

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 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)		05/16/2023	Year	2023	Amendment Report	<input checked="" type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date	To Date
		1/1/2023
A. Amount Brought Forward From Last Report	\$	3,256.15
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	18,500.00
C. Total Funds Available (Sum of Lines A and B)	\$	21,756.15
D. Total Expenditures (From Schedule III)	\$	5,461.99
E. Ending Cash Balance (Subtract Line D from Line C)	\$	16,294.16
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00
G. Unpaid Debts and Obligations (From Schedule IV)	\$	0.00

For Office Use Only

Affidavit Section

Part 1- 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.

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]		\$
Britneyrae Martin					4/10/23		2,500.-
House #	Street Address		Date [MM/DD/YYYY]		\$		
8606	Sickle Road						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Bath	PA	18014					
Employer Name			Occupation				
Prudential			Insurance				
Employer Mailing Address / Principal Place of Business			Newark, NJ				
Full Name of Contributor					Date [MM/DD/YYYY]		\$
Ralph Caiazzo					4/10/23		2,500.-
House #	Street Address		Date [MM/DD/YYYY]		\$		
8606	Sickle Road						
City	State	Zip Code	Date [MM/DD/YYYY]		\$		
Bath	PA	18014					
Employer Name			Occupation				
Annabella, Inc.			Chef-Manager				
Employer Mailing Address / Principal Place of Business			4505 Bath Pike; Bethlehem PA 18017				
Full Name of Contributor					Date [MM/DD/YYYY]		\$
Dominic Villani, Jr.					4/3/23		300.-
House #	Street Address		Date [MM/DD/YYYY]		\$		
709	Jennings Place						
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]		\$
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							