



**Pennsylvania Department of State**  
 Bureau of Campaign Finance & Civic Engagement  
 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)  
[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@ps.gov](mailto:ra-stcampaignfinance@ps.gov)

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Statements. This form must be signed by hand where a signature is required.**

Name of filer: Committee, Candidate, or Lobbyist				
<i>Bryan Callahan</i>				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input type="checkbox"/> <b>Cycle 2</b> 2 <sup>nd</sup> Friday Pre-Primary	<input type="checkbox"/> <b>Cycle 3</b> 30 Day Post Primary	<input type="checkbox"/> <b>Cycle 4</b> 6 <sup>th</sup> Tuesday Pre-Election	<input checked="" type="checkbox"/> <b>Cycle 5</b> 2 <sup>nd</sup> Friday Pre-Election
<input type="checkbox"/> <b>Cycle 6</b> 30 Day Post-Election	<input type="checkbox"/> <b>Cycle 7</b> Annual Report	<input type="checkbox"/> <b>Cycle 8</b> 2 <sup>nd</sup> Friday Pre-Special Election	<input type="checkbox"/> <b>Cycle 9</b> 30 Day Post-Special Election	

*Part 1 – If this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full 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 Statement is true and correct.**





**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement

210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)

[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

*Part II - If this is submitted with a statement in lieu of full report by a Candidate's Authorized Committee, candidate sign here.*

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Statement is true and correct.**



Reset Form

Print Form

# 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 Street					
City	Bethlehem	State	PA	Zip Code	18018		

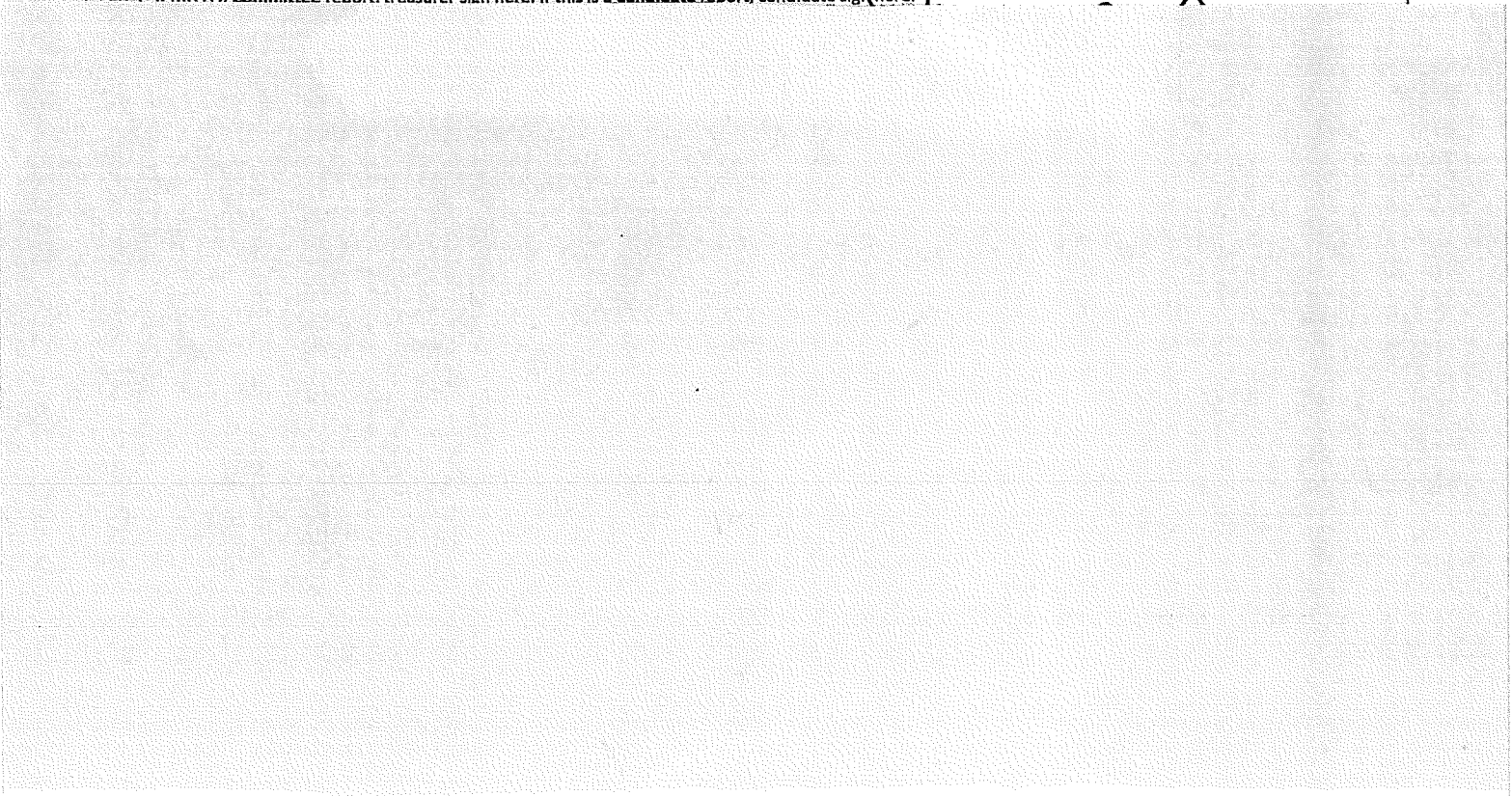
Type of Report (Place x under report type)

1- 6 <sup>th</sup> Tuesday Pre-Primary	2- 2 <sup>nd</sup> Friday Pre-Primary	3- 30 Day Post Primary	4- 6 <sup>th</sup> Tuesday Pre- Election	5- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> 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)	11/07	Year	2023		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	06/06/2023	10/23/2023	
A. Amount Brought Forward From Last Report	\$	5,446.95	
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	12,909.54	
C. Total Funds Available (Sum of Lines A and B)	\$	18,356.49	
D. Total Expenditures (From Schedule III)	\$	14,859.94	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	3,496.55	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00	

Affidavit Section

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



SCHEDULE I  
**Contributions and Receipts**  
Detailed Summary Page

Filer Identification Number	
-----------------------------	--

<b>1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor</b>
---

Total for the reporting period (1)	\$	
------------------------------------	----	--

<b>2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)</b>
---

Contributions Received from Political Committees (Part A)	\$	159.54
All Other Contributions (Part B)	\$	1,750.00
Total for the reporting period (2)	\$	1,909.54

<b>3. Contributions Over \$250.00 (From Part C and Part D)</b>
--

Contributions Received from Political Committees (Part C)	\$	5,000.00
All Other Contributions (Part D)	\$	6,000.00
Total for the reporting period (3)	\$	11,000.00

<b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>
--

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>		\$

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		Friends of Bill McGee				Date [MM/DD/YYYY]		\$		\$159.54	
						09/26/2023					
House #	169	Street Address		W 29th Street				Date [MM/DD/YYYY]		\$	
City	Northampton			State	PA	Zip Code	18067		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 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		Bruce Haines		Date [MM/DD/YYYY]	\$	\$200
				09/26/2023		
House #	15742	Street Address	Glenisle Way		Date [MM/DD/YYYY]	\$
City	Fort Myers	State	FL	Zip Code	33912-3922	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		Stephen Baratta		Date [MM/DD/YYYY]	\$	\$200
				09/26/2023		
House #	134	Street Address	W Langhorne Avenue		Date [MM/DD/YYYY]	\$
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		Greg Salamoni		Date [MM/DD/YYYY]	\$	\$450
				09/25/2023		
House #	895	Street Address	West Macada Road		Date [MM/DD/YYYY]	\$
City	Bethlehem	State	PA	Zip Code	18017	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		John Freund		Date [MM/DD/YYYY]	\$	\$100
				09/26/2023		
House #	One	Street Address	West Broad Street		Date [MM/DD/YYYY]	\$
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		Mark & Nuria Diluzio		Date [MM/DD/YYYY]	\$	\$175
				09/26/2023		
House #	2919	Street Address	Lark Spur Lane		Date [MM/DD/YYYY]	\$
City	Easton	State	PA	Zip Code	18045	Date [MM/DD/YYYY]
						\$
Full Name of Contributor		William Hoy		Date [MM/DD/YYYY]	\$	\$100
				09/26/2023		
House #	390	Street Address	Pine Top Trail		Date [MM/DD/YYYY]	\$
City	Bethlehem	State	PA	Zip Code	18017	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:	
------------------------------	--

Full Name of Contributor		Timothy & Gail Schoenenberger				Date [MM/DD/YYYY]	\$	\$175
						09/26/2023		
House #	920	Street Address		Fernwood Street		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Robert & Susan Virgilio				Date [MM/DD/YYYY]	\$	\$100
						09/15/2023		
House #	518	Street Address		Long Street		Date [MM/DD/YYYY]	\$	
City	Bethlehem	State	PA	Zip Code	18018	Date [MM/DD/YYYY]	\$	
Full Name of Contributor		Jeanne McNeill				Date [MM/DD/YYYY]	\$	\$250
						09/26/2023		
House #	941	Street Address		Long Street		Date [MM/DD/YYYY]	\$	
City	Fountain Hill	State	PA	Zip Code	18015	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.

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of Contributing Committee</b>					Plumbers Union Local 860		<b>Date [MM/DD/YYYY]</b>	\$	\$1,500
							09/20/2023		
<b>House #</b>	2791	<b>Street Address</b>		Southampton Road		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		Philadelphia	<b>State</b>	PA	<b>Zip Code</b>	19154	<b>Date [MM/DD/YYYY]</b>		\$
<b>Full Name of Contributing Committee</b>					International Union of Operating Engineers		<b>Date [MM/DD/YYYY]</b>	\$	\$2,500
							09/21/2023		
<b>House #</b>	1375	<b>Street Address</b>		Virginia Drive		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		Fort Washington	<b>State</b>	PA	<b>Zip Code</b>	19034-3257	<b>Date [MM/DD/YYYY]</b>		\$
<b>Full Name of Contributing Committee</b>					Western Pennsylvania Laborers		<b>Date [MM/DD/YYYY]</b>	\$	\$500
							09/20/2023		
<b>House #</b>	12	<b>Street Address</b>		8th Street		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		Pittsburgh	<b>State</b>	PA	<b>Zip Code</b>	15222	<b>Date [MM/DD/YYYY]</b>		\$
<b>Full Name of Contributing Committee</b>					Laborers Local 1174		<b>Date [MM/DD/YYYY]</b>	\$	\$500
							09/19/2023		
<b>House #</b>	465	<b>Street Address</b>		Allentown Drive		<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>		Allentown	<b>State</b>	PA	<b>Zip Code</b>	18109-9121	<b>Date [MM/DD/YYYY]</b>		\$
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$
<b>Full Name of Contributing Committee</b>							<b>Date [MM/DD/YYYY]</b>	\$	
<b>House #</b>		<b>Street Address</b>				<b>Date [MM/DD/YYYY]</b>		\$	
<b>City</b>			<b>State</b>		<b>Zip Code</b>		<b>Date [MM/DD/YYYY]</b>		\$



**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)

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of Contributor</b>		James Byszewski				<b>Date [MM/DD/YYYY]</b>	\$	\$500
						09/26/2023		
<b>House #</b>	300	<b>Street Address</b>	Morris Avenue			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Mountain Lake	<b>State</b>	NJ	<b>Zip Code</b>	07046	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>		Unknown				<b>Occupation</b>	Unaffiliated	
<b>Employer Mailing Address / Principal Place of Business</b>								
<b>Full Name of Contributor</b>		Louis Intile				<b>Date [MM/DD/YYYY]</b>	\$	\$500
						09/26/2023		
<b>House #</b>	1941	<b>Street Address</b>	Chancellor Street			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Hellertown	<b>State</b>	PA	<b>Zip Code</b>	18055	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>		Unknown				<b>Occupation</b>	Unaffiliated	
<b>Employer Mailing Address / Principal Place of Business</b>								
<b>Full Name of Contributor</b>		Ralph Caiazzo				<b>Date [MM/DD/YYYY]</b>	\$	\$2,500
						09/27/2023		
<b>House #</b>	8606	<b>Street Address</b>	Sickle Road			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Bath	<b>State</b>	PA	<b>Zip Code</b>	18104	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>		Annabella, Inc.				<b>Occupation</b>	Chef-Maanager	
<b>Employer Mailing Address / Principal Place of Business</b>		4505 Bath Pike; Bethlehem, PA 18017						
<b>Full Name of Contributor</b>		Britneyrae Martin				<b>Date [MM/DD/YYYY]</b>	\$	\$2,500
						09/27/2023		
<b>House #</b>	8606	<b>Street Address</b>	Sickle Road			<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>	Bath	<b>State</b>	PA	<b>Zip Code</b>	18014	<b>Date [MM/DD/YYYY]</b>	\$	
<b>Employer Name</b>		Prudential				<b>Occupation</b>	Insurance	
<b>Employer Mailing Address / Principal Place of Business</b>		Newark, NJ						

**PART E**  
**Other Receipts**

**REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.**

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

Filer Identification Number:	
------------------------------	--

Full Name									
House #		Street Address							
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:	
------------------------------	--

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

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

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM 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

<b>Filer Identification Number:</b>	
-------------------------------------	--

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

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

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

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

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

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

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			
<b>Full Name of Contributor</b>					<b>Date [MM/DD/YYYY]</b>	\$		
<b>House #</b>	<b>Street Address</b>					<b>Date [MM/DD/YYYY]</b>	\$	
<b>City</b>			<b>State</b>	<b>Zip Code</b>			<b>Date [MM/DD/YYYY]</b>	\$
<b>Employer Name</b>					<b>Occupation</b>			
<b>Employer Mailing Address / Principal Place of Business</b>					<b>Description of Contribution</b>			

SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>To Whom Paid</b>		Freedom HS Basketball Golf Sponsorship				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	100.00
						08/15/2023		
<b>House #</b>	3149	<b>Street Address</b>	Chester Avenue			<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18020	Sponsorship		
<b>To Whom Paid</b>		Freedom HS Fall Football Program				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	125.00
						08/18/2023		
<b>House #</b>	3149	<b>Street Address</b>	Chester Avenue			<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18020	Advertisement		
<b>To Whom Paid</b>		Assurion				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	26.49
						08/31/2023		
<b>House #</b>	648	<b>Street Address</b>	Grassmere Park			<b>Description of Expenditure</b>		
<b>City</b>	Nashville	<b>State</b>	TN	<b>Zip Code</b>	37211	Insurance		
<b>To Whom Paid</b>		Sunoco				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	18.00
						07/21/2023		
<b>House #</b>	2450	<b>Street Address</b>	Catasauqua Road			<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018	Gas		
<b>To Whom Paid</b>		Assurion				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	26.49
						07/31/2023		
<b>House #</b>	648	<b>Street Address</b>	Grassmere Park			<b>Description of Expenditure</b>		
<b>City</b>	Nashville	<b>State</b>	TN	<b>Zip Code</b>	37211	Insurance		
<b>To Whom Paid</b>		Freedom HS Football Golf Outing Sponsorship				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	510.00
						06/06/2023		
<b>House #</b>	3149	<b>Street Address</b>	Chester Avenue			<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18020	Sponsorship		
<b>To Whom Paid</b>		Fegley's Brew				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	72.00
						06/14/2023		
<b>House #</b>	559	<b>Street Address</b>	Main Street			<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018	Campaign Meeting		
<b>To Whom Paid</b>		Apollo Grill				<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	176.26
						06/14/2023		
<b>House #</b>	85	<b>Street Address</b>	West Broad Street			<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018	Campaign Meeting		

SCHEDULE III  
Statement of Expenditures

<b>Filer Identification Number:</b>	
-------------------------------------	--

<b>To Whom Paid</b>		Assurion			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	26.49
					09/02/2023		
<b>House #</b>	648	<b>Street Address</b>	Grassmere Park		<b>Description of Expenditure</b>		
<b>City</b>	Nashville	<b>State</b>	TN	<b>Zip Code</b>	37211	Insurance	
<b>To Whom Paid</b>		Lehigh Valley Print Center			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	755.78
					09/22/2023		
<b>House #</b>	1701	<b>Street Address</b>	Union Boulevard		<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018	Yard Signs	
<b>To Whom Paid</b>		Dan Krasnick			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	125.00
					09/26/2023		
<b>House #</b>	1316	<b>Street Address</b>	Beverly Avenue		<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018	Accounting-Campaign Finance Manager	
<b>To Whom Paid</b>		Party City			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	83.32
					09/27/2023		
<b>House #</b>	2404	<b>Street Address</b>	Catasauqua Road		<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018	Balloons for Fund Raiser	
<b>To Whom Paid</b>		Assurion			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	26.49
					10/02/2023		
<b>House #</b>	648	<b>Street Address</b>	Grassmere Park		<b>Description of Expenditure</b>		
<b>City</b>	Nashville	<b>State</b>	TN	<b>Zip Code</b>	37211	Insurance	
<b>To Whom Paid</b>		Dolce Mama			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	500.00
					10/06/2023		
<b>House #</b>	4505	<b>Street Address</b>	Bath Pike		<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18017	Campaign Fund Raiser	
<b>To Whom Paid</b>		Urbano			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	175.97
					09/22/2023		
<b>House #</b>	526	<b>Street Address</b>	Main Street		<b>Description of Expenditure</b>		
<b>City</b>	Bethlehem	<b>State</b>	PA	<b>Zip Code</b>	18018	Campaign Meeting	
<b>To Whom Paid</b>		Bergmann Zwerdling Direct			<b>Date [MM/DD/YYYY]</b>	<b>\$</b>	12,112.65
					10/20/2023		
<b>House #</b>	1350	<b>Street Address</b>	Connecticut Avenue		<b>Description of Expenditure</b>		
<b>City</b>	Washington	<b>State</b>	DC	<b>Zip Code</b>	20036	Campaign Mailers	

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.

<b>Filer Identification Number:</b>	
-------------------------------------	--

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

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

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

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

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

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