COMMONWEALTH OF PENNSYLVANIA

CAMPAIGN FINANCE STATEMENT

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

FILER IDENTIFICATION NUMBER		ON BEHALF OF	CANDIDATE	, X	COMMITTEE	2. LOB	BYIST 3.
NAME OF FILING COMMITTEE, CA							
	Bryan Callahan						
STREET ADDRESS	633 Main St						
СПУ	ethlehem	втате:		ZIP CC	18015	***************************************	
TYPE OF REPORT (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Bethlehem City Council	DISTRICT NO.	PARTY DEM		ДАТ мо. 11	e OF ELEC DAY 02	YEAR 2021
6TH TUESDAY PRE-PRIMARY 2ND FRIDAY PRE-PRIMARY 30 DAY POST-PRIMARY 6TH TUESDAY PRE-ELECTION 2ND FRIDAY PRE-ELECTION 30 DAY 8.	DATES OF REPORTING 5 11 21 TO CASH BALANCE AT END OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD AMENDMENT YES				FOR C	FFICE USE	ONLY
POST-ELECTION ANNUAL REPORT	REPORT? TERMINATION YES REPORT?	NO X					
	AFEIDA	VIT SECTION					

PART I -

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here. If statement is filed on behalf of a Candidate, the Candidate must sign bere. If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

TO A SERVIN THE ACCEPTANCE OF DISBURSEMENTS OF LIABICITIES INCURRED DURING THE REPORTING PERIOD INDICATED ABOVE DID NOT



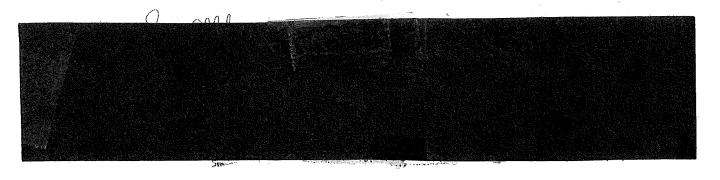
Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

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 Filing Committee, Candidate, or Lobbyist									
Bryan Callahan									
Reporting Cycle Name									
☐ Cycle 1	☐ Cycle 2	⊠ Cycle 3		Cycle 4	☐ Cycle 5				
6 th Tuesday	2 nd Friday	30 Day	6 th T	uesday	2 nd Friday				
Pre-Primary	Pre-Primary	Post Primary	Pre-l	Election	Pre-Election				
☐ Cycle 6	☐ Cycle 7	☐ Cycle 8		□ Су	cle 9				
30 Day Post-Election	Annual Report	2 nd Friday Pre-Specia	l Election	30 Day Po	ost-Special Election				

Part I – 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.



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

Filer Identificati	on	\		rt Filed B		_			Committee	<u> </u>		Lobby	vist	
Number			(Ma		,						X			
Name of Filing Committee, Candidate or Lobbyist			Friends of Bryan Callahan											
Street Address			633 1	Main Stre	et									
City	Bethlehe	em			State	•	PA		Zip Code	18018				
Type of Report	Place x under i	report type)												
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary		Tuesday lection	5- 2 nd Frida Pre- Electi		6-30 Da Election	y Post	7- Annual	Special 2 ^r Pre-Electi	3 -	4 T-1-2-1	al 30 D Electio	
		X				•								
Date Of Election (M M / DD/ YYYY)		05/18/2021	Year		2021		Amendn Report	nent		Terminat Report	lon			
,"我们就是一点"。 新年 医电子性 电电子电路	Summary of Receipts and From Date			To Date					For	Office Use	Only			
Expenditures		05/04/2021		06/07/2021										
A. Amount Brou	ight Forward F	rom Last Report	\$	34	4304.44									
B. Total Moneta (From Schedule	· 1987年 - 19874年 - 1987年 - 19874年 - 19874 - 19874 - 19874 - 19874 - 19874 - 19874 - 19874 - 19874 - 19874 - 19874 - 19874 - 1	ons and Receipts	\$		0.00									
C. Total Funds A			\$. 34	4304.44									
D. Total Expend (From Schedule			\$	\$1	8,716.28									
E. Ending Cash (Subtract Line D	and the figure of the		\$	15	5,588.16									
F. Value of In-K (From Schedule	경기로 가장 하시다 하는 것이	ons Received	\$		0.00									
G. Unpaid Debt (From Schedule	名称のことは 10 mm (10 mm)	ons	\$	Sampana.	0.00	Q# 2 #5	28 W				*			
					Attidavi	t ae	ection					··········		
		rt, treasurer sign h							dae and helief	truo correct	and comple)to		
ı swear (or aπirm)	mai inis report,	, including the atta	unea so	uccinies o	n haner, 12 to	HIE	Phase DI V	MINMIG	nge and belief	nue, correct i	mu comple	ic.		

SCHEDULEI

Contributions and Receipts

Detailed Summary Page

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

Cover Page, Item B)

SCHEDULE III

Statement of Expenditures

Filer Identification Number:						

To Whom Pald	The Morning Call				Date [MM/DD/YYYY] 5/18/2021	\$	27.72		
House # 101	Street Address N	orth 6th Street			Description of Expenditure				
Allentown		State PA	Zip Code	18105	News				
To Whom Paid		Date [M M / DD/ YYYY 05/18/2021	3	28.98					
House # 2425	2425 Street Address Schoenersville Road				Description of Expen	diture			
City Bethlehem		State PA	Zip Code	18017	Election Night				
To Whom Pald	Dolce Mamma Ital	an Bar & Grille			Date [MM/DD/YYYY 05/18/2021	3 \$	171.57		
House # 4505	Street Address	ath Pike			Description of Exper	diture			
City Bethlehem		State PA	Zip Code	18017	Election Night				
To Whom Pald	Weis Markets	Section and the section of the secti			Date [M M / DD/ YYYY 05/19/2021	j \$.	61.91		
House # 2425	Street Address	choernersville Ro	ad .		Description of Exper				
City Bethlehem State PA Zip 18017					Election Night				
To Whom Paid	Billy's Downtown [Diner			Date [MM/DD/YYYY 05/19/2021	<u>[]</u> .\$	70.33		
House # 10	Street Address	. Broad Street			Description of Expe	nditure			
City Bethlehem	A. S. 125	State PA	Zip Code	18018	Campaign Meeting				
To Whom Pald	Dolce Mamma Ita	lian Bar & Grille	and the state of t	- Control	Date [M.M/DD/YYY) 05/19/2021	7] \$	120.00		
House # 4505	Street Address	Bath Pike			Description of Expenditure				
City Bethlehem		State PA	Zip Code	18017	Campaign Meeting				
To Whom Pald	Wine & Spirits	- Association (Sec.)	(2000) 1 mmm 2500		Date [M M / DD/ YYY'		705.73		
House # 2289	Street Address	Schoenersville Ro	oad .		Description of Expe	nditure			
City Bethlehem		State PA	Zip. Code	18017	Election Night				
To Whom Pald	Apollo Grille	716690-000-000-000-000-000-000-000-000-000		- Constant of the Constant of	Date [M M / DD/ YYY 05/20/2021	Y] \$	441.58		
House # 85	Street Address	W. Broad Street			Description of Expenditure				
City Bethlehem	1	State PA	Zlp Code	18018	Thank You Dinner				

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	

To Whom Paid				Date [MM/DD/YYYY]	\$					
	Bethlehem Parking Au	thority				05/21/2021		10,00		
House # 85	Street Address W	North St		-		Description of Expendi	iture			
City Bethlehem State PA Zip Code 18018						Parking				
To Whom Paid						Date [MM/DD/YYYY]	\$			
	Apollo Grille					05/21/2021		224.16		
House # 85	# 85 Street Address W. Broad Street					Description of Expendi				
City Bethlehem		State PA	\	Zip Code	18018	Thank You Dinner				
To Whom Pald						Date [MM/DD/YYYY]	.\$	150.00		
	Abigail Sipe					05/21/2021		150.00		
House# 40	Street Address N.	Grant Street		,		Description of Expendi	ture			
City Manheim	·	State PA	4	Zip Code	17545	Poll Worker				
To Whom Paid	31					Date [MM/DD/YYYY]	\$			
	Lindsey Heffernan					05/24/2021		150.00		
House# 413	Street Address Ne	lson Road				Description of Expendi	300			
City. Morrisdale		State PA	City State Zip							
To Whom Paid			•	- consequent and a second		Date [MM/DD/YYYY]	\$	450.00		
To Whom Paid	Sam Seneca					05/24/2021		150.00		
	Street Address	dress Requesto	ed							
	Street Address	dress Requesto	ed	Zip Code		05/24/2021				
House # City To Whom Paid	Street Address Ad	T-0.772	ed			05/24/2021 Description of Expendi				
House #	Street Address	T-0.772	ed			05/24/2021 Description of Expendi Campaign Worker Date [MM/DD/YYYY] 05/24/2021	iture			
House # City To Whom Paid	Street Address Shane McLaughlin	T-0.772				05/24/2021 Description of Expendi Campaign Worker Date [MM/DD/YYYY]	iture \$			
House # City To Whom Paid	Shane McLaughlin Street Address	State	ue _		18018	O5/24/2021 Description of Expendi Campaign Worker Date [MM/DD/YYYY] O5/24/2021 Description of Expendi	iture \$	125.00		
House # City To Whom Paid House # 1917 City Bethlehem To Whom Paid	Shane McLaughlin Street Address Cc	State	ue _	Code	18018	05/24/2021 Description of Expendi Campaign Worker Date [MM/DD/YYYY] 05/24/2021 Description of Expendi	iture \$ iture	125.00		
House # City To Whom Paid House # 1917 City Bethlehem	Shane McLaughlin Street Address	State	ue _	Code	18018	05/24/2021 Description of Expendi Campaign Worker Date [MM/DD/YYYY] 05/24/2021 Description of Expendi Poll Worker Date [MM/DD/YYYY] 05/26/2021	iture	125.00		
House # City To Whom Paid House # 1917 City Bethlehem To Whom Paid	Shane McLaughlin Street Address Johnny Rotorpoll Street Address	State	ue .	Code	18018	O5/24/2021 Description of Expendi Campaign Worker Date [MM/DD/YYYY] O5/24/2021 Description of Expendi Poll Worker Date [MM/DD/YYYY]	iture	125.00		
House # City To Whom Paid House # 1917 City Bethlehem To Whom Paid	Shane McLaughlin Street Address Co Johnny Rotorpoll Street Address	State State PA	ue .	Zip Code	18018	05/24/2021 Description of Expendi Campaign Worker Date [MM/DD/YYYY] 05/24/2021 Description of Expendi Poll Worker Date [MM/DD/YYYY] 05/26/2021	iture	125.00		
House # City To Whom Paid House # 1917 City Bethlehem To Whom Paid House #	Shane McLaughlin Street Address Co Johnny Rotorpoll Street Address A	State PA	ue .	Zip Code	18018	O5/24/2021 Description of Expendi Campaign Worker Date [MM/DD/YYYY] O5/24/2021 Description of Expendi Poll Worker Date [MM/DD/YYYY] O5/26/2021 Description of Expendi	iture	125.00		
House # City To Whom Paid House # 1917 City Bethlehem To Whom Paid House # City	Shane McLaughlin Street Address Co Johnny Rotorpoll Street Address	State PA	ue .	Zip Code	18018	O5/24/2021 Description of Expendi Campaign Worker Date [MM/DD/YYYY] O5/24/2021 Description of Expendi Poll Worker Date [MM/DD/YYYY] O5/26/2021 Description of Expendi Poll Worker Date [MM/DD/YYYY] O5/26/2021	\$	125.00		
House # City To Whom Paid House # 1917 City Bethlehem To Whom Paid House # City	Shane McLaughlin Street Address Johnny Rotorpoll Street Address A Cash Withdrawal	State PA	ue .	Zip Code	18018	O5/24/2021 Description of Expendi Campaign Worker Date [MM/DD/YYYY] O5/24/2021 Description of Expendi Poll Worker Date [MM/DD/YYYY] O5/26/2021 Description of Expendi Poll Worker Date [MM/DD/YYYY]	\$	125.00		

SCHEDULE III

Statement of Expenditures

Filer Identification Number:	
	1
vehicle and the second	

. To Whom Paid					Date [MM/DD/YYYY] \$
	Celeste Dee				05/28/2021 1500.00
House # 647	Street Address W	. Union Street			Description of Expenditure
City Whitehall		- State P/	Α	Zip 18052	
To Whom Paid					Date [MM/DD/YYYY] \$
	Bergmann Zwe	erdling Direct	t		6/14/21 13,404.30
House #	Street Address				Description of Expenditure
					Description of Expenditure
City		State		Zip Code	Direct Mail
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address		****	· · · · · · · · · · · · · · · · · · ·	Description of Expenditure
City	Supplement of the property of the second of	State		Zip Code	
To Whom Paid					Date [MM/DD/YYYY] \$
House #	Street Address				Description of Expenditure
City -		State		Zíp 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	- Annual Company Communication (Communication Communication)	State		Zip Code:	



Unsworn Statement in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements In lieu of full reports (form DSEB-503), 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 Reports.** This form must be signed by hand where a signature is required.

Name of Filing Committee, Candidate, or Lobbyist Friends of Bryan Callahan								
Reporting Cycle Name □ Cycle 1 □ Cycle 2 □ Cycle 3 □ Cycle 4 □ Cycle 5 6th Tuesday 2nd Friday 30 Day 6th Tuesday 2nd Friday Pre-Primary Pre-Primary Post Primary Pre-Election								
☐ Cycle 6 30 Day Post-Election	☐ Cycle 7 Annual Report	Cycle 8 2 nd Friday Pre-Specia	l Election	_	rcle 9 ost-Special Election			

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing 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 • raskcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the foregoing is true and correct.

