

#### **Pennsylvania Department of State**

City

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

# 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 Callahen								
Reporting Cycle Name								
☐ <b>Cycle 1</b> 6 <sup>th</sup> Tuesday Pre-Primary	☐ Cycle 1 ☐ Cycle 2 ☐ Cycle 3 ☐ Cycle 4 ☐ Cycle 5  6 <sup>th</sup> Tuesday 2 <sup>nd</sup> Friday 30 Day 6 <sup>th</sup> Tuesday 2 <sup>nd</sup> Friday							
☐ Cycle 6 ☐ Cycle 7 ☐ Cycle 8 ☐ Cycle 9  30 Day Post-Election Annual Report 2 <sup>nd</sup> Friday Pre-Special Election 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.



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**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.

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**Print Form** 



## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identificatio Number	umber (		Repo ( Mai	rt Filed B k X)	у Са	ndida	te	X	Com	mittee			Lobby	st
Name of Filing Co Lobbyist	ommittee, (	Candidate or	Bryan	Callahan										
Street Address 633			633 N	33 Main Street										
City	ty Bethlehem				Sta	ate	PA		Zip C	ode	18018			
Type of Report (P	lace x unde	r report type)												
	2- 2 <sup>nd</sup> Frida Pre-Primary	y 3- 30 Day Post Primary		Tuesday lection	5- 2 <sup>nd</sup> Fr Pre- Ele		6-30 D Election	ay Post n	7- At	nnual		al 2 <sup>nd</sup> Friday lection	100 Per 175 P. F. 180 Per 1	l 30 Dav lection
		X	Π			1		T						
Date Of Election (MM/DD/YYYY)		05/16	Year		2023	3	Amend				Term Repo	ination rt		
Summary of Receipts and Expenditures    From Date			To Date	9					For	Office (	Use Only			
		05/02/2023		06	6/05/2023									
A. Amount Brou	ght Forward	From Last Repor	t \$	1	.6,294.16									
B. Total Moneta (From Schedule		tions and Receipt	s \$		650.00									
C. Total Funds A	vailable		\$	:	16944.16									
D. Total Expendi (From Schedule	tures		\$	1	10,497.21		1							
E. Ending Cash B (Subtract Line D	alance	:)	\$		6446.95									
F. Value of In-Kir (From Schedule		tions Received	\$		0.00									
G. Unpaid Debts (From Schedule		tions	\$		0.00									
	•					davit Se		ian hara						
Part 1- If this is a C	ommittee re	port, treasurer sign lort, including the attended in the atten	nere. If	this is a Ca	naidate re	port, c	e best of m	sign nere. Ny knowle	dge and	d belief	true, cor	rect and compl	ete.	

### SCHEDULE I

## **Contributions and Receipts**

**Detailed Summary Page** 

		 	·	 
Filer Identification Number				
Lifet incittification senior	1			
	l .			
	l e			
	1			

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	50.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	
All Other Contributions (Part B)	\$	100.00
Total for the reporting period (2)	\$	100.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	500.00
	1	
All Other Contributions (Part D)	\$	
All Other Contributions (Part D)  Total for the reporting period (3)		500.00
		500.00
Total for the reporting period (3	\$	500.00

#### 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.

				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House# Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Add	ress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	1.000000	Assessed and	Date [MM/DD/YYYY]	\$
House # Street Add	Iress		Date [MM/DD/YYYY]	100     <b>S</b>     100
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Add	Iress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee	**************************************	1 America 1	Date [MM/DD/YYYY]	\$
House # Street Add	dress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street Add	dress		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.)

Full Name of Co	ntributor				Date [MM/DD/YYYY]	\$	
	Bernard P.	Smiccherko			04/26/2023		100.00
House #	Street Address				Date [MM/DD/YYYY]	\$	
417		West Broad Street;	Apt 1				
City	Processor Contracting Section Proceedings	State PA	Zip Code	8018	Date [MM/DD/YYYY]	\$	
Bethlehe		PA		DA10			
Full Name of Co	ntributor			- <del></del>	Date [MM/DD/YYYY]	] <b>\$</b>	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City	Partition appropriate	State	Zip Code		Date [MM/DD/YYYY]	\$	
	**************************************				Doto Issue (DD /2000)	\$	
Full Name of Co	ntributor				Date [MM/DD/YYYY]	>	
House #	Street Addres	5	AMO TO STATE		Date [MM/DD/YYYY]	\$	
					Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [WIW/DD/1111]	,	
Full Name of Co	ntributor				Date [MM/DD/YYYY]	\$	
House #	Street Addres	S			Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor				Date [MM/DD/YYYY]	\$	
House #	Street Addres	s			Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [MM/DD/YYYY]	\$	
Full Name of Co	ontributor				Date [MM/DD/YYYY]	\$	
House #	Street Addres	S			Date [MM/DD/YYYY]	\$	
			I SERVE VILLENSIA		Date [MM/DD/YYYY]	\$	
City		State	Zip Code		Date [WINI/DD/TTTT]	43	

#### 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.

Full Name of				Date [MM/DD/YYYY]	\$	
ruii Name of Contributing Co	mmittee Insulators Into	ernational Political	Action Committee	04/17/2023		500.00
House#	Street Address			Date [MM/DD/YYYY]	\$	
9602		Martin Luther King I	Highway		7	
City Lanham	Page 2002   2002   2003   2003   2003   2003   2003   2003   2003   2003   2003   2003   2003   2003   2003	State MD	Zip Code 20706	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee	. The second second		Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	mmittee			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributing Co	ımmittee			Date [MM/DD/YYYY]	\$	
House #	Street Address			Date [MM/DD/YYYY]	\$	
City		State	Zip Code	Date [MM/DD/YYYY]	\$	

# 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)

Full Name of Co	ntributor			Date [MM/DD/YYYY]	\$
louse #	Street Address			Date [MM/DD/YYYY]	\$
iouse w	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
					1.22
Employer Name	3			Occupation	
Employer Mailii Principal Place (				<b>■</b>	
Full Name of Co				Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	
nouse#	Street Address				
City		State	Zip Code	Date [MM/DD/YYYY]	\$
1911					
Employer Name	9			Occupation	
Employer Maili					
Principal Place Full Name of Co				Date [MM/DD/YYYY]	\$
ruii ivame oi Ci	mtriputor				
House #	Street Address			Date [MM/DD/YYYY]	\$
		State	Zip Code	Date [MM/DD/YYYY]	\$
City				:	]
City					52,314
	e			Occupation	
Employer Name				Occupation	
Employer Name	ng Address /			Occupation	
Principal Place	ing Address / of Business	2552552321			\$
Employer Nam Employer Maili Principal Place	ing Address / of Business			Date [MM/DD/YYYY]	_ <b>\$</b>
Employer Name Employer Maili Principal Place Full Name of Co	ing Address / of Business ontributor			Date [MM/DD/YYYY]	
Employer Nam Employer Maili Principal Place	ing Address / of Business				\$
Employer Name Employer Maili Principal Place Full Name of Co	ing Address / of Business ontributor			Date [MM/DD/YYYY]	
Employer Name Employer Maili Principal Place Full Name of Co	ing Address / of Business ontributor	State	Zip Code	Date [MM/DD/YYYY]	
Employer Name Employer Maili Principal Place Full Name of Co	ing Address / of Business ontributor	State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	<b>S</b>
Employer Name Employer Maili Principal Place Full Name of Co	of Business ontributor  Street Address	State	Zip Code	Date [MM/DD/YYYY]  Date [MM/DD/YYYY]	<b>S</b>

#### 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.

Full Name				
House #	Street Address	*****************		Des Issas In hong
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	tion			Esperal Privace
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descrip	tion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
			Code	
Receipt Descrip	tion			
Full Name				
House #	Street Address	<u>, , , , , , , , , , , , , , , , , , , </u>		
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Descrip	ition			
Full Name				
House #	Street Address			
City -		State	Zip Code	Date [MM/DD/YYYY] \$
			Code	
Receipt Descrip	otion			
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Descrip	ation		COUE	
meterpt Destill				

#### **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:		
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VA	LUE OF \$50.00 OR LESS PER CONTRIBUTOR	and the second s
TOTAL for the reporting period (1)	\$	
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.0	1 TO \$250.00 (FROM PART F)	
TOTAL for the reporting period (2)	\$	
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$25	0.00 (EROM PART G)	
5. IN-MIND CONTRIBOTION RECEIVED-VALUE OVER \$25	UUU (FIGHITAITI 9)	
TOTAL for the reporting period (3)	\$	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPO	PRTING   \$	
PERIOD (Add and enter amount totals from boxes 1, 2, and 3; on Page 1, Report Cover Page, Item F)	· · · · · · · · · · · · · · · · · · ·	
on rage 1, report cover rage, item ry		

#### SCHEDULE II PART F

### **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer Identification	n Number:				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	
House #	Street Address			Date [MM/DD/YYYY]	<b>S</b>
City		State	Zip Code	Date [MM/DD/YYYY]	l s
Description of C	Contribution				<u>[888]</u>
				[2](2)(2)(2)(3)(2)(2)(2)(3)(2)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)(3)	PAVE
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	
Description of C	contribution				
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	<b>                                      </b>
Description of C	Contribution				
					10.4.0
Full Name of Co	UNITED TOT			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of C	Contribution		SAME DESCRIPTION		<u> </u>
Full Name of Co	ontributor	e met		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	<b>s</b>
City		State	Zip Code	Date [MM/DD/YYYY]	<b>\$</b>
Description of C	Contribution				

# SCHEDULE II Part G

## **In-Kind Contributions Received**

**VALUE OVER \$250** 

Filer Identification Number:			

Full Name of Contributor				Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City	A second second	State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name				Occupation		
Employer Mailing Place of Business	Address / Principal			Description of		
				Contribution		
Full Name of Con	tributor			Date [MM/DD/YYYY] \$		
House#	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name				Occupation		
Employer Mailing Place of Business	; Address / Principal			Description of Contribution		
Full Name of Con	tributor	8/1		Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
		State	Zip Code	Date [MM/DD/YYYY] \$		
City		Juste	Zip code	Jace [clini/JDJ/1711]		
Employer Name				Occupation		
Employer Mailing Place of Business	Address / Principal			Description of Contribution		
Full Name of Con	tributor			Date [MM/DD/YYYY] \$		
House #	Street Address			Date [MM/DD/YYYY] \$		
City		State	Zip Code	Date [MM/DD/YYYY] \$		
Employer Name				Occupation		
Employer Mailing Place of Business	g Address / Principal			Description of Contribution		

# Statement of Expenditures

Filer Identification Number:	

To Whom Paid						Date [MM/DD/YYYY]	\$	
	Assurion					05/31/2023		26.49
House # 648 Street Address Grassmere Park					Description of Expenditure			
City Nashville State TN Zip Code 37211					Insurancee			
To Whom Paid	NFF & HOF		Debter   D			Date [MM/DD/YYYY]	\$	360.00
House #	(1)					05/08/2023  Description of Expendi		
2121	Street Address	George Halas	s Drive			Description of Expendi		
<b>City</b> Canton	1	State	он	Zip Code	44708	Charity Event		
To Whom Paid		1				Date [MM/DD/YYYY]	\$	
	G.I Green					05/10/2023		185.00
House # 53	Street Address	E. Lehigh Stre	eet			Description of Expendi	ture	
City Bethlehem		State	PA	Zip Code	18018	Ed O'Brien Dinner		
To Whom Paid		1 north literate	.:1			Date [MM/DD/YYYY]	\$	
	Bergman Zwerdling					05/16/2023		7393.71
House #   1350   Street Address   Connecticut Avenue					Description of Expenditure			
City Washington State DC Zip Code 20036				2nd and 3rd Mailers				
To Whom Paid						Date [MM/DD/YYYY]	\$	40.60
	The Flying Pig					05/17/2023		43.62
House # 1313	Street Address	Center Stree	t			Description of Expend	ture	
City Bethlehem	1	State	PA	Zip Code	18018	Campaign Meeting		
To Whom Paid						Date [MM/DD/YYYY]	\$	
	Raceway Gas Statio	on				05/17/2023		59.24
House # 2415	Street Address	Easton Aven	ue			Description of Expenditure		
City Bethlehem		State	PA	Zip Code	18017	Gas		
To Whom Paid						Date [MM/DD/YYYY]	\$	90.67
	Mesa					05/18/2023		89.67
House # 42	Street Address	East 3rd Str	eet			Description of Expend	ture	
<b>City</b> Easton		State	PA	Zip Code	18042	Campaign Meeting		
To Whom Paid			•			Date [MM/DD/YYYY]	\$	
	Apollo Grill					05/18/2023		290.30
House # 85	Street Address	West Broad	Street			Description of Expenditure		
City Bethlehem State PA Zip Code 18018				18018	Campaign Meeting Post Election			

# Statement of Expenditures

and the second s	Commission of the Commission o	
Filer Identification Number:		1
		,

To W	nom Paid			1000		<del>NEC TO THE TOTAL OF THE TOTAL </del>	Date [MM/DD/YYYY]	\$	
		Apollo Grill					05/19/2023		340.18
House	e# 85	Street Address W	est Broad S	treet			Description of Expend	iture	
City	Bethlehem		State	PA	Zip Code	18018	Campaign Meeting Post Ele	ection	
To W	hom Paid	T. J. D. D.		<u>.</u>			Date [MM/DD/YYYY]	\$	450.00
		Taylor Barker					05/26/2023		150.00
House	e# 1007	Street Address Pr	ospect Ave	nue			Description of Expendi	iture	
City	Bethlehem		State	PA	Zip Code	18018	Poll Worker		
To W	hom Paid		***			- 1996	Date [MM/DD/YYYY]	\$	400.00
		Lehigh Valley Live					05/30/2023		100.00
House	e#   18	Street Address Ce	ntre Squar	е			Description of Expend	iture	
City	Easton		State	PA	Zip Code	18042	News Subscription		
To W	hom Paid						Date [MM/DD/YYYY]	\$	
		Bergman Zwerdling					05/30/2023		1459.00
House	e# 1350	Street Address Co	onnecticut /	Avenue			Description of Expend	iture	
City	Washington		State	DC	Zip Code	20036	Text Messaging Service		
To W	hom Paid						Date [MM/DD/YYYY]	\$	
Hous	e#	Street Address					Description of Expend	iture	
City			State		Zip Code				
To W	hom Paid			1			Date [MM/DD/YYYY]	\$	
Hous	e#	Street Address					Description of Expend	iture	
City			State		Zip Code				
To W	hom Paid						Date [MM/DD/YYYY]	\$	
Hous	e#	Street Address					Description of Expend	liture	
City			State		Zip Code				
To W	hom Paid				Code		Date [MM/DD/YYYY]	\$	
Hous	e#	Street Address					Description of Expend	liture	
City			State		Zip Code		1		
					Coue			est to diff.	

#### **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.

Name of Creditor	•			Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of De	ebt			
Name of Creditor				Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<b>S</b>
City		State	Zip Code	
Description of De	ebt			
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<b>S</b>
City		State	Zip Code	
Description of De				
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	
City		State	Zip Code	
Description of De	eoc			
Name of Credito				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<b>\$</b>
City		State	Zip Code	
Description of De	ebt			
Name of Credito	7			Outstanding Balance of Debt
House#	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	<b>S</b>
City		State	Zip Code	-