



**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)

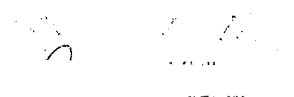
## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

*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				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input checked="" 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 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 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.**

  
 \_\_\_\_\_  
 Signature of Treasurer, Candidate, or Lobbyist  
 Bryan Callahan

5/5/23  
 \_\_\_\_\_  
 Date (DD/MM/YYYY)  
 Bethlehem/PA/USA

Printed Name

Location (City/State/Country)



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Name of Filing Committee, Candidate, or Lobbyist				
Bryan Callahan				
Reporting Cycle Name				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input checked="" 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 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	

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		REPORT FILED ON BEHALF OF	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 (CHECK ONE)	NAME OF OFFICE SOUGHT BY CANDIDATE Bethlehem City Council	DISTRICT NO.	PARTY Dem	DATE OF ELECTION		
				MO.	DAY	YEAR
1. 6TH TUESDAY PRE-PRIMARY				5	16	2023
2. 2ND FRIDAY PRE-PRIMARY						
3. 30 DAY POST-PRIMARY						
4. 6TH TUESDAY PRE-ELECTION						
5. 2ND FRIDAY PRE-ELECTION <input checked="" type="checkbox"/>						
6. 30 DAY POST-ELECTION						
7. ANNUAL REPORT						

DATES OF REPORTING PERIOD		MO.	DAY	YEAR	TO	MO.	DAY	YEAR
		01	01	23		05	01	23

CASH BALANCE AT END OF REPORTING PERIOD:	\$ 0.00
TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD:	\$ 0.00

AMENDMENT REPORT?	YES	NO	<input checked="" type="checkbox"/>
TERMINATION REPORT?	YES	NO	<input checked="" type="checkbox"/>

**AFFIDAVIT 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 here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.



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## Unsworn Declaration 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), 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 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				
<input type="checkbox"/> <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	<input checked="" 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 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 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 accompanying Campaign Finance Report is true and correct.**

\_\_\_\_\_  
Signature of Treasurer, Candidate, or Lobbyist

Celeste Dee  
\_\_\_\_\_  
Printed Name

5/5/23  
\_\_\_\_\_  
Date (MM/DD/YYYY)

Bethlehem/PA/USA  
\_\_\_\_\_  
Location (City/State/Country)





# Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number :		Report Filed By :	CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: FRIENDS OF BRYAN CALLAHAN					
Street Address: 633 MAIN ST					
City: BEHTLEHEM			State: PA	Zip Code: 18018-3801	
TYPE OF REPORT  (place X to the right of report type)	1. 6TH TUESDAY PRE-PRIMARY	2. 2ND FRIDAY PRE-PRIMARY	3. 30 DAY POST-PRIMARY	AMENDMENT REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	4. 6TH TUESDAY PRE-ELECTION	5. 2ND FRIDAY PRE-ELECTION	6. 30 DAY POST-ELECTION	TERMINATION REPORT?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	7. ANNUAL REPORT	Year 2023	FILING METHOD ( ) CHECK ONE	PAPER <input checked="" type="checkbox"/>	DISKETTE <input type="checkbox"/>
Name of Office Sought by Candidate:			DATE OF ELECTION		District Number
			MO	DAY	YEAR
			11	7	2023
					Office Code
					Party Code
					County Code
					DEM 48
					(SEE INSTRUCTIONS FOR CODES)
Summary of Receipts and Expenditures from:		MO	DAY	YEAR	TO
		1	1	2023	5
A. Amount Brought Forward From Last Report				\$	3,256.15
B. Total Monetary Contributions And Receipts (From Schedule I)				\$	13,200.00
C. Total Funds Available (Sum Of Lines A and B)				\$	16,456.15
D. Total Expenditures (From Schedule III)				\$	5,461.99
E. Ending Cash Balance (Subtract Line D From Line C)				\$	10,994.16
F. Value Of In-Kind Contributions Received (From Schedule II)				\$	0.00
G. Unpaid Debts And Obligations (From Schedule IV)				\$	0.00

AFFIDAVIT SECTION

**SCHEDULE I**  
**CONTRIBUTIONS AND RECEIPTS**  
Detailed Summary Page

Name of Filing Committee or Candidate  FRIENDS OF BRYAN CALLAHAN	Reporting Period  From: <u>1/1/2023</u> To: <u>5/1/2023</u>
<b>1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor</b>	
<b>TOTAL for the Reporting Period (1)</b>	\$ 0.00
<b>2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)</b>	
Contributions Received From Political Committees (Part A)	\$ 250.00
All Other Contributions (Part B)	\$ 1,150.00
<b>TOTAL for the Reporting Period (2)</b>	\$ 1,400.00
<b>3. Contributions Received 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)	\$ 6,800.00
<b>TOTAL for the Reporting Period (3)</b>	\$ 11,800.00
<b>4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)</b>	
<b>TOTAL for the Reporting Period (4)</b>	\$ 0.00
<b>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.)</b>	<b>\$ 13,200.00</b>

**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.**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
FRIENDS OF BRYAN CALLAHAN	From: <u>1/1/2023</u> To: <u>5/1/2023</u>

<b>DATE</b>	<b>AMOUNT</b>
-------------	---------------

<b>Full Name of Contributing Committee</b>	<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
Friends of Lisa Boscola	4	3	2023	
<b>Mailing Address</b> 385 Palmetto Dr				
<b>City</b> Easton	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18042		

<b>PAGE TOTAL</b>
\$ 250.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.



**PART B**  
**ALL OTHER CONTRIBUTIONS**

**\$50.01 TO \$250.00**

**Use this Part to itemize all other contributions with an aggregate value from  
\$50.01 to \$250.00 in the reporting period.**

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

<b>Name of Filing Committee or Candidate</b> FRIENDS OF BRYAN CALLAHAN	<b>Reporting Period</b> From: <u>1/1/2023</u> To: <u>5/1/2023</u>
---	--

			DATE			AMOUNT
Full Name of Contributor	MO	DAY	YEAR			
Stephen Baratta	4	4	2023	\$ 100.00		
Mailing Address 134 W Langhorne						
City Bethlehem State PA Zip Code (Plus 4) 18017						
Carol Ritter	4	4	2023	\$ 100.00		
Mailing Address 419 Dewberry						
City Bethlehem State PA Zip Code (Plus 4) 18017						
Pat Breslin	4	4	2023	\$ 100.00		
Mailing Address 4501 Easton Ave						
City Bethlehem State PA Zip Code (Plus 4) 18020						
Jason Roder	4	4	2023	\$ 100.00		
Mailing Address 610 Barclay						
City Bethlehem State PA Zip Code (Plus 4) 18020						
Francis Hackett	4	4	2023	\$ 50.00		
Mailing Address 201 Macada						
City Bethlehem State PA Zip Code (Plus 4) 18017						

<b>Full Name of Contributor</b> William Hailer			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 1760 Wyndham			4	4	2023	
<b>City</b> Bethichem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18017				
<b>Full Name of Contributor</b> Jennifer Mann			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 100.00
<b>Mailing Address</b> 2945 Parkway Blvd			4	14	2023	
<b>City</b> Allentown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18104				
<b>Full Name of Contributor</b> Kelly Ronalds			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 448 Main St			4	17	2023	
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18018				
<b>Full Name of Contributor</b> Bruce Hairer			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 250.00
<b>Mailing Address</b> 15742 Glenisle			4	14	2023	
<b>City</b> Ft Meyers	<b>State</b> FL	<b>Zip Code (Plus 4)</b> 33912				

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

**PAGE TOTAL**

\$ 1,150.00

**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 from Over \$250.00 in the reporting period.

<b>Name of Filing Committee or Candidate</b> FRIENDS OF BRYAN CALLAHAN	<b>Reporting Period</b> From: <u>1/1/2023</u> To: <u>5/1/2023</u>
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			DATE			AMOUNT
Full Name of Contributing Committee			MO	DAY	YEAR	
Operating Engineers Local 542						
<b>Mailing Address</b> 1375 Virginia Ave						\$ 2,500.00
<b>City</b> Ft Washington	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 19034	3	31	2023	
Full Name of Contributing Committee			MO	DAY	YEAR	
IBEW LOCAL UNION #375 PAC						
<b>Mailing Address</b> 101 S 7TH ST						\$ 2,500.00
<b>City</b> ALLENTOWN	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18101	3	23	2023	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b>
\$ 5,000.00

**PART D**  
**ALL OTHER CONTRIBUTIONS**  
**OVER \$250.00**

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

Name of Filing Committee or Candidate  FRIENDS OF BRYAN CALLAHAN	Reporting Period  From: <u>1/1/2023</u> To: <u>5/1/2023</u>
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
M Arif Fazil							
Mailing Address One East Broad St				4	3	2023	\$ 500.00
City Bethlehem	State PA	Zip Code (Plus 4) 18018					
Employer Name D'Huy				Occupation Management			
Employer Mailing Address/Principal Place of Business 1 Broad St			City Bethlehem		State PA	Zip Code (Plus 4) 18018	
Doug Kelly							
Mailing Address 60 W Broad St				4	3	2023	\$ 500.00
City Bethlehem	State PA	Zip Code (Plus 4) 18018					
Employer Name Emerald Realty				Occupation Owner/Broker			
Employer Mailing Address/Principal Place of Business 60 W Broad			City Bethlehem		State PA	Zip Code (Plus 4) 18018	
David Ronca							
Mailing Address 278 E Macada Rd				4	3	2023	\$ 500.00
City Bethlehem	State PA	Zip Code (Plus 4) 18015					
Employer Name M.F. Ronca & Sons				Occupation Management			
Employer Mailing Address/Principal Place of Business 179 Mikron Rd			City Bethlehem		State PA	Zip Code (Plus 4) 18015	

<b>Full Name of Contributor</b> Joseph Posh			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 2216 Willow Park			4	3	2023	
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18020				
<b>Employer Name</b> Posh Properties			<b>Occupation</b> Managing Partner			
<b>Employer Mailing Address/Principal Place of Business</b> 60 W Broad		<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18018		

<b>Full Name of Contributor</b> Dino Cantelmi			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 2854 Linden			4	4	2023	
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18018				
<b>Employer Name</b> Cantelmi Funera Home			<b>Occupation</b> Funeral Director/Owner			
<b>Employer Mailing Address/Principal Place of Business</b> 2854 Linden		<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18018		

<b>Full Name of Contributor</b> Louis Intile			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 1941 Chancellor			4	4	2023	
<b>City</b> hellertown	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18055				
<b>Employer Name</b> Fifth St Properties			<b>Occupation</b> Owner			
<b>Employer Mailing Address/Principal Place of Business</b> 422 Thomas St		<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18020		

<b>Full Name of Contributor</b> Dennis Benner			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 2005 City Line Rd			4	4	2023	
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18017				
<b>Employer Name</b> Self			<b>Occupation</b> Lawyer			
<b>Employer Mailing Address/Principal Place of Business</b> 2005 City Line Rd		<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18017		

<b>Full Name of Contributor</b> Mark DiLuzio			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 2919 Lark Spur Lane			4	4	2023	
<b>City</b> Easton	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18042				
<b>Employer Name</b> None			<b>Occupation</b> Retired			
<b>Employer Mailing Address/Principal Place of Business</b> None		<b>City</b> None	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18042		
<b>Full Name of Contributor</b> Brooks Lawn Care LLC			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 2224 Whitehead Rd			4	4	2023	
<b>City</b> Nazareth	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18064				
<b>Employer Name</b> Sole Prop			<b>Occupation</b> N/A			
<b>Employer Mailing Address/Principal Place of Business</b> NA		<b>City</b> NA	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18064		
<b>Full Name of Contributor</b> Dominic Vilari			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 300.00
<b>Mailing Address</b> 709 jennings place			4	4	2023	
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18017				
<b>Employer Name</b> na			<b>Occupation</b> Retired			
<b>Employer Mailing Address/Principal Place of Business</b> na		<b>City</b> na	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18017		
<b>Full Name of Contributor</b> Abraham Atiyeh			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 1,000.00
<b>Mailing Address</b> 3660 Manor Rd			4	4	2023	
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18020				
<b>Employer Name</b> The Manors			<b>Occupation</b> Self			
<b>Employer Mailing Address/Principal Place of Business</b> 3660 Manor Rd		<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18020		

<b>Full Name of Contributor</b> Brett Irwin			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 180 Kettlebrook			4	4	2023	
<b>City</b> Mt Laurel	<b>State</b> Nc	<b>Zip Code (Plus 4)</b> 08054				
<b>Employer Name</b> Requested			<b>Occupation</b> Requested			
<b>Employer Mailing Address/Principal Place of Business</b> Requested		<b>City</b> xx	<b>State</b> NC	<b>Zip Code (Plus 4)</b> 08054		

<b>Full Name of Contributor</b> James Byszewski			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	\$ 500.00
<b>Mailing Address</b> 16 University Ave			4	4	2023	
<b>City</b> Chatham	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 07928				
<b>Employer Name</b> Requested			<b>Occupation</b> Unknown			
<b>Employer Mailing Address/Principal Place of Business</b> xx		<b>City</b> xx	<b>State</b> NJ	<b>Zip Code (Plus 4)</b> 07928		

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

<b>PAGE TOTAL</b> \$ 6,800.00
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## 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.

Name of Filing Committee or Candidate	Reporting Period
	From: <span style="float: right;">To:</span>

	DATE			AMOUNT
Full Name	MO	DAY	YEAR	
Mailing Address				\$ 0.00
City	State	Zip Code (Plus 4)		
Receipt Description				

Enter Grand Total of Part E on Schedule 1, Detailed Summary Page, Section 4.

<b>PAGE TOTAL</b>
\$ 0.00



**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**

Name of Filing Committee or Candidate		Reporting Period	
FRIENDS OF BRYAN CALLAHAN		From: <u>1/1/2023</u> To: <u>5/1/2023</u>	
<b>1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR</b>			
TOTAL for the Reporting Period		(1)	\$ 0.00
<b>2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)</b>			
TOTAL for the Reporting Period		(2)	\$ 0.00
<b>3. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OVER \$250.00 (FROM PART G)</b>			
TOTAL for the Reporting Period		(3)	\$ 0.00
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, Reports Cover Page, Item F.)			\$ 0.00

**SCHEDULE II  
PART F  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OF \$50.01 TO \$250.00**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	<b>From:</b> _____ <b>To:</b> _____

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	\$ 0.00
Mailing Address						
City	State	Zip Code (Plus 4)				
<b>Description of Contribution:</b>						
<b>Enter Grand Total of Part F on Schedule II, In-Kind Contributions Detailed Summary Page, Section 2.</b>						<b>PAGE TOTAL</b> \$ 0.00

**SCHEDULE II  
PART G  
IN-KIND CONTRIBUTIONS RECEIVED  
VALUE OVER \$250.00**

<b>Name of Filing Committee or Candidate</b>	<b>Reporting Period</b>
	From: _____ To: _____

				DATE	AMOUNT
Full Name of Contributor	MO	DAY	YEAR		
Mailing Address				\$	0.00
City	State	Zip Code(Plus 4)			
Employer of Contributor				Occupation	
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution	
<b>Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.</b>					<b>PAGE TOTAL</b> 0.00

**SCHEDULE III**  
**STATEMENT OF EXPENDITURES**

<b>Name of Filing Committee or Candidate</b> FRIENDS OF BRYAN CALLAHAN	<b>Reporting Period</b> From <u>1/1/2023</u> To: <u>5/1/2023</u>
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	DATE			AMOUNT
	MO	DAY	YEAR	
<b>To Whom Paid</b> Go Daddy				
<b>Mailing Address</b> Pay online requested address	2	21	2023	\$ 40.34
<b>City</b> Requested				
<b>State</b> PA				
<b>Zip Code (Plus 4)</b> 00000				
<b>Description of Expenditure</b> Domain				
<b>To Whom Paid</b> Assurion				
<b>Mailing Address</b> researching	2	28	2023	\$ 26.49
<b>City</b> reserching				
<b>State</b> TN				
<b>Zip Code (Plus 4)</b> 00000				
<b>Description of Expenditure</b> Phone Insurance				
<b>To Whom Paid</b> Assurion				
<b>Mailing Address</b> researching	1	3	2023	\$ 26.49
<b>City</b> reserching				
<b>State</b> TN				
<b>Zip Code (Plus 4)</b> 00000				
<b>Description of Expenditure</b> Insurance				
<b>To Whom Paid</b> Assurion				
<b>Mailing Address</b> researching	1	31	2023	\$ 26.49
<b>City</b> reserching				
<b>State</b> TN				
<b>Zip Code (Plus 4)</b> 00000				
<b>Description of Expenditure</b> Insurance				
<b>To Whom Paid</b> McNeill for PA				
<b>Mailing Address</b> Front St	3	9	2023	\$ 30.00
<b>City</b> Whitehall				
<b>State</b> PA				
<b>Zip Code (Plus 4)</b> 18052				
<b>Description of Expenditure</b> Event Ticket				

<b>To Whom Paid</b> Assurion			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> researching			4	3	2023	
<b>City</b> reserching	<b>State</b> TN	<b>Zip Code (Plus 4)</b> 00000	<b>Description of Expenditure</b> Insurance			
<b>To Whom Paid</b> Leukemia & Lymphoma Society			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 3 International Dr			4	12	2023	
<b>City</b> Rye Brook	<b>State</b> NY	<b>Zip Code (Plus 4)</b> 10573	<b>Description of Expenditure</b> Donation			
<b>To Whom Paid</b> Dolce Mamma			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 4505 Bath Pike			4	2	2023	
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18020	<b>Description of Expenditure</b> Event Food			
<b>To Whom Paid</b> Bryan Callahan			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 633 Main St			3	7	2023	
<b>City</b> Bethlehem	<b>State</b> PA	<b>Zip Code (Plus 4)</b> 18018	<b>Description of Expenditure</b> Notary Reimbursement			
<b>To Whom Paid</b> Bergman Zwerdling Direct			<b>MO</b>	<b>DAY</b>	<b>YEAR</b>	
<b>Mailing Address</b> 1350 Connecticut Ave			4	28	2023	
<b>City</b> Washington	<b>State</b> DC	<b>Zip Code (Plus 4)</b> 20036	<b>Description of Expenditure</b> Mailer			
<b>Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.</b>						<b>PAGE TOTAL</b> \$ 5,461.99

