



Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

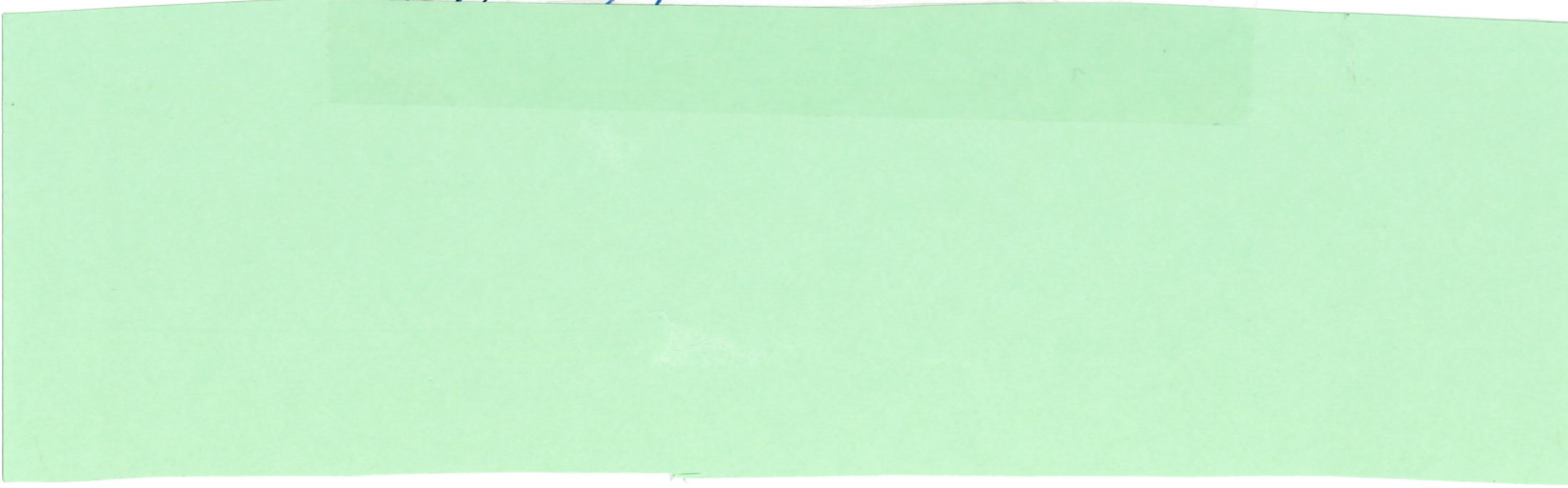
Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) 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 | | | | |
| | | | | |
| Reporting Cycle Name | | | | |
| <input type="checkbox"/> Cycle 1 6 th Tuesday Pre-Primary | <input type="checkbox"/> Cycle 2 2 nd Friday Pre-Primary | <input checked="" type="checkbox"/> Cycle 3 30 Day Post Primary | <input type="checkbox"/> Cycle 4 6 th Tuesday Pre-Election | <input type="checkbox"/> Cycle 5 2 nd Friday Pre-Election |
| <input type="checkbox"/> Cycle 6 30 Day Post-Election | <input type="checkbox"/> Cycle 7 Annual Report | <input type="checkbox"/> Cycle 8 2 nd Friday Pre-Special Election | <input type="checkbox"/> Cycle 9 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.

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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 • 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.

[Handwritten signature]

Signature of Candidate

Bryan Callahan

Printed Name

07/14/2023

Date (DD/MM/YYYY)

Bethlehem, PA, USA

Location (City/State/Country)

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 | | Lobbyist | |
| 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 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 | Year | 2023 | Amendment Report | <input checked="" type="checkbox"/> | Termination Report | <input type="checkbox"/> | |
| Summary of Receipts and Expenditures | | | From Date | To Date | For Office Use Only | | | | |
| | | | 05/02/2023 | 06/05/2023 | | | | | |
| A. Amount Brought Forward From Last Report | | | \$ | 16,294.16 | | | | | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | | | \$ | 650.00 | | | | | |
| C. Total Funds Available (Sum of Lines A and B) | | | \$ | 16,944.16 | | | | | |
| D. Total Expenditures (From Schedule III) | | | \$ | 11,497.21 | | | | | |
| E. Ending Cash Balance (Subtract Line D from Line C) | | | \$ | 5,446.95 | | | | | |
| 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.

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 _____ attached _____

SCHEDULE III
Statement of Expenditures

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

| | | | | | | | | |
|---------------------|------------|-----------------------|--------------------|-----------------|-------|-----------------------------------|----|----------|
| To Whom Paid | | Apollo Grill | | | | Date [MM/DD/YYYY] | \$ | 340.18 |
| | | | | | | 05/19/2023 | | |
| House # | 85 | Street Address | West Broad Street | | | Description of Expenditure | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | Campaign Meeting Post Election | | |
| To Whom Paid | | Taylor Barker | | | | Date [MM/DD/YYYY] | \$ | 150.00 |
| | | | | | | 05/26/2023 | | |
| House # | 1007 | Street Address | Prospect Avenue | | | Description of Expenditure | | |
| City | Bethlehem | State | PA | Zip Code | 18018 | Poll Worker | | |
| To Whom Paid | | Lehigh Valley Live | | | | Date [MM/DD/YYYY] | \$ | 100.00 |
| | | | | | | 05/30/2023 | | |
| House # | 18 | Street Address | Centre Square | | | Description of Expenditure | | |
| City | Easton | State | PA | Zip Code | 18042 | News Subscription | | |
| To Whom Paid | | Bergman Zwerdling | | | | Date [MM/DD/YYYY] | \$ | 1459.00 |
| | | | | | | 05/30/2023 | | |
| House # | 1350 | Street Address | Connecticut Avenue | | | Description of Expenditure | | |
| City | Washington | State | DC | Zip Code | 20036 | Text Messaging Service | | |
| To Whom Paid | | Abraham Atiyeh | | | | Date [MM/DD/YYYY] | \$ | 1,000.00 |
| | | | | | | 06/05/2023 | | |
| House # | 3660 | Street Address | Manor Road | | | Description of Expenditure | | |
| City | Bethlehem | State | PA | Zip Code | 18020 | Return of Campaign Contribution | | |
| 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 | | | | |