD/YYYY]	\$	310.49
House #	633	Street Address	MAIN ST		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018	CAMPAG PEN	
To Whom Paid		THE GOODFELLOWS SOCIAL CLUB			Date [MM/DD/YYYY]	\$	75.00
House #		Street Address	PO BOX 4413		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018	DUES	
To Whom Paid		BILL HOY			Date [MM/DD/YYYY]	\$	450.00
House #	390	Street Address	PINE TOP TRAIL		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18017	WEBSITE MAINTENANCE	
To Whom Paid		BLACK & GOLD GRIDIRON CLUB			Date [MM/DD/YYYY]	\$	100.00
House #	3149	Street Address	CHESTER RD		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18020	PROGRAM AD	
To Whom Paid		LIBERTY H.S. BOOSTER CLUB			Date [MM/DD/YYYY]	\$	90.00
House #	1115	Street Address	LINDEN ST		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code		PROGRAM AD	
To Whom Paid		BETHLEHEM CITY DEMOCRATIC COMM			Date [MM/DD/YYYY]	\$	160.00
House #		Street Address	PO BOX 1792		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18016	PROGRAM D	
To Whom Paid		BRYAN CALAHAN			Date [MM/DD/YYYY]	\$	2,100.00
House #	633	Street Address	MAIN ST		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18018	REPAY LOAN	
To Whom Paid		BILL HOY			Date [MM/DD/YYYY]	\$	100.00
House #	390	Street Address	PINE TOP TRAIL		Description of Expenditure		
City	BETHLEHEM	State	PA	Zip Code	18017	EB SITE	

Statement of Expenditures

Filer Identification Number: _____

To Whom Paid		FREEDOM HS BOY'S BASKETBALL BOOSTER CLUB			Date [MM/DD/YYYY]	\$	100.00
House #	Street Address				Description of Expenditure		
3149	CHESTER RD				PROGRAM AD		
City	State	Zip Code					
BETHLEHEM	P	18020					
To Whom Paid		BETHLEHEM BREWWORKS			Date [MM/DD/YYYY]	\$	300.00
House #	Street Address				Description of Expenditure		
569	MAEN ST				EVENT DEPOSIT		
City	State	Zip Code					
BETHLEHEM	PA	18018					
To Whom Paid		CHRISTMAS CITY PRINTING			Date [MM/DD/YYYY]	\$	135.68
House #	Street Address				Description of Expenditure		
861	14TH AVE				PRINTING		
City	State	Zip Code					
BETHLEHEM	PA	18018					
To Whom Paid		PJ'S PUB			Date [MM/DD/YYYY]	\$	69.65
House #	Street Address				Description of Expenditure		
3345	HIGH POINT BLVD				CAMPAIGN MTG.		
City	State	Zip Code					
BETHLEHEM	PA	18017					
To Whom Paid		U.S. POSTAL SERVICE			Date [MM/DD/YYYY]	\$	69.00
House #	Street Address				Description of Expenditure		
535	WOOD ST				POS		
City	State	Zip Code					
BETHLEHEM	PA	18018					
To Whom Paid		STAPLES			Date [MM/DD/YYYY]	\$	28.58
House #	Street Address				Description of Expenditure		
2138	W. UNION BLVD				ENVELOPES		
City	State	Zip Code					
BETHLEHEM	PA	18018					
To Whom Paid		PARTY CITY			Date [MM/DD/YYYY]	\$	70.48
House #	Street Address				Description of Expenditure		
2404	CATAWAUGA RD				BALLOONS		
City	State	Zip Code					
BETHLEHEM	PA	18018					
To Whom Paid		CAPITOL PROMOTIONS			Date [MM/DD/YYYY]	\$	729.28
House #	Street Address				Description of Expenditure		
	PO BOX 231				4		
City	State	Zip Code					
GLENSIDE	PA	19038					

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.

File 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	10/21/2013					
City		State	Zip Code				
BETHLEHEM		PA	18018			2,000.00	
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							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)					
City		State	Zip Code				
Description of Debt							